



Ageing and Old Age as a Task – Health, Activation, Development, Integration

Edited by
Agata Chabior
Agnieszka Szplit

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KRAKÓW 2014

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ISBN 978-83-65148-01-8

Review:
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Prof. Soledad Quero

Proofreading: Elżbieta Chudoba
Cover design: Mateusz Bobkiewicz
Typesetting: LIBRON

Praca dofinansowana ze środków Uniwersytetu Jana Kochanowskiego w Kielcach



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Introduction

Polish society is gradually entering the phase of ageing which has a number of economic and social consequences as well as those which regard the family and the individual. The demographic statistics presented by GUS show that in 2035 the population of Poland will decrease by 2 million people and the proportion of people in post-working age will be 23.4 percent. The problems ensuing from the phenomenon of demographically ageing societies, which are caused by extending life expectancy and low fertility rate, are analysed from micro- (household and family) and macro- (society, economy and culture) perspectives. These profound changes in the social structure require an in-depth analysis and research which can later become the foundation of long-term socio-economic plans and policies.

The demographic changes in question, aside from the above mentioned consequences, can provoke questions about the quality of life in old age and, in more detail, the criteria and conditions involved in it. The quality of life in old age is strongly linked to activeness which is the condition and outcome of meaningful ageing. Observing social life and the changes taking place in this field, especially taking into consideration the situation of the elderly and the most recent scientific research, brings to our attention a number of factors conditioning and influencing the quality of life in old age. These include: the degree of functional mobility of the elderly dictated by their state of health and age, feeling safe in their community which is dependent on their past and present situation in family and society and includes economic and cultural stability, the number of local and external initiatives aimed at activating senior citizens socially. Other factors involve their own activity in all areas of life, which can include various dimensions of ageing and old age.

The concept of meaningful ageing goes beyond the goal of preventing diseases among the elderly. It pursues the objective of activating and facilitating the life of this social group in its physical, psychological, social and cultural aspect.¹

It is generally believed that high level of activity in old age and the optimal model of support in different fields of life allows the elderly to achieve their priorities: being independent and self-sufficient as long as possible which influences their opinion on their quality of life. This means that being active is the core element of the model of meaningful ageing.

The demographic changes which underlie all discussion have recently influenced the social idea of “old age” and have presented new traits and behaviours of the contemporary elderly, which were unseen ten or twenty years ago. Today’s elderly people conserve their energy and high level of mobility for many years after they retire and thanks to that they can choose to play their social roles for longer. The contemporary senior citizen, by and large, is characterized by high education, good health, satisfactory family and financial conditions which all produce beneficial effects when they retire and engage in new forms of activity, especially the intellectual and cultural one, but also the social one, which constitute sort of counterbalance for the omnipresent reminders of their nearing decrepitude and oppressive conditions of life.

Ageing, therefore, is a task and time for development which, certain conditions met, is possible and necessary in order to allow the generation of the elderly to realize their life goals and be active at the highest level possible at the same time meeting the demands of the contemporary world.

The title of this publication, *Ageing and old age as a task – health, activation, development, integration*, reflects the premises and dictates the order of chapters and articles.

Presented texts are mainly praxeological and in major part consist of the authors’ studies and research. The remainder are theoretical inquiries built around recent scientific findings. They are all bound together by the final chapter which includes the description of good practices in the field of activating senior citizens.

¹ Meaningful aging is a new approach in thinking about ageing which stresses the tasks and opportunities of old age and individual roles which play crucial roles in one’s own perspective on ageing. The key issue worth focusing on in this new approach is the skill the person might have in focusing on action, challenge and achievement rather than on passive avoidance of life problems, suffering from anxiety, pain, disability and possible limitations. The idea of meaningful ageing allows for a new perspective on old problems and stereotypes regarding ageing. Hill R.D., (2005), *Pozytywne starzenie się. Młodzi duchem w jesieni życia*, Laurum, Warszawa.

The object of the authors' inquiries were the issues associated with social gerontology. Their aim was to recognise or describe the spectrum of social reality already known to us which can contribute to meaningful and active ageing, which both constitute the elderly's quality of life.

The first chapter is devoted to the issues of health, its assessment and its influence on activities undertaken by senior citizens. In their article *Gerontopedagogical dimension of physical activity in the prevention of cognitive regression in the elderly* Agata Jopkiewicz and Magdalena Lelonek review the research proving that physical activity, also in people older than 65, can help maintain, if not improve, the cognitive functions of the brain at the same time decreasing the risk of neurological and geriatric diseases typical for this age. In *Menopause changeability as a biological and social phenomenon* Agnieszka Przychodni attempts to describe the course of the menopause in the context of selected health and lifestyle behaviours. She indicates to the great importance of environment and the diversity and changeability of socio-economic factors which condition women's quality of life. Meanwhile, she also presents that in order to mitigate possible negative effects of the menopause it is important to be highly active physically and lead a healthy lifestyle. The article by Grażyna Czerwiak, Monika Szpringer and Marian Florczyk, *Malnutrition as a clinical problem of people advanced in years*, is research analysing the results of a pilot study conducted in the area of Kielce, Poland. The research results helped identify the factors which have a major negative impact on the diet of the elderly and allowed for proposing a prevention program regarding the eating habits of elderly people. Justyna Palacz's *Physical activity as a form of activation of seniors* shows that physical activity and fitness significantly influence the level of satisfaction derived from being an elderly person and are crucial components of living independently.

In her article *Assessment of Health Situation of Senior Citizens – based on a study carried out in the region of Silesia* Hanna Wiśniewska-Śliwińska presents opinions of the elderly on the quality of medical services and care centres. She also describes the degree of readiness of such units for providing service and help to the elderly living in the śląskie voivodeship.

Chapter II discusses the socio-cultural dimension of ageing and old age. Marta Wilk, the author of *The elderly as victims of crime in the public space as well as the aspects of prevention of this phenomenon*, demonstrates the important problem of crime targeted at the elderly. She points to the great significance of prevention. *Suicide prevention in old age* by Kazimierz Kopczyński and Magdalena Kaczmarek concentrates on issues influencing the prevention

of suicide in the elderly. The two authors discuss loneliness and its strong link with depression and suicide; the rational analysis of life conducted by the elderly and its subsequent rational suicide; existential suicide connected with the idea of absurdity of the world and pointlessness of human existence; early intervention – suicide prevention beginning much earlier than in old age; the possibility of using positive psychology in suicide prevention in the elderly. *Late adulthood and anxiety* describes the fear that the elderly experience and its possible manifestations. The author, Izabela Gomółka-Walaszek, discovers the relationship between the level of anxiety and the opinion the elderly have of their quality of life. Adam Perz in his *Pastoral care of the elderly* relates to the eschatological dimension of ageing and old age and points to the place and role of pastoral care in this period of human life. He stresses the fact that the starting point of working with the elderly in this field is exploring their problems because only doing so allows the minister to choose the right method of work and predict its possible influence.

Chapter III presents the conditions and types of activating senior citizens in institutional and non-institutional dimensions as well as the ways of being active in the rural environment.

In *Activeness and social situation of the elderly in the countryside* Elżbieta Woźnicka discusses the issue of old age in rural environment and its most typical features. The most pressing issues of the elderly living in the countryside were also included in the text. *Integration of senior citizens in social activity* proves that social participation is of key importance to human health. The authors, Dorota Rynkowska and Katarzyna Błaszczuk, show that the possible alternative of being excluded from genuine social participation can be the initiatives and support actions for senior citizens which value their age and experience and aim at integration within the local community and between generations. Kraśnickie Stowarzyszenie Inicjatyw Społecznych IMPULS was chosen and described as an example of such initiatives.

Activation of the elderly in rural environment: barriers and possibilities by Ryszard Majer describes in detail subjects responsible for implementing social regulations regarding the elderly in Poland. The subjects include: public administration responsible for law and finance, local authorities diagnosing and programming local social policies, non-governmental institutions which can support any actions taken to support elderly citizens. The author demonstrates that the process of planning and implementing local social regulations and policies should be shaped with the help of the elderly themselves in order to make sure that it meets their needs.

Various possibilities of activating the elderly through involvement in arts and crafts were presented by Anna Stawecka in *Artistic creativity and art therapy as a form of activation of senior citizens*. Małgorzata Porąbaniec's monograph, *Family nursing house as the new institution implementing outreach activities for the elderly and disabled*, however, presents the functioning of an institutional care centre on the example of a family care centre and their ways of activating the elderly in "Hotelik" in Pierzchnica.

The presented selection of articles is completed by Chapter IV devoted to presenting good practices of activating the elderly. The articles included are based on either on-going or closed projects aimed at providing supporting and a chance to grow for the elderly in order to improve their quality of life. This final chapter of the publication proves that practice is the crown of science which can be seen on the examples of: the activating initiatives organized by Wojewódzka Biblioteka Publiczna in Kielce (text by Anna Lubczyńska *Libraries and senior members – on the example of the Regional Public Library in Kielce*), a range of educational, artistic and social activities at the UTA in Częstochowa (Joanna Górna *Encouraging social life of seniors – a practical example as demonstrated by The University of the Third Age at the Jan Długosz University in Częstochowa*). Described is also the work of the Cuiavian – Dobrzyński University of the Third Age in Włocławek in the perspective of educational needs of senior citizens as presented by Renata Brzezińska in her *Educational requirements of seniors. From the research upon the activity of the Cuiavian – Dobrzyński University of the Third Age in Włocławek*. The chapter also encloses Katarzyna Jas' article *The role of the Cieszyn University of the Third Age and the Daily Senior Activity Centre in activating persons at the age of late adulthood*, and Iwona Mandrzejewska-Smół's article about *Determinants and dimensions of intellectual activity of the elderly in the context of problems in adjustment to old age*.

I believe that the compilation will prove useful not only theoretically but also practically and that it will become an inspiration for further research and discussion over the criteria of meaningful ageing and good quality of life in this stage of life.

I hope you have a good read,
Agata CHABIOR

Chapter I

Health and quality of life in old age

Agata Jopkiewicz, Magdalena Lelonek

Gerontopedagogical dimension of physical activity in the prevention of cognitive regression in the elderly

Introduction

Aging – a biological companion of time – spares no organ or system, and in due course affects everything, from cell to thought. However, the pace of aging varies among individual organisms, organs and systems, and the very existence of such variability merits some measure of hope. If the positive extreme of healthy aging can be made more prevalent and if its worst and most negative expressions can be delayed, if not completely eliminated, the viable and enjoyable segment of the life span can be prolonged into the later decades of life span. In other words, successful aging¹ enjoyed by relatively few may become the norm.

Aging is a serious problem facing the society of the future. It is even deepened in the times of technological development with conveniences such as a lift, car, telephone or the Internet, which cause that we do not have to use our muscles in everyday activities. The contemporary man often has no need of physical effort or regular exercise. Because of that, a new term “Homo sedentarius” (meaning “the sitting man”) has been coined to describe that type of behaviour. In the European Union itself, about 40–60% of population has a sedentary lifestyle. On the basis of vast research, it has been estimated that the reason of 9% to 16% of early deaths is the sedentary lifestyle.²

¹ Rowe J.W., Kahn R.L. (1997), Successful Aging, “The Gerontologist” 37(4), pp. 433–440.

² Osiński, W., (2011), Aktywność fizyczna – czy może zmieniać mózg?, “Wychowanie Fizyczne i Zdrowotne” 4.

Such dangerous tendency may lead to an epidemic of lifestyle diseases. We cannot forget that in the past physical fitness was “useful” in other areas of life. Let us start with the hominids, who were characterised by a bipedal run. The mechanism of such motion distinguished them from other species, giving them a significant advantage. Bipedalism offered greater efficiency for long distance and long-lasting travel. That meant that a hominid, though he did not have claws or teeth typical for predators, could become an effective hunter, whose method of hunting was “chasing” its prey until it died of heat stroke. Hominids were protected against overheating by the brain, acting as a “reliable heat buffer”. The brain, growing for “cooling” purposes, was also used in the development of new functions i.e. speech and abstract thinking³ which contributed to the further brain evolution and the ultimate domination of men over animals.

In the generation of older adults, a positive process can be observed i.e. the increase in the awareness of the importance of physical activity, which is an essential factor in maintaining health and proper body functions. The scientific search for lifestyle factors that moderate neural and cognitive decay in old age is imperative given the increasing aging population throughout the world.⁴ Aerobic fitness and exercise have the capability of reversing and preventing cognitive and cortical decay in individuals with and without dementia.⁵ Researchers often underline the influence of physical activities on reducing the number of metabolic diseases such as obesity, type 2 diabetes and circulatory system diseases, arteriosclerosis, hypertension, osteoporosis and cancer. What is more, it has been proved that reasonable physical activities have positive influence on general well-being, self-esteem, emotional control, reduce stress and anxiety, help treat depression and lower the tendency towards substance abuse.⁶

³ Fiałkowski, K., Bielicki, T., (2008), *Homo przypadkiem sapiens*, PWN, Warszawa.

⁴ U.S. Department of Health and Human Services, Administration on Aging, 2005.

⁵ On this subject wrote: Colcombe, S.J., Kramer, A.F, Erickson, K.I., Scalf P., McAuley, E., Cohen, N.J., Webb, A., Jerome, G.J., Marquez, D.X., Elavsky, S., (2004), Cardiovascular fitness, cortical plasticity, and aging, “PNAS” 101, pp. 3316–3321; Colcombe, S.J., Erickson, K.I., Scalf, P.E., Kim, J.S., Prakash, R., McAuley, E., Elavsky, S., Marquez, D.X., Hu, L., Kramer, A.F. (2006), Aerobic exercise training increases brain volume in aging humans, “J Gerontol A Biol Sci Med Sci” 61, pp. 1166–1170; Burns, J.M., Cronk, B.B., Anderson, H.S., Donnelly, J.E., Thomas, G.P., Harsha, A., Brooks, W.M., Swerdlow, R.H., (2008), Cardiorespiratory fitness and brain atrophy in early Alzheimer disease, “Neurology” 71, pp. 210–216; Heyn P.C., Johnson, K.E., Kramer, A.F., (2008), Endurance and strength training outcomes on cognitively impaired and cognitively intact older adults: a meta-analysis, “J Nutr Health Aging” 12, pp. 401–409.

⁶ Lauteschlager, T., Almeida, P., (2006), Physical activity and cognition in old age, “Current Opinion in Psychiatry”, Vol. 19, 2, pp. 190–193.

According to J.J. Ratey⁷ our body has been “designed” to move, thus through motion we can stimulate brain development. Learning and memory have evolved in connection with motor functions which helped our ancestors hunt and search for food, so our brains were focused, activated and directed towards effectiveness. Therefore, as professor J.J. Ratey (2008) claims “unless we are physically active, we won’t learn anything new”.

Material

The research proves that physical exercises seem to be a physiological stress for the brain, which is thus stimulated to active adaptation, which in turn contributes to its neurofunctional development and prepares to react to future challenges.⁸ Physical activity facilitates learning, memory and other cognitive abilities in many ways.⁹ What is more, it delays or prevents age-related cognitive decline.¹⁰

To understand physical and cognitive changes of the brain connected with aging, which lead to deterioration of cognitive processes and dementia, it is vital to understand regular changes in the brain. Healthy adults lose on average 15% of cortical tissue from the age of 30 to 90, with a disproportionately bigger loss in the areas vital for executive functions i.e. learning, memory and attention processes.¹¹ After the age of 55, there is a decline in hippocampus volume by 1–2% every year.¹² Atrophy of the hippocampus and the decrease of cortical tissue can be the reasons of dementia. However, whether such situation will really take place depends on the so-called plasticity of the brain.¹³

⁷ Ratey, J.J., (2008), *Spark: The Revolutionary New Science of Exercise and the Brain*, New York.

⁸ Mattson, M.P., (2004), Pathways towards and away from Alzheimer’s disease, “*Nature*”, August 5;430(7000), pp. 631–639.

⁹ Vaynman, S., Ying Z., Gomez-Pinilla, F., (2004), Hippocampal BDNF mediates the efficacy of exercise on synaptic plasticity and cognition, “*European Journal of Neuroscience*” 20, pp. 2580–2590.

¹⁰ Kramer, A.F., Erickson, K.I., Colcombe, S.J., (2006), Exercise, cognition, and the aging brain, “*J Appl Physiol*” 101, pp. 1237–1242.

¹¹ Raz, N., Williamson, A., Gunning-Dixon, F., Head, D., Acker, J.D., (2000), Neuroanatomical and cognitive correlates of adult age differences in acquisition of a perceptual-motor skill, “*Microscopy Research and Technique*” 51, pp. 85–93.

¹² Raz, N., Gunning-Dixon, F., Head, D., Rodrigue, K., Williamson, A., Acker, J.D., (2004), Aging, sexual dimorphism, and hemispheric asymmetry of the cerebral cortex: replicability of regional differences in volume, “*Neurobiology of Aging*” 25, pp. 377–396.

¹³ Weinstein, A.M., Erickson, K.I., (2011), Healthy body equals healthy mind, *Journal of the “American Society on Aging”*, Summer, Vol. 35, No. 2.

The level of brain plasticity may depend on physical activities of a certain kind, frequency and length of effort, which is confirmed by the epidemiological studies of elderly people.¹⁴

Aerobic activity also stimulates the release of neuronal growth factors (molecules that help neurons survive and thrive), promotes synaptic plasticity and long-term potentiation (dynamic modifications of the connections between neurons), and stimulates the growth of new neurons in the hippocampus (a brain region primarily involved in learning and memory).¹⁵

For many years neurobiology and neuropsychiatry have considered as a paradigm the fact that the brain is a static organ whose cells do not differentiate and as the time passes they die out causing degenerative changes in cognitive processes such as dementia, Alzheimer's disease or Parkinson's disease. Moreover, it has been alleged that these processes are irreversible and develop with age.¹⁶

Since the purification of BDNF in 1982, a great deal of evidence has mounted for its central roles in brain development, physiology, and pathology. Aside from its importance in neural development and cell survival, BDNF appears essential to molecular mechanisms of synaptic plasticity. Basic activity-related changes in the central nervous system are thought to depend on BDNF modification of synaptic transmission, especially in the hippocampus and neocortex. Pathologic levels of BDNF-dependent synaptic plasticity may contribute to conditions such as epilepsy and chronic pain sensitization, whereas application of the trophic properties of BDNF may lead to novel therapeutic options in neurodegenerative diseases. The year 1999 became a turning point when the scientists discovered that being properly stimulated, the brain produces new nerve cells.¹⁷ Applying the method of imaging using computed tomography, it has been noticed that new neurons appeared as a result of physical activity within hippocampus¹⁸, which was

¹⁴ Rovio, S., Spulber, G., Nieminen, L.J., Niskanen, E., Winblad, B., Tuomilehto, J., Nissinen, A., Soininen, H., Kivipelto, M., (2010), The Effect of Midlife Physical Activity on Structural Brain Changes in the Elderly, "Neurobiology of Aging" 31(11), pp. 1927–1936; Erickson, K.I., Raji, C.A., Lopez, O.L., Becker, J.T., Rosano, C., Newman, A.B., Gach, H.M., Thompson, P.M., Ho, A.J., Kuller, L.H., (2010), Physical Activity Predicts Gray Matter Volume in Late Adulthood: The Cardiovascular Health Study, "Neurology" 75(16), pp. 1415–1422.

¹⁵ Hillman, C.H., Erickson, K.I., Kramer, A.F., (2008), Be smart, exercise your heart: exercise effects on brain and cognition, "Nature Review Neuroscience" 9, pp. 58–65.

¹⁶ Osiński, W., op. cit.

¹⁷ Van Praag, H., Christie, B.R., Sejnowski, T.J., Gage, F.H., (1999), Running enhances neurogenesis, learning, and long-term potentiation in mice, "Neurobiology" 96, pp. 13427–13431.

¹⁸ Adlar, P., Perreau, V., Cotman, C., (2006), The exercise-induced expression of BDNF within the hippocampus varies across life-span, "Neurobiology of Aging", Vol. 26, 4, pp. 511–520.

an important area of research concerning cognitive neuroprocesses.¹⁹ Extensive research in the area of the brain responsible for the cognitive processes such as learning, memorising, focusing, attention as well as memories and emotions²⁰ revealed that the BDNF trophic factor is responsible for creating new neurons.²¹ BDNF is a neurotrophin i.e. a protein which supports neural functions. One of its types, which is called a trophic factor, stimulates the growth and development of neurons. This growth factor is, in turn, a protein which gives nerve cells a signal to grow, differentiate and function. Proper concentration of BDNF in a man's hippocampus helps nerve cells to survive by stopping the natural process of dying out.²² As a brain-derived factor of neural growth, this protein is stimulated by aerobic activity at the level of 75% of maximum heart rate.²³ The research proves that aerobic exercises stimulate the release of the BDNF growth factor in the hippocampus, which is favourable for synaptic plasticity and growth of dynamic synapses between neurons and also prompts the growth of new neurons.²⁴ The data proves the connection between physical activity and the cognitive area of human life.

Examining the influence of physical activity in adults, it has been confirmed it prevents many neurological diseases of old age. The analysis of the development of Alzheimer's disease showed that light but regular physical activity lowers the chance of falling ill with that kind of disease by 37–66 percent.²⁵

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- ¹⁹ On this subject wrote: Colcombe, S., Kramer, A.F. (2003), Fitness effects on the cognitive function of older adults: A meta-analytic study, "Psychological Science" 14, pp. 125–130; Cotman, C.W., Berchtold, N.C., (2002), Exercise: a behavioral intervention to enhance brain health and plasticity, "Trends of Neurosciences" 25, pp. 295–301; Lopez-Lopez, C., LeRoith, D., Torres-Aleman, I., (2004), Insulin-like growth factor I is required for vessel remodeling in the adult brain, "Proceedings of the National Academy of Sciences of the United States of America" 101, pp. 9833–9838; Neeper, S., Gomez-Pinilla, F., Choi, J., Cotman, C.W., (1995), Exercise and brain neurotrophins, "Nature" 373, p. 109; Van Praag, H., et al., (1999), op. cit.
- ²⁰ Adlar, P., Perreau, V., Cotman, C., (2006), The exercise-induced expression of BDNF within the hippocampus varies across life-span, "Neurobiology of Aging", Vol. 26, 4, pp. 511–520.
- ²¹ Antal, A., Chaieb, L., Moliadze, V., Monte-Silva, K., Poreisz, C., Thirugnanasambandam, N., Nitsche, M.A., Shoukier, M., Ludwig, H., Paulus, W., (2010), Brain-derived neurotrophic factor (BDNF) gene polymorphisms shape cortical plasticity in humans, "Brain Stimulat." 3, pp. 230–237.
- ²² Binder, D.K., Scharfman H.E., (2004), Brain-derived neurotrophic factor, "Growth factors" 22, pp. 123–131.
- ²³ Ratey, J.J., (2008), Spark. The Revolutionary New Science of Exercise and the Brain, New York.
- ²⁴ Hillman, C.H., Erickson, K.I., Kramer, A.F., (2008), Be smart, exercise your heart: exercise effects on brain and cognition, "Nature Review Neuroscience" 9, pp. 58–65.
- ²⁵ Andel, R., (2008), Physical Exercise at Midlife and Risk of Dementia Three Decades Later: A Population-Based Study of Swedish Twins, "The Journals of Gerontology", Series A: "Biological Sciences and Medical Sciences" 63(1), pp. 62–66.

Similar results were achieved when examining adult twins. When one of the siblings took up regular and moderate physical activity, the chances of developing dementia in old age were lowered in comparison to the other sibling who led a sedentary lifestyle. It is another confirmation that physical activity at any age may lower the risk of cognitive impairment. What is more, in this way some genetic and family conditionings can be “controlled”.²⁶

An interesting discovery was made by Dik²⁷ with a team of researchers. They screened 1241 males and females between 62–85 year of age, among whom there were people of high level of physical activity between the age of 15–25 (mostly males), who in cognitive and processing information tests did not perform well. The researchers suggest that the reason might be the fact that physical activity of the males was connected with their occupation not with leisure activities.

The research concerning the connection between leisure time physical activities in adults and dementia at the age of 65–79 carried out by Rovio²⁸ and other researchers suggests that leisure time physical activity at least twice a week lowers the risk of dementia. It is worth noticing that the connection between physical activity and dementia was tighter for humans with the highest genetic risk of Alzheimer’s disease development. Other positive aspects of physical exercise and training include general well-being, better tolerance of nervous tensions and stress, improvement of mental health, getting to know new people and the opportunity of sharing the joy with others.²⁹

Also studies show that higher degrees of physical exercise are correlated with a delay of the onset of symptoms by as much as 4.6 years³⁰, and in another study the disease progression measures stabilized over a 2 year period with intensive

²⁶ Weinstein, A.M., Erickson K.I., (2011), Healthy body equals healthy mind, *Journal of the “American Society on Aging”*, Summer, Vol. 35, No. 2.

²⁷ Dik, M.G., Deeg, D.J.H., Visser, M., Jonker, C., (2003), Early life physical activity and cognition in old age, *“Journal of Clinical Experimental Neuropsychology”* 25, pp. 643–653.

²⁸ Rovio, S., Helkala, E.L., Viitanen, M., Winblad, B., Tuomilehto, J., Soininen, H., Nissinen, A., Kivipelto, A.M., (2005), Leisure time physical activity at midlife and the risk of dementia and Alzheimer’s disease, *“Lancet Neurology Journal”* 4, pp. 705–711.

²⁹ Lauteschlager, T., Almeida, P., (2006), Physical activity and cognition in old age, *“Current Opinion in Psychiatry”*, Vol. 19, 2, pp. 190–193.

³⁰ Trembath, M.K., Horton, Z.A., Tippet, L., Hogg, V., Collins, V.R., Churchyard, A., Velakoulis, D., Roxburgh, R., Delatycki, M.B., (2010), A retrospective study of the impact of lifestyle on age at onset of Huntington disease, *“Mov Disord”* Jul 30, 25(10), pp. 1444–1450.

intermittent combined therapy.³¹ We can trust these results as true, because similar levels of benefit are seen in aging³², and in other neurodegenerative diseases like Alzheimer's³³ and Parkinson's.³⁴ This review of the available research shows the unambiguous conclusion that physical activity in the elderly can improve their performance in many areas of life and health: biological, psychological, cognitive and social.

Summary

Normal aging is associated with both brain atrophy and cognitive decline. We now see that higher fitness levels are associated with less brain atrophy and cognitive decline in late life; early and midlife physical activity can protect against late-life brain decay; and exercise can influence the same cognitive domains and support the brain regions that are most affected by cognitive aging. The positive influence of physical activities on the human body at each stage of its development has been widely discussed. Many researchers see the problem of decreasing physical activity as a dangerous phenomenon connected with serious health consequences. For a long time neurobiologists, neuropsychiatrists together with physiologists and researchers dealing with physical education have believed that the brain is a static organ whose cells do not differentiate and finally die out causing degenerative changes in cognitive processes, which are irreversible. Computed tomography of the brain and simultaneous hypotheses concerning the influence of physical activities on cognitive functions became a turning point. The current studies prove that physical activity of certain intensity, kind, frequency and length influences physical health but also stimulates the brain functions, slows down degenerative processes, ensuring physical and mental health and good social relations in the future.

³¹ Zinzi, P., Salmaso, D., De Grandis, R., Graziani, G., Maceroni, S., Bentivoglio, A., Zappata, P., Frontali, M., Jacopini, G., (2007), Effects of an intensive rehabilitation programme on patients with Huntington's disease: a pilot study, "Clin Rehabil" Jul 21(7), pp. 603–613.

³² Nemati Karimooy, H., Hosseini, M., Nemati, M., Esmaily, H.O., (2012), Lifelong physical activity affects mini mental state exam scores in individuals over 55 years of age, "J Bodyw Mov Ther" Apr 16(2), pp. 230–235.

³³ Venturelli, M., Scarsini, R., Schena, F., (2011), Six-month walking program changes cognitive and ADL performance in patients with Alzheimer, "Am J Alzheimers Dis Other Dement" Aug 26(5), pp. 381–388.

³⁴ Ahlskog, J.E., (2011), Does vigorous exercise have a neuroprotective effect in Parkinson disease?, "Neurology" Jul 19;77(3), pp. 288–294.

Conclusions

1. There are several important conclusions to draw from this research. First, it is never too late to start being active. Even sedentary older adults show enhanced brain integrity from increased physical activity. A mere six months of regular walking is sufficient to show enhanced brain volume and function.
2. The human brain remains plastic throughout its life span, and exercise can capitalize on this plasticity.
3. Higher fitness levels in early and midlife are associated with both a decreased level of brain atrophy and a decreased risk for developing cognitive problems later in life. Thus, adopting a physically active lifestyle early on may be the best way to prevent brain decay.
4. Finally, exercise targets the same cognitive domains of executive function and memory that are typically the first to exhibit age-related changes. The prefrontal cortex and hippocampus, regions that support these cognitive domains, are amenable to exercise interventions. Physical activity provides a robust method to protect against, and treat, age-related changes in the brain.

Agnieszka Przychodni

Menopause changeability as a biological and social phenomenon

Introduction

Menopause as a physiological phenomenon applies to every woman at the beginning of her fifth life decade. It is a transition between the reproduction period and the dawn of regression processes. The female body has been preparing for the menopause for a few years before. However, physiological and health consequences of the menstruation cessation can be visible even a long time afterwards.

The WHO defined and standardised basic terms in their two reports.¹ According to their recommendations, the term *natural menopause* is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Additionally, it occurs after 12 months of amenorrhoea (absence of menstruation) according to *Research on the menopause in the 1990s*.² However, perimenopause is the period prior to the menopause when the endocrinological, biological and clinical features of the approaching menopause commence and the first year after menopause. Fig. 1 presents a division of this phase of woman's life recommended by the WHO.

¹ WHO Report, (1981), Research on the menopause, Technical Report Series, Geneva, p. 670; WHO Report, (1996), Research on the menopause in the 1990s, Technical Report Series, Geneva, p. 866.

² Ibidem, pp. 12–14.

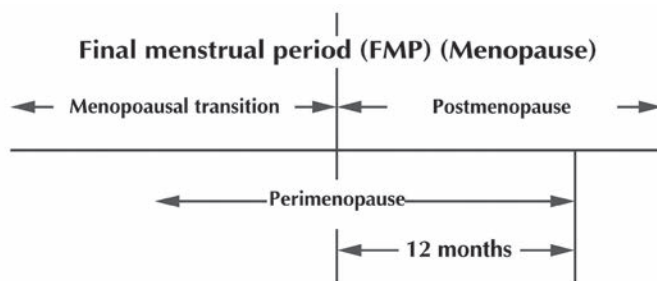


Fig. 1. The relationship between different time periods surrounding the menopause recommended by the WHO.³

The development of medicine and pharmacology has influenced new types of menopause. Surgical removal of ovaries or radiation lead to the so called induced menopause.⁴ This type of menopause does not depend on the aging of the reproductive system but on disease factors only. Furthermore, hormone replacement therapy has been applied for several decades, based on estrogens at the beginning, and nowadays two-component, aims at soothing the results of perimenopause. It is difficult to differentiate natural physiological processes from the influence of the hormones in women applying HRT in their perimenopause phase. Thus, one cannot diagnose one type of menopause, but one must also take into consideration that women can finish their reproduction life in different ways.

This process affects the hormonal profile in the female body which leads to the occurrence of numerous physical and emotional symptoms called *perimenopausal syndrome*. Current reports do not clearly indicate that the level of estrogens increases or decreases this discomfort and furthermore they emphasize the diversity of reasons, both biological and social.⁵ Environmental factors have a vital impact on the course of human development and functioning during the whole ontogenesis. Socio-economic situation influences many aspects of an individual such as: nutrition, lifestyle including the physical activity level or stimulants use. All these elements can foster soft perimenopause or intensify its negative results.

³ Ibidem, p. 13.

⁴ Graziottin, A., (2010), Menopause and sexuality: key issues in premature menopause and beyond, "Annals of the New York Academy of Sciences" 1205, pp. 254–261.

⁵ Dillaway, H., Burton J., (2011), "Not done yet?!" Women discuss the "End" of menopause, "Women's Studies" 40, pp. 149–176.

The study aims at defining relations between selected environmental factors, lifestyle elements and the course of perimenopausal phase in women.

Materials and methods

The research was conducted among 2011 women living in the region of świętokrzyskie province at the age of 35–65, later divided into 6 age groups (fig. 2).

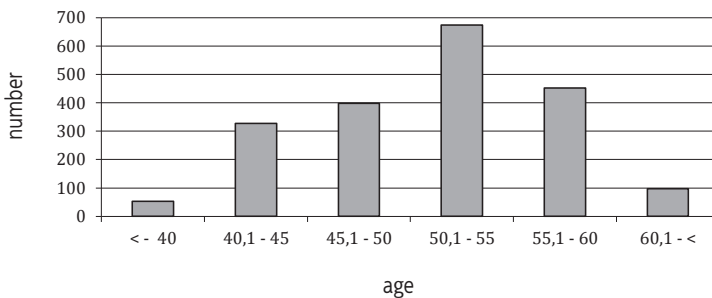


Fig. 2. Number of women according to age

The survey provided information about women's lifestyle, health behaviour, age of last menstruation, perimenopause symptoms, socio-economic situation. Anthropometrical measures of height, body weight, waist and hip circumference were taken. BMI's and WHR's indexes were calculated. Collected data was analysed by means of basic statistics.

Results

Perimenopausal syndrome is a set of neurovegetative and psychoemotional symptoms occurring in the perimenopause. Vasomotor symptoms are also associated with it and these are: hot flushes and night sweats. The other group of common symptoms occurring in the perimenopausal phase comprises of mental complaints including: nervousness, depression, moodiness, weariness, lack of concentration as well as somatic ones: dizziness and headaches, muscle pains. The study included analysis of socio-economic factors and selected lifestyle elements in connection with some perimenopause symptoms (Tab. 1–2, fig. 3–6).

In the perimenopause women often tend to complain about night sweats – only less than 40% of them have never experienced this problem. Disrupted sleep induced by sweating leads to unbalanced sleep rhythm and causes fur-

ther problems – nervousness, weariness and headaches (Tab. 1). A number of perimenopause symptoms, which increase the feeling of general weakness, is related to fatigue or anxiety.

Tab. 1. Frequency of perimenopause symptoms occurrence (%)

No.	Physical symptoms	Frequency of perimenopause symptoms (%)			
		None	Mild	Moderate	Severe
1	Night sweats	37,34	32,45	12,76	6,48
2	Sleep disorders	31,55	33,79	15,75	9,27
3	Irritability	20,08	39,38	20,29	11,21
4	Depressed	33,25	33,49	12,81	7,82
5	Giddiness	50,49	24,72	6,87	3,14
6	Weakness	32,55	37,23	11,71	5,13
7	Muscles pain	27,81	34,49	16,30	9,67
8	Headache	25,67	41,47	14,20	6,87
9	Hot flushes	30,21	38,63	13,21	5,68
10	Fatigue	18,64	42,82	18,19	9,72

Experiencing perimenopause symptoms is not determined by hormone level change and an individual's biological conditions only, because their intensity and frequency of occurrence in women change in relation to their social group, living conditions and lifestyle in a given country. For some symptoms it was identified by means of a chi-squared test if lifestyle and social variables differentiate the frequency of perimenopause symptoms occurrence (Tab. 2).

Tab. 2. The relation between menopausal symptom occurrence and social variables, physical fitness and smoking cigarettes

Menopausal symptoms	Chi-squared test			
	Smoking cigarettes	Physical fitness	Level of education	Place of living
Muscles pain	7,61	16,79**	25,58**	10,01
Hot flushes	12,72**	18,89**	17,55*	4,12
Night sweats	8,22	12,58*	13,27	9,19
Sleep disorders	7,89	30,84**	8,18	7,54
Irritability	16,80**	12,26	6,72	14,08*

* level of significance of chi-squared test 0,05

** level of significance of chi-squared test 0,01

The graphs illustrate the level of experiencing of some perimenopause symptoms depending on the analysed social variables and lifestyle elements.

Women smoking cigarettes more frequently complained about hot flushes. They were also a smaller fraction of people who had never experienced such discomforts (fig. 3). This leads to a conclusion that smoking not only causes health problems but also perimenopause symptoms.

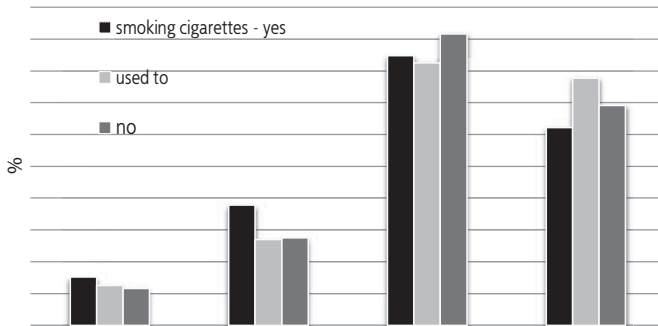


Fig. 3. Relation between menapausal symptom occurrence (hot flushes) and smoking cigarettes

Unhealthy behavior negatively influences the female body. One may suppose that leading an appropriate lifestyle may improve quality of life and support the body in its serious hormonal and somatic transformation. The right level of physical activity at each stage of the ontogenesis is indispensable for the correct development and functioning of an individual. In the perimenopause movement and any form of physical activity is vital. This protects bones against calcium loss. It also stimulates the muscles and osseous structures as well as cardiovascular, nervous and immunological systems. Maintaining high level of mental and physical activity becomes a key problem for the elderly. In the research presented, the level of physical activity undertaken proved to vitally differentiate the intensiveness of menapausal symptoms (tab. 1). Women declaring very low physical activity most frequently complained about night sweats. An average physical activity is already significant prevention against severe menapausal symptoms (fig. 4).

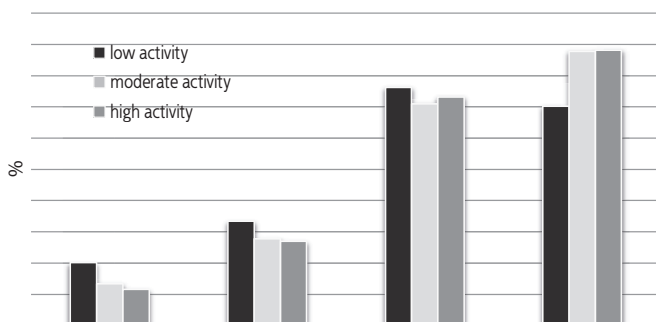


Fig. 4. Relation between menapausal symptom occurrence (night sweats) and physical fitness

Social variables have a noteworthy effect on adopted lifestyle and health behavior. They are also connected with the trained and performed job which affects body strains with physical labour to a small, medium or large extent. There appeared essential relations between the level of education and the frequency of muscle pain in participants. Women with lower level of education had muscle pain far more regularly than those having secondary or higher education (fig. 5).

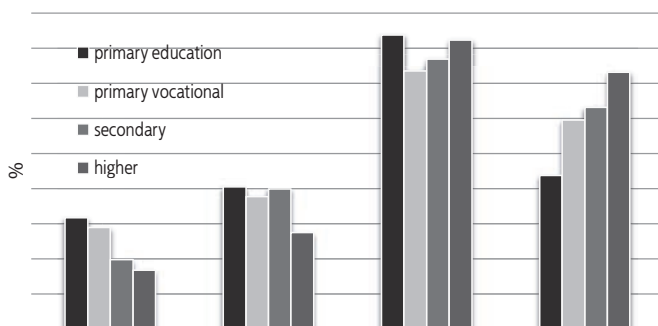


Fig. 5. Relation between menapausal symptom occurrence (muscles pain) and level of education

Place of living, as one of the social variables, also vitally differentiates researched women in relation to sense of perimenopause complaints. Country dwellers in comparison with the city ones declared sensing nervousness (fig. 6).

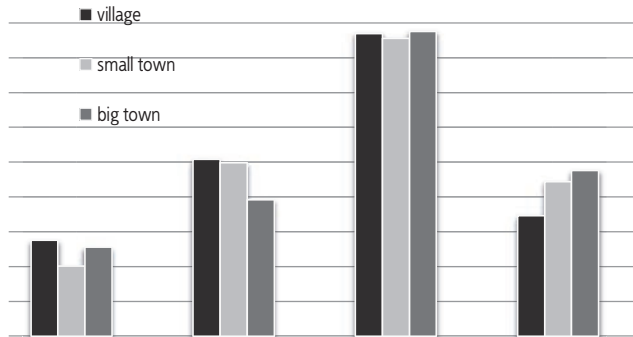


Fig. 6. Relation between menopausal symptom occurrence (irritability) and place of living

Regulation to arithmetic mean and standard deviation in women naturally menstruating and at the age below 45 were conducted to homogenize the image of changes in the level of somatic features development and BMI and WHR indexes following the age.

Women in consequent age categories were characterised by lower body height. It is in accordance with observed secular trends phenomena which describe higher body measure in next generations. In relation to body mass the reversed link was detected, i.e. higher body mass was typical of older women. Increasing average values of body mass following the age indicate a clear tendency toward obesity in women in their 4th and 5th life decade. High values of BMI index correlate with health threats such as type 2 diabetes, hypertension, increased level of triglicerides or cholesterol. That is why higher and higher BMI index ranges in consequent age classes in researched women seem to be a very alarming phenomenon (fig. 7).

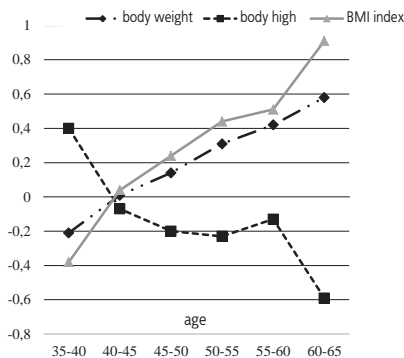


Fig. 7. Normalized values of body weight and high, BMI index to age

Next nomogram (fig. 8) shows normalized values of waist and hip circumference as well as WHR index. The greatest differences noticed between young and older women concern the waist circumference, which is followed by WHR index.

Larger dissimilarities for the waist circumference than the hips one suggest that the body mass growth is an effect of adipose tissue accumulation mainly in the area of abdomen.

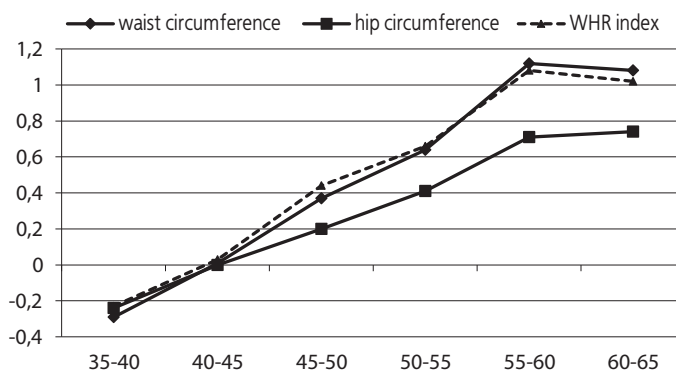


Fig. 8. Normalized values of waist and hip circumference, WHR index to age

Summary

The menopause is a moment in woman's life for which her body has been preparing for a few years before. However, physiological and health consequences of the menstruation cessation can be visible even a long time afterwards. A number of symptoms occurring in the perimenopausal phase is attributed to the results of menopausal process. It is though difficult to differentiate the symptoms which are effects of hormonal changes due to the cessation of ovarian function induced by body aging processes as well as social and cultural midlife stress. The research of perimenopausal phase in women living in Asia, Africa and South America revealed major cultural, social and health differences in relation to women from Europe and North America. Political and religious systems as well as economic situation of a country decide about the woman's role and position in the society. Poverty, lack of economic stability and low level of education are typical of the former regions of the world. Low level of education significantly

correlates with poverty and lack of health care.⁶ These factors considerably influence the course of perimenopause and symptoms related to it.⁷

Hot flushes occur as an unexpected feeling of high temperature of skin, dilatation of blood vessels, palpitations. It is sensed as a sudden feeling of heat in the face, neck and chest. It is initially located in the upper part of the body, and then spreads downwards and upwards. Perspiration, shivering, nervousness, irritation, headache, insomnia frequently occur, too. They last for about three minutes and are followed by flushing of the skin continuing for the next few minutes. These are vasomotor symptoms which stem from sympathetic nervous system and hormonal system activation. Hot flushes are synchronised with the pulsatile release of LH by hypophysis. It is not possible to declare they are just a direct result of an increase of the LH level in the blood serum. Even though they occur in the period when the level of estrogens release is decreased, there were no correlations found between the level of these hormones and the frequency of the above mentioned complaints.⁸

Hot flushes are one of the most commonly reported symptoms of the perimenopause.⁹ However, as many studies show, the percentage of women experiencing them may differ a lot depending on a population. They are more regularly reported by women from North America (45%), and Europe (Dutch) (80%) than by the Asian (17%–23%).¹⁰

Only 10% of the Chinese being in the perimenopausal phase complained about hot flushes and less than 5% about profuse perspiration.¹¹ Even though it was stated that identical hormonal changes occur in both indigenous Mexican women from Jukatan and the North American ones, no hot flushes were reported in the former.¹² The female participants complained mainly about

⁶ Kaufert, P.A., (1996), The social and cultural context of menopause, "Maturitas" 23, pp. 169–180.

⁷ Dillaway, H., Burton, J., (2011), op. cit., pp. 149–176.

⁸ WHO Report, (1996), op. cit., p. 22.

⁹ Carda, S.N., Bilge, S.A., Öztürk, T.N., Oya, G., Ece, O., Hamiyet, B., (1998), The menopausal age, related factors and climacteric symptoms in Turkish women, "Maturitas" 30, pp. 37–40. Rizk, D.E., Bener, A., Ezimokhai, M., Hassan, M. Y., Micallef, R., (1998), The age and symptomatology of natural menopause among United Arab Emirates women, "Maturitas" 29, pp. 197–202.

¹⁰ Hulka, B.S., Meirik, O., (1996), Research on the menopause, "Maturitas" 23, pp. 109–112. WHO Report, (1996), op. cit.

¹¹ Ho, S.C., Chan, S.G., Yip, Y.B., Cheng, A., Chan, C., Yi, Q., (1999), Menopausal symptoms and symptom clustering in Chinese women, "Maturitas" 33, pp. 219–227.

¹² Martin, M.C., Block, J.E., Sanchez, S.D., Arnaud, C.D., Beyene, Y., (1993), Menopause without symptoms: the endocrinology of menopause among rural Mayan Indians, part 1, "American Journal of Obstetrics and Gynecology" 168, 6, pp. 1839–1845.

hot flushes, night sweats, insomnia, but also about muscle pain and headache on a regular basis. Mental symptoms included nervousness and depression (Tab. 1).

Mental symptoms constituted a vital part of the perimenopause symptoms experienced. It is assumed that their occurrence and intensity depend on the arising vasomotor and somatic symptoms, personal character features and the woman's social situation.¹³ It is also claimed that the reason for the occurrence of mental and emotional disorders is estrogen deficiency. This is induced by decreasing level and activity of neurotransmitters that are responsible for mood (serotonin and catecholamine) as well as by the lack of estrogen receptors activation in the limbic system. Profuse night sweats interrupt the sleep, which leads to mental disorders and behavioural changes. The sleep is shallower, especially the REM phase. Women sleep lightly and wake up a lot.¹⁴ The women researched in Thailand revealed that their menopause was associated above all with headaches, not with depression.¹⁵ Similarly, the Japanese complained about headaches, stiff neck and backaches.¹⁶

Factors that significantly influence the occurrence of the perimenopause symptoms include: physical activity, smoking, place of living and level of education. Groups of women characterised by higher level of physical activity less seldom defined particular symptoms to be "very frequent" or "frequent". Habitual smokers almost twice as often described the problems of emotional nature (nervousness) as "frequent" or "very frequent" than those never smoking. Similar relations were observed in relation to hot flushes. Their place of living differentiated the intensity of sensing the complaints of mental nature, i.e. nervousness. This problem arose with slightly higher intensity in women stemming from the country than from the city. However, the level of education differentiated the frequency of occurrence of, above all, vasomotor and somatic symptoms. The higher level of education researched women achieved, the more frequently and intensely they sensed hot flushes or muscle pains. Similar conclu-

¹³ Bielawska-Batorowicz, E., (1997), Psychologiczne aspekty okresu przekwitania, "Folia Medica Lodziensia", 24, pp. 97–108; Tomczak, A., Juchnowicz, D., Popławska, R., Chrzanowski, W., (2004), Zaburzenia psychiczne u kobiet w okresie okołomenopauzalnym, "Annales Universitatis Mariae Curie-Skłodowska" Vol. LIX, Suppl. XIV, 443, pp. 325–329.

¹⁴ Warenik-Szymankiewicz, A., (1996), Klimakterium, "Kliniczna Perinatologia i Ginekologia" 16, pp. 66–74.

¹⁵ Kaufert, P.A., (1996), The social and cultural context of menopause, "Maturitas" 23, pp. 169–180.

¹⁶ Lock, M., Kaufert, P., Gilbert, P., (1988), Cultural construction of the menopausal syndrome: the Japanese case, "Maturitas" 10, pp. 317–332.

sions come from the research by Karaçam & Şeker¹⁷, Kakkar et al.¹⁸, in which the relation between the level of education and perimenopause symptoms occurrence was identified, mainly concerning somatic and mental symptoms.

In relation to women stemming from Europe or the USA a wider spectrum of occurring perimenopause symptoms is noticed in lower social spheres.¹⁹ Opposite findings refer to Pakistani women, who proved to have complained about hot flushes and mental problems and belonged to higher social spheres.²⁰ On the other hand, the extent to which perimenopause symptoms were sensed strongly correlates with the quality of life of midlife women.²¹

The next issue analysed in the study was the body built of the researched women. Clear differences, depending on the age, were observed in relation to the researched features and indicators. Older women turned out to be shorter than the younger ones, but they were characterised by higher body mass, waist and hips circumference, values of BMI and WHR indexes. Adult women lose their muscle volume with age but it is replaced with adipose tissue. A tendency to increase the body volume in subsequent age groups clearly appeared in the presented material. Essential increase of waist circumference than the hips one indicates typical for women after menopause change of adiposity type – from the gynoidal to the androidal one. This leads to celiac obesity responsible for inducing many health problems. That is why older women are at such a high risk of type 2 diabetes, hypertension, atherosclerosis, pancreatitis and other diseases resulting from obesity or overweight.

Summing up, it must be emphasised that the menopause significantly shapes their health and functioning in their fifth and next decades of their lives. It concerns many areas of life causing in many cases a decrease in its quality. However, female body is capable of surviving these painful hormonal and somatic changes. In highly developed countries, the average life span of women exceeds 80 years, which means that 1/3 of their ontogenesis comes after the menopause. Thus, it is fundamental to recognize the factors supporting or harming health

¹⁷ Karaçam, Z., Şeker, S.E., (2007), Factors associated with menopausal symptoms and their relationship with the quality of life among Turkish women, "Maturitas" 58, pp. 75–82.

¹⁸ Kakkar, V., Kaur, D., Chopra, K., Kaur, A., Kaur, I.P., (2007), Assessment of the variation in menopausal symptoms with age, education and working/non-working status in north-Indian sub population using menopause rating scale (MRS), "Maturitas" 57, pp. 306–314.

¹⁹ Karaçam, Z., Şeker, E., (2007), op. cit.

²⁰ Wasti, S., Robinson, S.C., Akhtar, Y., Khan, S., Badaruddin, N., (1993), Characteristics of menopause in three socioeconomic urban groups in Karachi, Pakistan, "Maturitas" 16, pp. 61–69.

²¹ Karaçam, Z., Şeker, E., (2007), op. cit.

and quality of life in this period to accurately create the state health and social policy. Through performing preventive actions, promoting good nutrition practices and physical activity one may make women enjoy their good health and well-being long after the menopause.

Grażyna Czerwiak, Monika Szpringer, Marian Florczyk

Malnutrition as a clinical problem of people advanced in years

Introduction

The process of aging in societies around the world is showing growth trends. The aging of the population is causing specific social, economic and political consequences. Apart from the risks of pension funds, some unfavorable changes in family structure and its functioning are seen. Older people require special benefits related to health and social care. The specific biological functions of the body are decreasing with biological age. The ageing is a progressive process that releases a series of unfavourable existential changes.

Demographic projections indicate that in the next years the number of elderly people in the population will still be increasing, which is confirmed by the data; in 1950 there were about 200 million people at the age of more than 60 years worldwide, and in 2050 the number of elderly people will increase to 2 billion.¹

In Poland, women predominate among the elderly people, and the advantage over men increases with age. The mortality of both sexes is aligned at the age of 90–100 years.² Achieving the old age in good health requires from the person, state administration and non-governmental organizations

¹ Bobeł, B., (2006), *Współczesna rzeczywistość a problemy i potrzeby osób w starszym wieku*, [in:] Z. Palak, *Jakość życia osób niepełnosprawnych i nieprzystosowanych społecznie*, UMCS, Lublin, p. 255.

² Kachaniuk, H., *Opieka nad zdrowiem osób starszych*, [in:] T.B. Kulik, M. Latański (eds.), *Zdrowie publiczne*, Wydawnictwo Czelej, Lublin, p. 204.

concerns for health and environmental conditions throughout the whole ontogenetic development.

It is appropriate to refer to the WHO / FAO document stating, that meeting human nutritional needs is a fundamental precondition of its development, performance and attitude to the environment.³ Due to a number of disadvantageous distinctions in the field of biology, psychology and sociology in advanced years, meeting the nutrition needs seems to be important, but in many cases difficult. Because of the biological distinctions the qualitative or/and quantitative eating disorders are observed. They are caused by a lack of dentition, problems in the selection of functional dentures, lower gastrointestinal motility that is conducive to flatulence and constipation. The enzyme insufficiency of the pancreas and liver, reduced amount of gastric juice are intensifying further disorder in absorption from the gastrointestinal tract. The vulnerability of the elderly people to the shortage of protein and red blood cells and a higher need for vitamins forces the increased daily care of the senior's diet.

Further risk factors of nutrition disorders arise from psychosocial and economic distinctions. Reduced motor activity, cognition, mood and even depression symptoms can have a negative influence. Locomotive disorders or/and loneliness favor quantitative and qualitative nutritional disorders. Loneliness is an unpleasant phenomenon. Among its causes are: death of a spouse, one-generation family trends, worse financial situation, physical and mental strength weakening.

Barbara Szatur-Jaworska writes "the state policy towards people from the third age should be focused on creating conditions to activity through developing forms of social participation. Active aging is an opportunity for seniors to maintain a decent life and counteraction to social death shears created by loneliness".⁴

The needs of the elderly can be estimated according to various criteria. Among the basic ones beside breathing, thermoregulation, cleanliness, sleep and rest, lies the need for nutrition. Among the psychosocial: the need for security, self-esteem, social interaction.⁵

³ Szatur-Jaworska, B., (2000), *Ludzie starzy i starość w polityce społecznej*, Oficyna Wydawnicza ASPRA-JR, Warszawa, p. 27.

⁴ Ibidem, p. 29.

⁵ Chromiński, Z., Plak, E., (2004), *Wprowadzenie do edukacji ekologicznej i zdrowotnej*, Prywatna Wyższa Szkoła Ochrony i Środowiska, Radom, p. 172.

Nutritional recommendations for the population in Poland are verified by the Committee of Human Nutrition PAN, National Food and Nutrition Institute. In development of standards the population was divided into 19 groups. The basis for division constitutes: age, sex, physiological status (pregnant and nursing women), physical activity.⁶

General nutrition recommendations are as follows:

- regular consumption of at least three meals a day
- daily consumption of products from 12 food groups
- daily consumption of grain products, vegetables and fruit
- supply of milk or milk products with reduced fat content (preferably acidified products) at least twice a day
- eating lean meat and its products in reasonable quantities
- increasing the consumption of marine fish, restriction of animal fat to the benefit of oil or olive oil
- reducing intake of salt and sugar.

Balanced diet in terms of quantity and quality is an important developmental factor. Living with dignity requires not only the proper amount of food, but also appropriateness in its nutritional and hygienic aspect.⁷

The nutrition system depends on the socio-economic factors, knowledge about rational nutrition, eating habits in a family, taste preferences, education and social status. Common errors in Polish diet include excessive consumption of animal fat and sugar, too little fruit and vegetables in your daily diet.⁸

Older people are generally characterized by low physical activity due to health problems, lower basic metabolism. The average daily energy requirement of a senior citizen amounts to 2000–2500 kcal. Due to the inferior teeth and digestive disorders, digestible meals are recommended. An important part of the diet is consistency and diversity in terms of the selection of a product, flavor and color. The fundamental principle in planning rational nutrition is taking into account the so-called comorbid conditions. The elderly people should eat small meals, 4–5 times a day. Proteins requirement amounts to approx. 65–70g, fat intake to 25% of energy demand. Vegetable fat like rapeseed

⁶ Ciborowska, H., Rudnicka, A., (2004), *Dietetyka. Żywnienie zdrowego i chorego człowieka*, PZWL, Warszawa, p. 181.

⁷ Chromiński, Z., Plak, E., (2004), op. cit.

⁸ Piotrkowska, R., Książek, J., (2008), *Jeść rozsądnie i zdrowo*, „Magazyn Pielęgniarki i Położnej” 5, p. 30.

oil, soybean oil, sunflower oil, olive oil are recommended.⁹ Preferred are spices and herbs such as: basil, cumin, marjoram, tarragon. The senior's need for vitamins and minerals increases by 20% in comparison to a middle aged person.

The research of National Food and Nutrition Institute in Warsaw (Wartanowicz and Ziemiański) states that, deficiencies of folic acid in the blood serum are on average 73% of the elderly people living in Warsaw.¹⁰

Many studies show that elderly people are particularly vulnerable to malnutrition. Physiological and socio-economic distinctiveness and chronic diseases are considered major risk factors. These diseases include: depression and dementia, gastrointestinal diseases, and cancer. Crucial meaning that can impose daily nutrition could have medicines that are depressing appetite and interfering with taste.¹¹

Malnutrition can lead to rapid tiredness, reduced muscle mass, disturbance of consciousness, orthostatic hypotension, development of decubitus ulcers, anemia or reduced resistance to infection.¹²

It is probably the lack of knowledge that hinders rational meal planning which could fully cover the nutritional requirements. The aim of the study was to identify factors affecting the proper nutrition and verification of the knowledge about nutrition among the elderly people in a randomly selected district in Kielce.

Reference

The research was carried out in November and December 2011. Enrolled were only those who were 65 years old and older and agreed to take part. Finally the research was carried out among 91 people living in Kielce (KSM estate) in home environment. Most of the respondents were women with the preponderance of singles (45 widows or singles), 19 people lived in the family.

Method

To gather more information about the nutrition of senior citizens, as a survey method, the diagnostic interview technique was used. The questions were

⁹ Ciborowska, H., Rudnicka, A., (2004), op. cit.

¹⁰ Ziemiański, Ś., (2001), Normy żywienia człowieka. Fizjologiczne podstawy, PZWL, Warszawa, p. 93.

¹¹ Sadowska, J., Śliwińska, U., (2005), Ocena sposobu żywienia i stanu odżywienia osób w wieku starszym zamieszkałych na terenach wiejskich, "Żywnie człowieka i metabolizm" 32(3), p. 187.

¹² Kędziora-Kornatowska, K., Muszałik, M., (2007), Kompendium pielęgnowania pacjentów w starszym wieku, Wydawnictwo Czelej, Lublin, p. 163.

formulated in a way to test the respondents' knowledge about rational diet, including the reasons for interfering in daily nutrition.

Results

Chart 1 Respondents by the aging process.

Women		Men	
Early old age	Late old age	Early old age	Late old age
12	56	16	7
Total 68		Total 23	

Chart 2. Health problems of the respondents.

Health problems	N	%
At least one chronic disease	28	30,77
At least two chronic diseases	56	61,54
No chronic disease diagnosed	7	7,69
Total	91	100,00

Chart 3 The frequency of meals consumed by the respondents.

Daily meals consumption	N
Regular meals with less volume, average of 4 –5 times a day, including one cooked	4
Consumption of less than 7 cooked meals a week.	72
Meals consumed at least 3 times a day.	15
Total	91

Chart 4 The reasons hindering nutrition by respondents.

Factors inhibiting senior's nutrition	N	%
Difficult financial situation	32	35,17
Difficulties in the purchase realization	7	7,69
Difficulties in preparing meals.	52	57,14
Total	91	100,00

Elaboration

The quality of the functioning of seniors in the environment depends on different factors, both subjective and objective, such as health, financial conditions and the nearest architectural environment. The WHO indicates independence as the development direction of care of the elderly people in the environment. In modern gerontology maintaining the efficiency and well-being as long as possible is promoted together with vitality and creative activity until the late years of life. However, the degradation of life situation requires taking individual, but also various forms of support. By reducing activity and independence an older person becomes increasingly dependent on their family, other individuals and / or institutions. Supporting and / or securing the functioning of an individual should be a guarantee of decent living conditions, ie minimizing the specific deficits of the individual in the field of the biological, psychological, social and material nature. The range of social support for senior citizens is modified not only by their needs but also expectations.

The research included in this article was a pilot study. Although the size of the group does not allow for far-reaching conclusions, it can probably help to identify common factors that hinder the nutrition of the elderly. Some dietary errors were observed among seniors. Most of the respondents (63 people) belonged to the late old age group (Chart 1). The reduction of motor activity, cognition and mood hinders the implementation of necessary nutrition. The findings confirmed an alarming fact, that only 4 respondents benefit from rational nutrition according to current standards. The vast majority (72 respondents) consume less than 7 cooked meals a week (Chart 2). The results confirm the superiority of the so-called "packed lunch" in the daily nutrition. Most of the respondents have bad eating habits associated with insufficient consumption of fish, vegetables and fruit showing reluctance and/or lack of financial resources. The lack of knowledge about eating disorders was confirmed. The factors hindering nutrition were awkwardness in preparation of meals, as it was indicated by 52 people; difficulties in everyday food shopping were confirmed by 7 respondents. Due to oppressive dental problems seniors indicated also difficulties in biting food (Chart 4).

The unpleasant phenomenon among respondents was loneliness, there were only 19 people living within the family circle. The musculoskeletal dysfunctions and/or loneliness probably encourage eating disorders of this social group.

That aspect is confirmed by another research showing that important factors influencing the nutritional status of seniors are economic and social conditions.

People with low financial status do not have access to food in sufficient quantity and nutritional quality.

It is therefore suggested to carry out an interview to define what a senior's nutrition looks like with an assessment of food and fluid intake. The average water requirement for the elderly is 30–35 ml/kg body weight/day. Avoiding strong coffee and tea is recommended due to their dehydrative impact. Most preferred is still mineral water or boiled water.¹³

In the prevention of the malnutrition of the elderly the most beneficial solution would be the production of semi-finished diet (concentrates, dinner and dessert) that provide a balanced meal. Being averse to vegetables could be reduced by offering ready-made meat and fish with this addition.

According to the results of the SENECA and SENIUM programs there were deficiencies of the folic acid by 70% of respondents. The elderly consume too little of vitamin B2, B6, and vitamin A. Research conducted in the Warsaw and Poznań region showed that women consume 52–78% of the recommended standard for calcium, iron intake accounted for 69–90% of the recommended standard. There has been too high consumption of energy including animal fat and simple carbohydrates.¹⁴

Conclusions

The conclusions from the research have a pilot nature, the research will be continued on a bigger group. On the basis of the results' analysis, it was found that an improvement of nutrition of from the risk group can be achieved by:

1. Producing food in the form of semi-finished diet products (breakfast and dinner concentrates), which should help seniors in preparing meals on their own. It is recommended to pack the food products in small portions which are easy to store and eat at one time.
2. Promoting health education in the range of rational nutrition among seniors and their families as well as control of the pre-screening features of eating disorders. Pragmatic action should be spreading sample menus.
3. Organized programs related to the provision of at least one cooked meal seven times per week should be organized for the elderly burdened with eating disorders.

¹³ Ibidem, p. 164.

¹⁴ Ziemiański, Ś., (2001), *Normy żywienia człowieka. Fizjologiczne podstawy*, PZW, Warszawa, p. 95.

Justyna Palacz

Physical activity as a form of activation of seniors

Exercise is able to replace all drugs, but all the drugs taken together cannot replace exercise.¹

Wojciech Oczko

Introduction

Activity is defined as an operation, ability or willingness to take initiative, a kind of energy which is inseparably connected with the action.² In psychology, activity is defined as an operation determined by personality factors. Thus, human activity can be considered as a way to learn about social reality, general mental property manifested in action both in terms of physical and intellectual.³

According to Maria Tyszkowa, activity is characteristic of living creatures and the normal state of human being. However, it can show itself in different forms and varying intensity. Taking activity into consideration, active state of body is opposed to state of stillness, passivity and lack of reaction⁴. In the scientific literature, we may encounter the definitions and research related to various types of activity: life, social, economic, cognitive, occupational, mental, emotional, cultural, artistic, physical, political, business, marketing,

¹ Author's translation

² Górnikowska-Zwolak, E., (1999), Aktywizacja, aktywność, [in:] D. Lalak, T. Pilch (eds.), Elementarne pojęcia pedagogiki społecznej i pracy socjalnej, Wydawnictwo Akademickie "Żak", Warszawa, p. 9.

³ Zbiegień-Maciąg, L., (1974), Aktywność społeczna w zastosowaniu do badań empirycznych: propozycje definicyjne, "Studia Socjologiczne" 4, p. 69.

⁴ Tyszkowa, M., (1977), Aktywność i działalność dzieci i młodzieży, Wydawnictwa Szkolne i Pedagogiczne, Warszawa, p. 13.

and many others. The concept of activity has now become very popular, fashionable and is widely used in various fields, including the pedagogy, especially the social one.

Activation implies the intensification, as well as the increase of activity or becoming active. In this context, activation means doing active, stimulating and enlivening.⁵ In a broader sense, associated with seniors, activation indicates creating the conditions for an active, productive and meaningful use of leisure time by elderly people, fulfilling their participation in culture, and thus preventing the isolation of persons who often feel solitary and alone.⁶

Physical activity is a basic feature of human being and each species of the animal kingdom. Through all life we are accompanied by the need of movement. Marek Kłossowski emphasizes that physical activity includes in its scope all of our activities related to the performance of any movement or exercise. The author distinguishes forced physical activity and activity implemented voluntarily in leisure time. The first one involves the performing of professional work. The second one refers to spontaneous physical activity in leisure time, which is carried out in any form and size of workload, selected by the individual.⁷

These considerations are associated with physical activity as a form of active aging and activation of the elderly. In this context, the activation is understood as a social process of creating opportunities for senior citizens and the right conditions for the realization of physical activity by them. An attempt would be taken to present the solutions and practices which can optimize this process, and are targeted to seniors and various institutions.

Seniors in public opinion

In scientific research the threshold of old age is generally accepted as 65 years. Contractual limit, determining the degree of aging, is 15 percent of people aged over 60 years. Demographic prognoses indicate that in Europe, as well as in Poland, the percentage of elderly people has been steadily increasing. The aging of the Polish population is unavoidable due to permanently declining number

⁵ Górnikowska-Zwolak, E., (1999), op. cit.

⁶ Chabior, A., (2011), *Aktywizacja i aktywność ludzi w okresie późnej dorosłości*, Wszechnica Świętokrzyska, Kielce, p. 97.

⁷ Kłossowski, M., (1999), *Przegląd i charakterystyka metod oceny poziomu aktywności fizycznej oraz jej wpływu na organizm człowieka*, [in:] *Aktywność fizyczna. Drugie warsztaty antropologiczne*, Wydawnictwo AWF Warszawa, Warszawa, p. 7.

of births, and the extension of the average human life span, thanks to advances in medicine. Our country has been among the societies of the advanced process of aging. It is expected that in 2020 the population of seniors will reach 9 million people in a nation of 40 million inhabitants, which can rate as 22.4 percent of elderly people. Consequently seniors are becoming a large social group, highly engaging the others. Therefore, it seems necessary to develop the existing system of health care for elderly people and multiply the number of people working for and with seniors (eg. in health care establishments, guardianship institutions or organizations carrying out leisure time activities etc).

How is an elderly person perceived by other members of society? On the one hand, the attitude to old age and old people is manifested in extreme reactions (euthanasia, condemnation, antipathy, disgust, contempt, respect, care, love), on the other hand – in very pragmatic behaviours (the policy towards elderly people and organizing social groups in relation to issues of old age).⁸ In the Polish society there are certain stereotypes about the lifestyle of senior citizens. Even elderly people readily agree with the fact that the lack of energy and vitality is an unavoidable part of aging. Seniors often express pessimistic opinions about themselves. In connection with a passive lifestyle, their health has been failing. Moreover, elderly people are discriminated against because of their age. This lack of tolerance towards the sick and suffering old age is defined as ageism. This phenomenon is deepened by the image (worship) of youth, a mirage of the beautiful and liberated body, promoted by the world of pop culture and the media. Elderly people are often treated instrumentally. In public awareness there is a stereotype of a senior as one having strongly reduced vital functions, who is decrepit and unable to live independently.

Physical activity – factor of gerontological prevention

Through health education and appropriate health-oriented attitudes, many European countries have managed to improve lifestyles and constrain the occurrence of certain diseases. Proper lifestyle can prevent diseases, but also can contribute to the multiplication of health and to improvement the quality of life. Physical activity is undoubtedly a part of a healthy lifestyle because it allows

⁸ Zasępa, A., (2002), Wpływ procesu starzenia się ludności na system emerytalny, [in:] L. Frąckiewicz (ed.), Polska a Europa. Procesy demograficzne u progu XXI wieku. Proces starzenia się ludności Polski i jego społeczne konsekwencje, Wydawnictwo Naukowe Śląsk, Katowice, pp. 27–28.

seniors to maintain physical fitness. Physical fitness enables them to achieve various objectives, facilitates participation in lifelong learning, maintains social contacts, promotes further development and provides a generally good adaptation to the environment.

Nowadays it has become commonly known that physical activity is a factor in improving health. In the light of previous studies it can be concluded that physical activity has been recognized as a factor in health promotion, rehabilitation, and secondary prevention. Many authors indicate that physical activity can improve or maintain human health, can be part of a healthy lifestyle, can prevent or cure diseases, and also can be an element of support in coping with stressful situations.

Taking into consideration the views of experts, Elżbieta Kościńska lists the following benefits that result from taking regular physical activity by elderly people:

- maintaining good physical and mental health, which means improving the general well-being of senior members of society,
- maintaining an independent lifestyle,
- positive impact on all areas of the body (heart, brain, lungs, psyche),
- prevention of depressive states,
- improving motor coordination and reflexes,
- prevention of the development of diseases of modern civilization or delay their growth (stress, obesity, diabetes, coronary heart disease, ischemic heart disease, hypertension, osteoporosis, stroke, reduction in cholesterol and triglycerides level),
- minimizing the effects of certain disabilities,
- regulation of the work of bone cells,
- contributing to the mental capacity through oxygenation of the brain,
- helping to change stereotypes about old age.⁹

Insufficient physical activity belongs to a group of biological factors that threaten health in old age. Insufficient physical activity is the cause of many diseases of modern civilization, among others obesity, diabetes, atherosclerosis disease, hypertension, degenerative joint disease, osteoporosis, diseases of the musculoskeletal system and spine). Physical activity, regularly undertaken, affects physical health and keeping fit by elderly people. It is one of means contributing to the delay of involution processes. Thanks to physical activity,

⁹ Kościńska, E., (2010), *Edukacja zdrowotna seniorów i osób przewlekle chorych*, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz, pp. 68–69.

elderly people can maintain self-service and social activities. Active relaxation improves the quality of life of the elderly.

Forms of physical activity for seniors

Systematic marches, hiking, swimming and rowing allow seniors to keep such characteristics as flexibility, strength and motor coordination.¹⁰ They often use such forms as gymnastics, walking, cycling, jogging, stationary bike set up in the room.¹¹

Studies on the physical activity of elderly people in their leisure time indicate that this activity is irregular, occasionally and worse than in the countries of Western Europe. The most popular forms of physical recreation preferred by elderly people are cycling, walking (marching), jogging, tennis, horse riding, gymnastics with an instructor, swimming, jog trot, excursions – visiting, stationary bike, morning gymnastics¹², gardening (taking care of their allotment), dancing (especially for women). Katarzyna Banach¹³ studied both residents of the Daily Social Assistance House in Słupsk and randomly chosen elderly people. 49 percent of the respondents said that they did not do sports or any forms of physical activity in their leisure time. These people, who rest in an active way, prefer walking, gymnastics (doing keep-fit exercises), riding a bike or swimming.

The innovative forms of physical recreation can be offered to senior citizens e.g. stretching exercises – pilates, Nordic walking, petanque (boules or marbles), as well as geriatric gymnastics. In order to improve efficiency and fitness of the elderly, unconventional forms of physical activity in the aquatic environment are on the increase. Aqua Fitness classes are really popular. They include: health swimming, Aqua Aerobics Senior, Aqua Aerobics – Reha Fit, Aqua Osteo-Fit Aquatic – gymnastics to music. In water more and more specialized equipment is used such as hydrocycling bikes, racing tracks, gantries, hydrosteppers, characteristic for the “water fitness club”.¹⁴

¹⁰ Szwarc, H., (1996), Sprawność fizyczna i zdrowie osób starszych, “Kultura Fizyczna” 9–10, p. 10.

¹¹ Bicka, A., Kozdroń, E., (2003), Aktywność ruchowa ludzi starszych czynnikiem adaptacyjnym do określonego wysiłku fizycznego, “Kultura Fizyczna” 5–6, p. 28.

¹² Ibidem, p. 27.

¹³ Banach, K., (2005), Uczestnictwo osób starszych w rekreacyjnych formach ruchu na przykładzie mieszkańców Słupska, [in:] J. Ożdżyński (ed.), Rekreacja, turystyka, kultura w zagospodarowaniu czasu wolnego, Akademia Wychowania Fizycznego i Sportu w Gdańsku, Gdańsk, p. 285.

¹⁴ Pietrusik, K., (2008), Formy aktywności fizycznej w wodzie dla seniorów, [in:] J. Knotowicz, P. Rąglewska (eds.), Rola aktywności ruchowej w procesie rozwoju sprawności psychofizycznej i promocji zdrowia człowieka, Wyższa Szkoła Edukacji i Terapii, Poznań, p. 118.

In the studied social assistance houses in Krakow 14 percent of seniors declared that they did sport. For the respondents, sport is mainly medical rehabilitation, therapeutic exercises, choreotherapy, but also training before athletic meetings for residents of social assistance houses. Every day, 58 percent of the studied seniors do gymnastics. They do physical exercises in their own room, in the physical rehabilitation room or in the gymnasium. Unfortunately, not all institutions have a gymnasium. Residents eagerly enjoy walking and outdoor excursions. Some respondents identified walks with moving in wheelchairs through the halls of social assistance houses.¹⁵

In England, there are fitness clubs which have sections designed for elderly people, where under the guidance of a specialist, appropriate exercises for seniors are offered, correcting various rheumatic diseases.¹⁶ In the course of these activities the participants can also socialize.

It is recommended that elderly people, undertaking physical activity in their leisure time, gradually increase the range of difficulty of the exercises. Irene Gore proves that a comparative study of elderly and young people has shown that as a result of proper training in both groups of people, muscle strength and performance at work similarly increased. The author gives the example of a group of people who were subject to a special programme of physical exercises at the age of 60. Their progress was observed over the next 10 years. It turned out that during this period they increased their efficiency and fitness. As a result, at the age of 70 they were physiologically more efficient than 10 years ago.¹⁷ Thus, systematic physical activity can cause the analogous increase of physical fitness in old age such as in young people.

Physical activity of an elderly person must be adapted to his or her abilities, fitness and state of health. Active recreation is worth being taken up with a qualified instructor, trainer, physiotherapist, and even after consultation with a doctor.

¹⁵ Szarota, Z., (2000), *Formy aktywności mieszkańców domów pomocy społecznej dla osób starszych*, [in:] A. Panek, Z. Szarota (eds.), *Zrozumieć starość*, Oficyna Wydawnicza TEXT, Kraków, p. 55.

¹⁶ Ziętkowska, M.M., (2008), "Wesołe jest życie staruszka?" *Współczesne możliwości i sposoby spędzania wolnego czasu przez osoby w zaawansowanym wieku*, [in:] W. Muszyński, M. Sokołowski (eds.), *HOMO CREATOR CZY HOMO LUDENS? Nowe formy aktywności i spędzania czasu wolnego*, Wydawnictwo Adam Marszałek, Toruń, p. 299.

¹⁷ Gore, I., (1980), *Wiek a aktywność życiowa*, PZWL, Warszawa, p. 53.

Physical activity – a change in the image of a senior

Zofia Żukowska notes that physical activity can be regarded as an example of self-realization in the development of personality, lifestyle, and social life.¹⁸ We need a widely understood parallel and constant education to prepare people to old age and its understanding and shaping proactive approach to this new stage of life. It is worth eliminating the attitude according to which the expression of health care is to reduce or refrain from physical activity.

Physical activity is one of the basic elements of gerontological prevention. It allows elderly people to remain in the state of the highest possible efficiency, self-reliance and independent living. Because of the fact that they are fit, independent in the performance of the functions of life, and self-reliant, they may be perceived differently by other, often much younger members of our society.

However, past research shows that elderly people have low or negligible interest in physical activity during leisure time. Seniors often think that old age is not the time for activity and recreation. And yet, they may realize themselves in many areas, develop hobbies and interests, and maintain social contacts. This is also a time to take or continue an active rest. In our country the awareness of seniors about the need of physical activity is present at a low level. They do not realize that being physically active can slow down the aging process. It is worth making an example of seniors living in the USA and Western European countries, where care for the health and fitness came into tradition. People over 70 years do some sports, ride a bike, swim, sail, hike and travel.

Gerontologists distinguish many types of activity of elderly people: homey-family activity, cultural, professional, social, educational, religious and recreational purposes. Physical exercises, which are necessary for seniors, can be included in recreational activity. Agata Chabior rightly indicates that the scopes of meaning of these activities intertwine with one another and each subsequent activity leads to another one.¹⁹ And in this sense, physical activity affects the homey-family activity. A person who takes various forms of active rest is much more efficient and fit, which translates into a greater involvement in the home and family activities. Physical activity can be carried out in a group

¹⁸ Żukowska, Z., (2012), *Osobowościowe i społeczne uwarunkowania aktywności fizycznej ludzi trzeciego wieku*, [in:] J. Nowocień, K. Zuchora (eds.), *Aktywność fizyczna i społeczna osób trzeciego wieku*, AWF w Warszawie, Polska Akademia Olimpijska, Fundacja "Centrum Edukacji Olimpijskiej", Warszawa, p. 102.

¹⁹ Chabior, A., *op. cit.*, p. 69.

of other people. This allows for mutual support, establishing and expanding social contacts and increasing motivation.

An excellent example of the involvement of seniors in physical activity is Nordic walking, whose popularity has grown over the past few years. We are already accustomed to the view of elderly people who often march with sticks in the street or in a park. And this view of an active senior no longer raises our eyebrows.

Institutions promoting physical activity of older people

Definitely there are not enough offers regarding sports activities for seniors. Among the forms of activities for seniors can be mentioned mainly those run by various clubs, institutions of care, centres of culture, tourist activity groups and travel agencies. Most proposals for activities of physical recreation for seniors refer to students of Universities of the Third Age²⁰ and social assistance houses. Social assistance houses often have little gymnasiums, and offer tours to their inhabitants. During organized seminars, workshops and training courses, centres of the Society for the Promotion of Physical Culture deal with adults, the elderly and the old, their activation in the area of physical activity, and promotion of physical activity as an element of healthy lifestyle. Residential senior clubs, clubs (houses) of golden autumn, golden age clubs and day-time stay houses also provide offer of active recreation. One of the main tasks of the institutions arranged to help the elderly is to provide professional care for their participants, including regular physical activity.

The results of the analysis of several dozen proposals of Universities of the Third Age in our country show that gymnastics, various excursions, swimming, yoga and tai chi dominate in their offer of physical activities. Nearly 71 percent of the students said they practiced any form of physical activity offered by Universities of the Third Age. Almost 30 percent of respondents did not take such form of activities. Among these people who are physically active, 72 percent admitted that physical activity significantly improves their well-being.²¹

²⁰ Makuła, W., (2007), Physical Activity of the Third-Age University Students in Cracow as an Effect of the School Physical Education, "Studies in Physical Education and Sport", Vol. 13, 2.

²¹ Ziębińska, B., (2010), Uniwersytety Trzeciego wieku jako instytucje przeciwdziałające marginalizacji osób starszych, Wydawnictwo Naukowe Śląsk, Katowice, pp. 281–286.

Conclusions

Physical activity of elderly people affects a deserving and satisfying autumn of their life. It is the most important factor influencing the ability to live independently. Seniors need a universal activity to alleviate the symptoms of the aging body and soul. Physical activity is one of the tasks that are both a privilege and a duty of elderly people.

Seniors have the opportunity not only to take physical activity, but also to take care of their family and social, cultural and educational life along with their hobbies. It is important to adopt a positive attitude directed towards both mental and physical activity. In holistic medicine and in accordance with the concept of human being in the dominant directions of philosophical, cultural and social anthropology, the connection of the body and spirit is emphasized. Thus, human being is conceived as a unique individual being, formed of penetrating spheres: the body, intellect and psyche conditioned biologically, socially and culturally.²² And only a coordinated action taken by all these spheres can ensure full health, wellness and activation for seniors in many areas of social life.

There are still too few information offices and offers targeted to seniors. In this situation mainly local authorities should be involved in the organization of special programmes of physical activity addressed to elderly people. It is recommended that social assistance houses, day-time care houses and other institutions offering support to elderly people should include in their offer various forms of physical activity and at the same time promote a healthy lifestyle.

Moreover, the education of the society is necessary, both at different stages of education, as well as using the media. Education aimed at a different perception of the elderly is essential as well as the education of seniors to take a different look at one another and to change their attitude towards their own retirement and aging.

It is worth making people realize that the modern senior is an active senior. There is a need to change the image of seniors in public opinion, which should see them as valuable citizens.

²² Kuczyński, J., (2002), *Ogrodniczy świata. Wstęp do uniwersalizmu*, Uniwersytet Warszawski, Warszawa 1998, Vol. 1, for: Krawczyk, Z., *Aktywność fizyczna a zdrowy styl życia w perspektywie integracji europejskiej*, "Kultura Fizyczna" 1–2, p. 1.

Hanna Wiśniewska-Śliwińska

Assessment of health situation of senior citizens – based on a study carried out in the region of Silesia

Introduction

The number of people aged 65+ has been growing in Poland for years. In 2035, every fourth inhabitant of Poland will be 65+. ¹ Old age is the time of growing health problems, which can result in limitation in fitness and self-reliance. The process of aging is connected with the natural decrease of efficiency of individual organs. The speed pace? of the process depends on many factors, starting from the genetic ones, on which we have no influence, to the environmental ones, which can be controlled to a certain degree. Before reaching their retirement age, elderly people have led a style of life which always has some kind of effect on their current state of health.

Gradual atrophy of muscle mass and bones, diminishing skin elasticity, diminishing visual and hearing acuity, as well as a decrease in cognitive and associative skills and hypomnesia are characteristic symptoms of the ageing process.

When progression of such adverse changes becomes perceptible for a given person and evident for other people, it is time to call them a disease. A disease can be caused by a short-lived external action, e.g. an injury, or have its source in a condition which started in the presenium period. The majority of diseases suffered by the elderly people are of chronic nature, develop for many years and manifest themselves slowly. As they add to the deterioration of the efficiency of an elderly person's organism and affect their life span and quality, it is important that their treatment is appropriate, more and more effective

¹ Katrynicz, A., (2013), *Zaniedbani seniorzy*, "Puls Medycyny" 2, p. 18.

and available.² Some of the diseases that accompany senility, inevitably become the source of disablement and shorten people's life. They are known as the civilisation-related diseases. Irrespective of such diseases, an elderly person – like any other individual – can, at any time, come down with the flu, pneumonia, duodenal ulcer or any other disease. The course of a disease in elderly people is different from the course at a younger age, which refers to both, chronic diseases associated with the contemporary civilisation and the other group of diseases quoted above. The higher the biological age of a patient, the less obvious the symptoms and the more difficult the diagnosis and the treatment. It results from the reaction of a senile organism to activities of pathogens, which results in lower susceptibility to increased body temperature, uncharacteristic, often relatively weak pains, anhidrosis or absence of flares – in the cases in which such symptoms can be expected.

It should be noted that simultaneous occurrence of a number of disease processes is an important factor. Their symptoms superimpose, which makes the clinical picture vague.³ Thus, uncharacteristic and non-localised abdominal pains can have a number of concurrent sources – from gastritis, through cholecystolithiasis to intestine diverticulosis. In elderly people, myocardial infarction often occurs symptomless.⁴

The process of ageing brings about a loss of the internal balance of the organism, which increases the risk of occurrence of diseases. This results in impairment of the functions of cells, tissues, organs and systems. Old age diseases significantly deteriorate the quality of life.

Progressive, untreated arteriosclerosis can result, over the course of years, with the occurrence of serious diseases of the cardiovascular system. Arteriosclerosis can result in myocardial infarction, ischemic heart disease, intermittent dysbasia or cerebral stroke, so frequently met in elderly people. With age, one's heart becomes weaker and there may occur arrhythmia of the heart and myocardial insufficiency.⁵

Osteoporosis, degenerative joint and spine disease, rheumatoid arthritis are the most frequent motor system diseases afflicting the elderly. Osteoporosis

² Geriatria. Wybrane zagadnienia, (2007), K. Galus (ed.), Elsevier Urban&Partner, Wrocław.

³ Choroby wewnętrzne. Kompendium medycyny praktycznej, (2012), A. Szczeklik, P. Gajewski (eds.), Wydawnictwo Medycyna Praktyczna, Kraków.

⁴ Kardiologia, (2010), A. Szczeklik, M. Tendera (eds.), Vol. II, Wydawnictwo Medycyna Praktyczna, Kraków.

⁵ Ibidem.

affects women more often than men. One in three women aged 50+ suffers from osteoporosis. It is a chronic, metabolic disease, characterised by reduction of bone mass, disorders in bone structure and reduced mechanical strength to load and injuries. It increases the risk of fractures. In osteoporosis bones become porous, fragile and breakable. In the course of advanced osteoporosis, the femoral neck fractures are particularly dangerous. Rheumatoid arthritis results in extensive deformations of micro-joints in arms and legs as well as hands. Fingers become gnarled and contractured. Major symptoms of rheumatoid arthritis include deformation and ankylosis of symmetrical joints, subfebrile body temperature as well as osteocopic and joint pains.⁶

Senile dementia is one of the most frequent causes of the loss of self-reliance. The sick with senile dementia syndrome require constant care, nursing and commitment from people in their closest environment. The dementia syndromes consist in progressive reduction of cognitive abilities, accompanied by extensive atrophy of brain cells.⁷ Alzheimer's disease, which results in atrophy of the cerebral cortex, deposition of beta amyloid plaques in the walls of blood vessels, is an example of a wasting senile disease.⁸ Impairment of the cognitive functions results in speech impairment, vision, thinking disorders and memory loss. In the advanced stage, the sick lose their autobiographical memories, they do not remember many aspects of their own life and the lives of their family and friends.⁹

Parkinson's disease is a frequent neurological disease. Its symptoms consist in increased muscular tone and rigidity, passive tremor, the so called mask-like face – a lack of mimic movements, bradykinesia and basic response disorder. The beginnings of Parkinson's disease are usually imperceptible, and the clinical picture develops gradually and slowly.¹⁰ Cerebral stroke is a dangerous disease consisting in development of a necrosis focus due to the occlusion of an artery by a clot or an embolism, or due to a rupture of an artery and cerebral haemorrhage. One half of the sick persons become paralysed, which results in the loss of speech or in speech impediment.

About 15% of people aged 65+ suffer from depression. Aetiology of depression is complex and each case is a set of social, psychological and biological

⁶ Geriatria, (2009), T. Rosenthal, B. Naughton, M. Williams (eds.), Wydawnictwo Czelej, Lublin; Duckworth, A.D., Porter, D.E., Ralston, S.H., (2010), Ortopedia, traumatologia i reumatologia, Elsevier Urban & Partner, Wrocław.

⁷ Geriatria, (2009), op. cit.

⁸ Rowland, L.P., Pedley, T.A., (2010), "Neurologia Merritta", Vol. II, Elsevier Urban & Partner, Wrocław.

⁹ Geriatria. Wybrane zagadnienia, (2007), op. cit.

¹⁰ Rowland, L.P., Pedley, T.A., (2010), "Neurologia Merritta", Vol. II, Elsevier Urban & Partner, Wrocław.

factors. Depression often remains undiagnosed in this age group, because patients as well as doctors associate it mainly with the symptoms of spirits. It is due to the fact that in an advanced age the symptoms of depression are different from the symptoms displayed by middle-aged people.

Old people are afraid to admit suffering from anxiety.¹¹ Concurring somatic diseases – due to chronic pains, sleep disorders, dependence on one's environment and problems with moving – may result in an intensification of depression. Depression can also occur as a reflection of such diseases as endocrinological disorders – adrenal thyroid glands, parathyroid glands or organic brain diseases – cerebral stroke, Parkinson's disease, Alzheimer's disease, as well as malignant tumours, infectious diseases or systemic diseases such as visceral lupus erythematosus.

Elderly people frequently suffer from sense organ diseases. The most frequent eyesight defect is far-sightedness, which makes reading and seeing at close range difficult. It is not a dangerous defect. It only requires frequent ophthalmological control and wearing appropriate corrective glasses. Much more serious eyesight diseases are cataract, glaucoma and here macular degeneration.¹²

The cataract consists in opacification of the lens and the major cause of blindness in the world. This is why the soonest possible implementation of a treatment is necessary to prevent an advanced development of the disease. There appear degenerative changes of auditory ossicles. Functioning of the auditory nerve becomes impaired. The ability of hearing high sounds and of distinguishing sounds becomes impaired. There are problems with keeping one's balance.

The skin of men of advanced age is characterised by atrophy of epidermis. The number of capillary veins, sweat and sebaceous glands is reduced.

Old age is characterised by impaired neurotransmission and neuroregulation. Problems with hyperactivity of the detrusor muscle appear. Capacity of the bladder is reduced. There are mechanical obstructions in bladder voiding. There is often a lack of control of defecation. The water-lipid balance becomes upset, which may result in dehydration of an organism.

The senile period is also characterised by proliferation of pathological cells and decreased immunological reaction towards abnormal cells as well as by hormonal changes, which has significant effect on emergence of tumours.

It is also connected with an increased susceptibility to pathogenic factors. The types of tumour most frequently occurring during old age are the pros-

¹¹ Katrynicz, A., (2013), op. cit.

¹² Geriatria, (2009), op. cit.; Nizankowska, M.H., (2007), Okulistyka. Podstawy kliniczne, PZWL, Warszawa.

tate, sex organs and mammary gland, malignant melanoma, malignant non-Hodgkin lymphoma tumours.¹³

Difficulty in performing one or more activities, such as: unassisted bath, getting dressed, eating a meal, using the toilet, is described as old age disability. Occurrence of old age disability results from senile changes, comorbidity, cardiovascular diseases, diabetes, neoplasm, osteoporosis, depression, impairment of cognition, eyesight disorders, lack of physical exercise, loss of functional capacity of lower limbs, loss of social interaction and awareness of lack of social support. Disability limits the autonomy of elderly people, increases morbidity and mortality. The disability increases with age and results in the growing number of people requiring aid, particularly among those aged 80+. The data available in Poland reveals that any form of physical disability affects 50% of the people aged 70–74 and about 78% of the people aged 80+. Among those aged 80+, 8.2% are permanently bedridden and 29% move only in close neighbourhood of their homes. An important factor of their weakness is the decrease of their muscular strength, which reduces the sick person's chances for independent functioning. Ageing of the population results in the growing number of the disabled, which is a great challenge to the state, particularly in relation to the 37.2% of old people who are permanently bedridden or move only in the close neighbourhood of their home.

Diseases of affluence – overweight and diabetes – occur more frequently in elderly people. They are favoured by the wrong diet – rich in fat and carbohydrates, low-fibre, too lavish and irregular meals. The correct use of antidiabetic drugs – pills / injections – combined with an appropriate diet allows to maintain the sugar level within the appropriate limits. It should be noted that the sugar level can be neither too high – because then it damages blood vessels and organs (particularly kidneys and eyes) nor too low – because it may result in fainting, or even falling into a coma. Too large body mass means excessive load for joints and cardiovascular system, hence it should be avoided by elderly people. A diet of an elderly person should be varied, healthy and nutritious. It should also be calorifically well adapted to his or her activity. It should also be remembered that such a person must drink an appropriate amount of liquids, particularly in the summertime.

¹³ Kulik, T. B., Janiszewska, M., Piróg, E., Pacian, A., Stefanowicz, A., Żołnierczuk-Kieliszek, D., Pacian, J., (2011), *Sytuacja zdrowotna osób starszych w Polsce i innych krajach europejskich*, "Medycyna Ogólna i Nauki o Zdrowiu", Vol. XVII, 2, pp. 90–95.

Comorbidity, usually chronic, is typical for old age. Most treatment standards are developed for younger people, without excessive burdens.¹⁴ In many cases, medicine has means and methods to limit their unfavourable effect on the comfort and life span, and the proper selection and method of application of the available means (diet, lifestyle, care, drugs, operative treatment, rehabilitation, auxiliary equipment) is very important.

The negative aspect of the situation remains the lack of geriatric specialists and geriatric wards / hospitals.¹⁵

Aims of the study

1. Determining what diseases occur most frequently in elderly people.
2. Determining the degree of preparation of the health care institutions to treat the elderly.
3. Getting to know the opinions of the elderly on health services and their expectations concerning these services.

Material and methods

The study was conducted in the region of Silesia from October 2012 until February 2013. It included 1) 100 elderly people, 2) 16 caregivers for the elderly. The 116 respondents were surveyed by means of questionnaires. The surveys concerned 100 respondents, but in 16 cases – due to the respondents' state of health – information had to be obtained via their caregivers.

The respondent group included 50 female and 50 male respondents. The group was divided into age groups and included: 34 respondents aged 65–75, 34 respondents aged 75–85, and 32 respondents aged 85+.

Results

The WHO classification was used for the quoted examples of chronic diseases. Chronic diseases are the major reason of mortality in the world. According to the data published by WHO, they are responsible for 63% of deaths.

The most frequently occurring chronic diseases include:

- chronic coronary arterial disease,

¹⁴ Katrynicz, A., (2013), op. cit.

¹⁵ Ibidem.

- neoplasm,
- chronic respiratory system diseases,
- diabetes.¹⁶

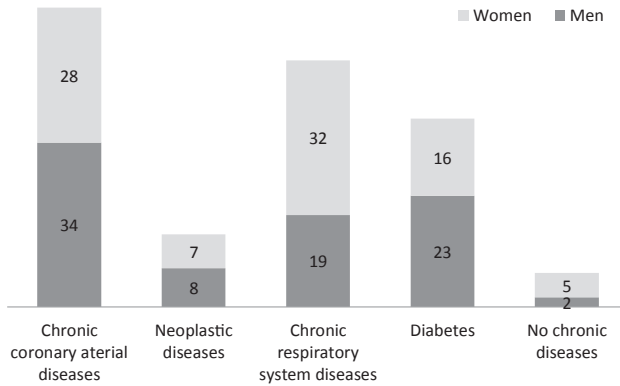


Fig. 1. Chronic diseases reported by the respondents

The largest number of reported chronic diseases belonged to the group of cardiovascular diseases. Over 50% of the respondents suffer from one of the chronic respiratory system diseases. Less than 50% of the respondents – 39 people – are being treated for diabetes. Only 7 out of 100 respondents aged 65 to 85+ did not report any chronic disease. (Fig. 1)

¹⁶ WHO, http://www.who.int/topics/chronic_diseases/en/ (date of access: 01.05.2013).

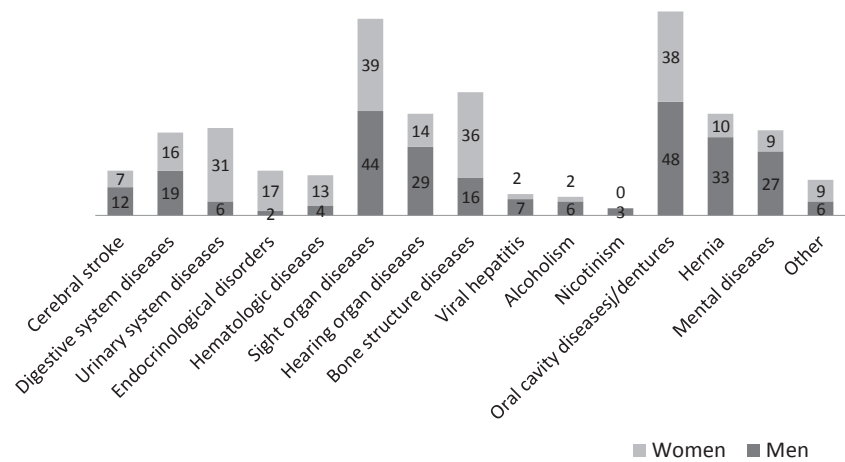


Fig. 2. Diseases not recognised as chronic – occurrence in 100 respondents.

Out of the group of diseases not recognised as chronic, the respondents and caregivers most often complained of sight organ diseases and oral cavity diseases or problems connected with using dentures. More than 50% of the respondents suffer from bone structure diseases. (Fig. 2)

Table 1. No of hospitalizations during the last 3 years.

Age 65–75		Age 75–85		Age 85+	
Men	Women	Men	Women	Men	Women
No of respondents		No of respondents		No of respondents	
17	17	17	17	16	16
hospitalized		hospitalized		hospitalized	
7	8	17	16	9	10
Total		Total		Total	
15		33		19	
Total 67					
No of hospitalizations		No of hospitalizations		No of hospitalizations	
20	18	52	36	29	43
Total		Total		Total	
38		88		72	
TOTAL 198					

67 out of 100 respondents were hospitalized during the last 3 years. Many of them were hospitalized a number of times. Altogether, during the last 3 years 67 respondents were hospitalized 198 times.

Table 2. Reasons for hospitalization (65+).

No	Reason for hospitalization	Total	Men	Women
1.	Heart attack	18	11	7
2.	Coronary thrombosis/ without heart attack	9	6	3
3.	Implantation of pacemaker	3	2	1
4.	Cerebral stroke	19	11	8
5.	Neoplastic disease	15	6	9
6.	Urinary system inflammation	6	1	5
7.	Glaucoma	5	2	3
8.	Dyspnoea (Breathlessness)	6	2	4
9.	Hip joint replacement	9	2	7
10.	Cholecystectomy	4	2	2
11.	Appendectomy	2	2	0
12.	Diabetes	31	19	12
13.	Hernia	15	12	3
14.	Blood vessel inflammation	10	4	6
15.	Bone fractures	4	1	3
16.	Viral hepatitis	9	4	5
17.	Digestive system diseases	6	4	2
18.	Depression	16	9	7
19.	Other mental diseases	8	5	3
20.	Other	3	2	1
		198	107	91

The reasons for hospitalization – see Table 2 – included not only chronic diseases.

The most frequent reasons for hospitalization were heart attack and cerebral stroke. The longest periods of hospitalization were connected with Neoplastic and mental diseases.

Only 1 elderly person complained of 1 disease. Only 7 respondents did not complain of any chronic diseases. The others complain of comorbidity or geriatric giants. Polypharmacy has also been reported.

In the sphere of satisfaction with medical care, the elderly people were found to feel inability to satisfy their needs for medical and care services. The number of geriatric clinics / hospital wards/ hospitals was not displayed in the form

of a Table, because the respondents have no access to doctors who are specialists in geriatrics. They have been treated in an institution specialised in geriatrics.

Conclusions

The respondents reported the highest incidence of cardiovascular system diseases. The number of chronic diseases per one respondent gives grounds to assume that some of them suffer from polypharmacy. It should be noted, however, that the consequence of the lack of specialist care or willingness to avoid polypharmacy is sometimes non-completion of treatment. The lack of specialist care, geriatric care in this case, is the sense of neglect felt by the elderly. Perhaps, employing a geriatrist in every hospital would solve the problem to a certain extent.

Systematic studies of health, nursing and welfare needs of the elderly should be conducted to monitor the situation.

Chapter II

Socio-cultural dimension of ageing and old age

Marta Wilk

The elderly as victims of crime in the public space as well as the aspects of prevention of this phenomenon

Introduction

The world's population is growing therefore many issues concerning the elderly are posing serious challenges in areas such as health care, law and economy. Irena Pospiszyl refers to Edward Rosset's claims that "the ageing of society starts from the moment when the number of people over 60 exceeds 12%".¹ In 2006 the global number of people over 60 was estimated at 650 million. It is forecasted that in 2025 this amount will double. In 2050 in the world there will be 2 billion people at the age of 60 and more. These numbers are unprecedented in the world history. The phenomenon of ageing population is directly related to the increasing life expectancy and declining rates of birth. This trend is especially visible in the European Union where in the next decade the number of people over 60 is expected to grow and at the same time the population under 25 will distinctly decline.² Poland has already entered "the club" of the societies dealing with a growing number of the elderly. In 2008 16.3% of Polish citizens were considered aged. In 2005, the average life expectancy in our country was 71 for men and 79 for women.³ When it comes

¹ Pospiszyl, I., (2011), *Przemoc wobec ludzi starych. Człowiek w rodzinie – o trudnym problemie przemocy wobec ludzi starych*, B. Matyjas, M. Gościńiewicz (eds.), Wydawnictwo Uniwersytetu Jana Kochanowskiego, Kielce, p. 96.

² Trafiałek, E., (2012), *Całozyciowa edukacja w nowoczesnym społeczeństwie*, "Nowe Horyzonty Edukacji" 1, p. 30.

³ Pospiszyl, I., (2011), *op. cit.*

to the dynamics of life expectancy growth in Poland, at the end of the 20th century the average man at the age of 60 was expected to live 15.7 years more, while the average woman of that age – 23 years more. It is predicted that in 2050 these numbers will go up to 21 and 27 for males and females respectively. It is worth mentioning that the highest percentage of people over 65 live in łódzkie and świętokrzyskie voivodeships.⁴ The statistical data regarding our region indicates that the process of ageing of the population is accelerating. At the end of 2010 there were 231 517 people at the retirement age, which was 14 856 more (6, 9%) comparing to 2002. Most of them live in municipalities) and rural areas at the borders of voivodeship. Powiats (second-level units of administration in Poland) with the highest percentage of elderly people are: Kazimierski, Pińczowski, Buski, Skarżyski and Starachowicki.

The long-term demographic forecast issued by the Central Statistical Office for the years 2008–2035 is unfavorable for our region. It is predicted that in the next years, the number of people in Świętokrzyskie voivodeship will be systematically falling. This tendency will be visible in cities as well as in rural areas. The Central Statistical Office predicts that in 2035 świętokrzyskie will be demographically the oldest voivodeship in Poland, before Opolskie, Łódzkie and Śląskie. As a result, the worker to retiree ratio is expected to fall and it will be two to one.⁵ Experts define old age in different ways. According to some of them, the age is 70 years old and, according to others, it is 55 years old. It is accepted by the World Health Organization (WHO) that the old age starts from 60 years old.⁶ In this article the elderly are those who are professionally inactive and retired. Due to the population ageing process, matters concerning special needs of the elderly have to be brought to the agenda. It is especially important to improve the quality of medical care services, to enhance the social benefits and pension schemes. Another issue calling for new solutions is safety in the public spaces, because the elderly are especially exposed to crime due to their age and their specific characteristics.

Hans von Hentig, a scholar recognized as the father of victimology, in his typology of victims, next to children, mentally disabled and national minorities places seniors.⁷ He concludes that the age is an important factor when

⁴ Chabior, A., (2011), *Aktywizacja i aktywność ludzi w okresie późnej dorosłości*, Wydawnictwo Wszechnica Świętokrzyska, Kielce, p. 25.

⁵ Siwiec, R., (2013), *Świętokrzyskie wyludnia się*, "Nasz Region" 2 (73), p. 13.

⁶ Steuden, S., (2011), *Psychologia starzenia się i starości*, PWN, Warszawa, p. 20.

⁷ Pospiszył, I., (2003), *Ofiary chroniczne, przypadek czy konieczność*, Wydawnictwo Akademii Pedagogiki Specjalnej, Warszawa, p. 13.

it comes to committing a crime against someone. Older people are physically and, in some cases, also mentally weak, which may result in the weakening of natural mechanisms involved in exercising caution and prudence. Moreover, seniors are often in possession of some savings and valuables, which combined with the lack of physical and mental strength make them vulnerable to crime. They become an easy target of criminals also because they are often lonely and socially isolated.⁸

A victim is an abused or hurt person that experiences negative effects of violence. He or she is often weak, inactive and helpless against the abuse. Irena Pospiszyl claims that we can consider someone a victim when an injustice done to the person makes him or her the point of reference when it comes to consequences of victimization.⁹ The classification of the American Psychiatric Association, DSM IV, sets diagnostic criteria for Posttraumatic Stress Disorder. These are the following:

- a person who experienced or witnessed, or was confronted with an event that involved death or serious injury or a threat to physical integrity to himself or others. Consequences of abuse involve fear, anxiety, feeling of insecurity and helplessness etc.;
- memories of traumatic event have the recurring character – images, thoughts, perceptions are constantly alive. Distressing dreams, illusions, hallucination connected with trauma are very common;
- avoidance of thoughts, feelings or conversations associated with the trauma. Inability to recall important aspects of the trauma. Lack of interest in performing day-to-day activities, sense of foreshortened future;
- increased anxiety: difficulty in falling asleep, outbursts of anger, concentration difficulties in concentration, hypervigilance, exaggerated startle response;
- duration of the disturbance indicated by the symptoms above lasting more than 30 days;
- the disturbance causes distress or impairment in social areas of functioning.¹⁰

⁸ Bienkowska, E., (1999), *Osoby starsze grupą o podwyższonym stopniu ryzyka wiktymizacji*, "Ruch prawniczy, ekonomiczny, socjologiczny" 11, 1, Wydawnictwo Naukowe UAM, Poznań, pp. 111–115.

⁹ Pospiszyl, I., (2003), *op. cit.*, pp. 9–10.

¹⁰ Seligman, M.E.P., Walker, E.F., Rosenhan, D.L., (2003), *Psychopatologia*, Zys i S-ka, Poznań, p. 199.

Crime is always dangerous for society, prohibited by law and punishable. This article discusses the phenomenon of the crime against the elderly because they constitute a specific and constantly growing group. The main issues addressed in this work focus on “regular crimes” when a victim and a perpetrator are strangers to each other. The most common type of crime against seniors is the one against their property in the public space.

Researchers draw our attention to negative changes in cognitive functions connected with old age such as concentration, memory and thinking. They can be caused by Alzheimer’s disease, vascular diseases or unfavorable changes in the brain that affect ability of handling situations demanding higher behavioral functions. However, the research from 2012 shows that mental dysfunctions of the elderly are not necessarily the result of illnesses. The tests measuring decision making ability, intelligence, memory as well as seniors’ vulnerability to crime, revealed that their behavioral functions decayed with age irrespective of diseases. This negatively affects judgment ability of the elderly and consequently exposes them to crime.¹¹ Taking into consideration demographic trends, it is necessary to acknowledge that in the future, there will be more senior citizens and at the same time the number of crime victims in this age group will increase.

Types of crime against the elderly

The results of the American and Canadian research show that crimes against the elderly are becoming more and more common. At the beginning of the 1990s in the United States, there were 2.1 million cases of offence against property involving victims over 65 and older. Additionally, senior victims of crime were more likely to be physically injured than young ones.

Studies conducted in the New York City have shown that the number of crimes against the elderly is growing faster than the total number of crimes in the city. Young people’s houses were burgled into one out of fifteen cases whereas the ratio for the elderly was one to seven. Seniors also more often fall victims to robbers. The phone survey conducted in Canada in provinces Ohio, Quebec and Prairies found that 100 000 out of 2.5 million older people living on their own experienced some kind of abuse.

Prof. Brunon Hołyst – a Polish criminologist claims that in their old age people usually become very anxious about their lives and property. At the same

¹¹ Dlaczego osoby w podeszłym wieku są tak podatne na oszustwa?, accessed at xjentifika.wordpress.com/2012/08/25, pp. 1–4.

time they are more naïve and trusting towards strangers. That is why seniors “are easy prey” for criminals.

The research carried out in Poland between 1989 and 1990 by the Gerontology Department of Medical School in Białystok relates to the insecurity experienced by the elderly living alone. Concerns regarding leaving home during the daytime were expressed by 7 to 28% of the respondents. This anxiety increased to 20–75% in the nighttime. This type of fear was more common for women than men. A possible assault was a matter of concern for 51% of the women over 60 questioned for the purpose of the survey.

Prof. Hołyst stresses that in spite of the fact that the elderly constitute a proportionally large group of crime victims, they are the least exposed group in the crime statistic. This is because seniors are more cautious and avoid dangerous situations by staying at home. Still, Hołyst points out, in most countries keeping statistics on this subject, the number of crimes against the elderly tends to increase. For instance, in the United States between 1987 and 1994 it increased by 206%. In case of the elderly, crime has usually much more serious consequences than in the group of younger victims.¹² Unfortunately, in Poland there are no statistics on crime against the elderly in the public space. The existing ones are focused mainly on domestic abuse. To investigate the problem of crime involving senior citizens as victims we may turn to the police websites.¹³

The most common crime against the elderly in Poland is the offence against property without physical abuse. The whole classification of crimes is enlisted in chapter XXXV of the Polish Penal Code. This article discusses only the most typical crimes against seniors, namely: theft, appropriation and fraud. Older citizens are usually visited by criminals who pass themselves off as postmen, repairmen, servicemen or salesmen etc. This kind of crime usually involves two perpetrators. It is frequently committed during office hours when most people are still at work. It is worth noting that perpetrators choosing a victim can act spontaneously or in a planned way. During the whole “operation” one person talks with a senior whereas his or her partner in crime searches the house for the money and valuables. We are familiar with cases when a woman pretending to be a doctor from a nearby clinic is welcomed to enter the house to examine the victim free of charge. While a senior in the other room prepares for the examination, a thief steals money and valuables.

¹² Hołyst, B., (2009), *Psychologia kryminalistyczna*, Wydawnictwo LexisNexis, Warszawa.

¹³ The current Polish statistics of the police regarding individual types of crime are divided due to age (minors and grownups), without specifying a category of the elderly.

Sometimes criminals pretend to be hungry or thirsty people who are just asking for bread or water. When a senior goes to the kitchen to find something to offer – their house is penetrated and valuables are stolen. Another method involves a perpetrator who passes himself off as a gas worker, an electrician or even a weatherstripping specialist.

The cases of stealing identity of credit or debit cards which are used to withdraw cash from ATMs are more and more common these days. The PIN number is usually obtained by observation of a victim in a supermarket or a shopping mall. In frequent situations a senior not knowing how to use ATM asks a stranger for help. As result – the money from his bank account is easily stolen.¹⁴

Fraud is a very common crime against the elderly. According to the law fraud is intentional deception made usually for personal gain. In order to gain financially a fraudster “conducts a victim to unfavorable disposal of his or her possession by using their mistaken beliefs or inability to wholly understand the action taken”.¹⁵ In this case, criminals usually apply the so called “fake grandson scheme”. They telephone selected victims and after convincing them that he or she is speaking to a relative, manipulate them into revealing the name and other facts about a family member. This information can be used later to make their further “performance” credible. Then a criminal visits the victim and makes him or her believe that some close relative is involved in accident and needs immediate help. A swindler usually asks for a money transfer and offers his assistance in bank operations. Most victims do not suspect that they are being duped. On the contrary – they are convinced that they are helping a family member in trouble. Thus they eagerly give money – very often their lifetime savings. According to the police data from 2006 in Poland 439 “grandson scams” were reported. Last year their number increased to 1100. This type of crime is mainly committed in cities and victims are usually women.¹⁶

Fraudsters can also pass themselves off as charity workers, newly hired nurses from the local clinic. In the so called “charity scam” criminals equipped with fake ID cards of well-known charity organizations obtain donations under false pretenses. They deliver emotional, compassion-inducing speeches to wangle money out of seniors. These kinds of frauds occur both in cities and in rural areas.

¹⁴ Kukuła, Z., (2009), *Przestępstwa na tle majątkowym popełniane wobec osób starszych*, “Praca socjalna” 3, p. 199.

¹⁵ Ibidem, p. 100.

¹⁶ www.bielskobiala.gazeta.pl (date of access: 11.03.2013).

Another common type of scam involves door to door sales. Fraudulent salespeople encourage seniors to make unnecessary but expensive purchases. They invite the elderly to “a special presentation” and induce them to buy unwanted products such as bedclothes or cookware sets in instalments. Instalment agreements are usually vague, imprecise and written in a very small print which makes them difficult to read, not to mention understand properly. They also contain unfavorable clauses regarding costs of vindication. It is extremely difficult to withdraw from these recklessly signed contracts despite the law which allows 10 days for a withdrawal.

Many crimes are connected with real estate. A perpetrator slowly gains victims’ trust, persuading them to transfer the ownership of a property. A criminal carefully chooses his or her victim. The latter usually have no lawful inheritors which makes it easier to persuade him or her to make a donation of the property in favor of the swindler. In many cases a senior encouraged by the criminal voluntarily gives him or her a document enabling him or her to act on his or her behalf. Then a perpetrator uses a fake middleman and buys the senior’s real property at a very attractive price. These kinds of frauds are very difficult to prove since notaries encouraged by a high profit are involved with the crime.

In public spaces such as fairs and squares swindlers invite the elderly to participate in games such as “three cards” or “three mugs”. They offer a chance for winning quick and easy money. Very often seniors are successfully tempted and lose a substantial amount of money. To get compensation they become entangled in long civil court cases.¹⁷

Recently the mass media frequently inform about SMS scams. Text messages inviting participation to various games are sent. Older people are not always aware of SMS charges so they end up with very high phone bills they have not expected.

Preventing crime against the elderly

The elderly frequently become victims because they feel helpless especially in difficult situations. Sometimes they may subconsciously assume the role of a victim. Thus teaching seniors about strategies to avoid victimization is of paramount importance. Crime prevention methods depend largely on prior exposure to crime. Victims of crime usually have more concerns about experiencing the same situation in the future. Indirect victimization

¹⁷ Kukuła, Z., (2009), *op. cit.*, pp. 104–105.

(knowing a victim of crime) is also an important factor. In other words – direct or indirect – crime exposure influences people's perception of future risks.

It was believed that the fear of crime is a subjective feeling of a person. Recently this approach has changed. According to the German studies from the 1990s, the fear of crime in cognitive and emotional terms is usually connected with a real threat.

Education of older citizens on safety matters is needed since the higher awareness of crime threats significantly reduces probability of becoming a victim. Prevention programs implemented in Germany against victimization of the elderly, included advice regarding particular preventive undertakings in case of emergency and information where to seek help. The whole campaign was run under the slogan: "Fear makes you lonely. Trust and knowledge make you stronger". Many local neighbourhoods ran local projects and informative campaigns targeting older people. For instance, police trained senior volunteers who visited the elderly in their homes to offer advice on how to behave in dangerous situations.

Consultants informed their peers about crime and common dangers. Seniors were familiarized with the methods of securing their homes. Practical advice on how to behave in case of unexpected visits of strangers was also given. Older citizens were instructed how to talk with neighbours, family and friends about safe actions towards preventing victimization.¹⁸ The program called "Seniors teach seniors" was implemented in Brandenburg state, Germany. Another informative campaign called "Safety Course" was carried out in Neubrandenburg. It related to emotions and the feeling of fear experienced by the elderly – as it has been mentioned before, older citizens being crime victims or encountering indirect victimization are prone to isolation as a result. The course was run by psychologist-pensioners, who used relaxation techniques, personal trainings and role-playing games. Another interesting German program implemented by the police, this time from the County Palatine of the Rhine, was named "Office hour for victims". It was directed at victims of all crimes, however special emphasis was put on the elderly. The program was based on the idea of establishing contacts with recently victimized seniors. Help with finding solutions, showing understanding, as well as a possibility to have face-to-face conversations with a policeman were core part of the meeting. Topics of discussions covered the experienced fear and possibilities of undertaking legal

¹⁸ Czapska, J., (1999), *Zapobieganie wiktymizacji ludzi starszych*, "Ruch Prawniczy, Ekonomiczny i Socjologiczny" Rok LXI, 1, pp. 123–124.

actions in response to the crime. The police also contacted victims with proper organizations providing professional assistance and mediating between the perpetrator and the victim, as well as cooperating with these institutions and taking part in working groups, workshops, conferences or special trainings.¹⁹ To sum up, the German experience shows that not only the protection of the elderly but also including them in operations, is what makes these programs highly effective and worth following.

Also in Poland since the 1990s crime preventive programs have been run. Among the ones worth mentioning is the police "Safe city" campaign from the 1990s, in which essential role was attributed to a chief constable who in his work focused on community of a district under his guard; one of the target groups were the elderly. Nowadays, one of the most recognized programs concerning the discussed subject is the project "a safe senior in a safe house" implemented by the West Pomeranian police. Initially the program started in Szczecin in 2009 and then expanded to the rest of the voivodeship. The meetings were run at Universities of the Third Age. The police worked with institutions such as local gasworks, public utilities, the Polish Post Office, BOŚ Bank. The workshops covered topics such as threats of crime in the local area, and more importantly psychological aspects of safety and ways of protecting houses against robbery, abuse, social deviance. Participants could learn about safety rules and exchange their positive and negative experiences in that field. Program "Safe Senior" corresponded with the subjects of classes held by "The University of the Third Age" in Szczecin, where activity of senior citizens and their safety is promoted. The project was noticed by the European Crime Prevention Network and won the prize. Prevention programs developed within the project help warn the elderly against the fraudulence described earlier in this work, for example the "grandson scheme" or the "glass of water scheme".²⁰

In 2011 the Warsaw Police Department run the campaign "Don not get conned with the grandson scheme". Meetings with celebrities from a television were organized and leaflets informing about crime, stickers and posters were distributed. Also, some preventive videos warning against robbery were shot. In big Polish cities, especially in Warsaw, many incidents of "grandson scheme" robberies were reported. According to police statistics in 2010 seniors were conned out of 6 million zlotys that way.

¹⁹ Ibidem, p. 127.

²⁰ Sikora, A., *Bezpieczny senior w bezpiecznym domu*, accessed at kwartalnik.csp.edu.pl/portal/kp/77/1433 (date of access: 04.03.2013).

The Criminal Prevention Department of the Municipal Police Station in Gdynia collaborating with the Centre of Senior Activity and the health department of the City Hall, prepared the rules of limited trust that help to avoid victimization and teach how to feel safe at home and in the local environment. They relate to the most common criminal incidents against the elderly and can be treated as a distinguishing appeal to senior citizens and their relatives to feel alarmed during the situations enlisted below:

1. Do not transfer money upon requests of persons who introduce themselves as your relatives on the phone. Always verify if the person calling is who they claim to be – you should call them back and in case of inability to contact them you should give it up.
2. You should not trust so called special deals – attractive low prices may attest to the fact that the commodity is stolen or that there are pieces of paper in the wad of banknotes.
3. In case of gasworks' or utilities' workers entering your house, you should request their IDs and call these institutions (the number shouldn't be obtained from the worker) in order to make sure that the person at your door is really who they say they are
4. In case of signing a contract you should check if all the provisions are understandable for you and if the commodity you are buying is really what you need. It is important to read the agreement with someone you know before you sign it. You should always remain vigilant when talking to a sales person.
5. You should not provide a stranger with any information about you and your family, especially regarding money and valuables you own. You should always remember that your personal data is protected by the law, so it is only up to you with whom and to what purpose you share them.
6. Never open the door and let in strangers or people you did not invite.
7. Remember you can always ask someone from the neighbourhood for help and they can report a potential criminal.
8. When doing groceries, avoid crowded places and take the exact amount of money you need for shopping that day. Take only the documents you need and if you have a credit card do not share your PIN with strangers. If you lose your documents you should report the fact in the DZ system using the website www.dokumentyzastrzezone.pl as well as inform the police; you should contact the nearest municipal office in order to apply for new documents.
9. When withdrawing of money from an ATM, you should always take notice and check whether anyone is observing you. You should remember that you can ask a security guard for help.

10. When you withdraw a bigger sum of money at a bank office, you should always divide the money and put it into inside pockets of your clothing.
11. You should never count money in public places.
12. When using public transport, all bags and cases should be kept in front of you; remember that pickpockets usually create a fake crowd and cut bags, do not make it easier for them and keep your belongings in sight.
13. Documents with information about your address and keys should be kept in separate places – in case they are stolen it decreases the chances of consecutive burglary into your house.
14. You should not keep your wallet in the rear pocket of your trousers.
15. When attacked you should scream loudly and ask for help. In many situations it can deter the criminal.
16. In case of being robbed when the street is empty it is better for your safety to give the criminal everything he demands; you should try to remember their characteristics and distinguishing features as well as the make and number plates of their car; you should report the incident to the police.
17. When leaving a taxi always ask the driver to wait until you enter the building.
18. Watch out on the street and always use a designated pedestrian crossing to cross a road and take notice of pedestrian lights. You should remember that road accidents are also caused by pedestrians.
19. If you are a car driver, before setting off always make sure you feel well and are able to drive. If not, choose other means of transport.
20. Always inform the police when you are a witness or victim of a crime or if you notice some suspicious strangers in your neighbourhood.²¹

The Świętokrzyskie Voivodeship police runs many preventive programs as well. They are popularized in the media, mainly on the Internet. Also the Polish Railways and the Social Insurance Institution joined the campaign fighting with “the grandson scheme” robberies. The regional government of the voivodeship has started “The Regional Program Counteracting Domestic Violence 2011–2016”. It is directed at local councils, social service institutions, non-governmental organizations and all the people interested. The main goal of the program is to reduce domestic violence and its consequences in the voivodeship. Other projects fighting the crime against the elderly in the public sphere include arranging legal advice; in November 2012 the week of counsels free of charge was organized in Kielce. Also workshops took place, during which specialists offered psychological and pedagogical help regarding abuse and crime.

²¹ www.gdynia.policja.gov.pl (date of access: 22.03.2013).

Also social workers, nurses, volunteers and therapists working with seniors staying in nursing homes have a substantial role to fulfil. Especially important is their care of the elderly people who are crime victims due to particularly severe consequences of crime, among which are facing a financial plight, lack of money essential to buy medicine and food. It happens that elderly people notice the lack of stolen things a few days after being robbed and blame themselves for losing the things or putting them somewhere they do not remember. The truth comes to them after a while so they start to feel remorse and this results in reduced self-esteem – “I was foolish and naïve”. The elderly people who experienced robbery face trauma, manifested in isolation, anxieties, nightmares, severe confusion and as a result, they stop answering the phone, collecting post from the mailbox, etc. Without professional help, these disorders deteriorate causing unreliability of that person as the crime victim or the witness. Additionally, they feel ashamed and do not want to talk to their family, neighbours and acquaintances; sometimes they do not report the incidents to the police.

A social worker, a volunteer or a nurse are often the only people the elderly person talks to. That is why they should inquire whether something bad has happened if they notice any alarming changes in the behaviour of their patients such as leaving home sporadically, installing new lockers, neglecting meetings with old friends, etc. Direct actions are of paramount importance here. People working with seniors should often, at regular intervals, during conversations relate to safety; seniors should be encouraged to take part in meetings regarding this matter. Very often they are organized by the police or municipal police and take place in senior clubs or at universities of the third age. During these it is important to run workshops and trainings on the subject of improving safety. Seniors should be taught about proper reactions and mostly they should be instructed to remain vigilant and take action without rush. The police is not the only party responsible for providing maximum safety in public space. As local environment constitutes a substantial living space for the elderly, it is also crucial for the local authorities to get involved. Recommended activities include extending the system of social help, creating nursing homes for seniors who need round-the-clock help due to their poor mental and physical state, organizing counselling, offering psychological help, forming intervention groups for the elderly and disabled cooperating with all local authorities, finding volunteers who help seniors daily, looking for support of non-governmental organizations, religion unions, churches, as well as improving social workers' and volunteers' qualifications.

Suicide prevention in old age

However life experience and reflective nature of life does not create favourable conditions for the development of happy life, a strong sense of life. While brooding over life and life experience might result in drawing a conclusion that life is worthless. The person feels unfit, bored, disappointed, discouraged from any activity. They all can contribute to a feeling of emptiness, exhaustion and disbelief in any sense of life. [...] Thus, affirmation of life is a pedagogical issue. It is also, or at least should be, one of the most crucial objectives of human upbringing. It is an essential problem. In comparison with this objective other issues are of secondary importance.

Stefan Szuman

Introduction

According to initial estimates depression is going to be the most common cause of death in 2020.¹ It will directly result in suicide. Depression is a disturbance which affects about 15% of the population at the age of 65 or older. Depression in elderly people takes on a different form (agitated depression). Deep sadness, decreased motor skills and a feeling of hopelessness are risk factors for suicide.² In recent years in Poland a number of suicidal deaths in a group of people aged 60 or older has increased both in cities and in the country. Bearing in mind that the number of elderly people is growing, the problem of preventing suicide in this age group seems an acute problem.

¹ Gustaw, G., (2012), Smutni od zawsze, "Charaktery" 11, pp. 50–55.

² Dudek, D., Zięba, A., Siwek, M., Wróbel, A., (2012), Depresja, [in:] T. Grodzicki, J. Kocemba, A. Skalska (eds.), Geriatria z elementami gerontologii ogólnej. Podręcznik dla lekarzy i studentów, VM. Via Medica, Gdańsk.

Achte³ points out that prevention of depression and suicide largely depends on the attitude of the society. Kerhof and De Leo⁴ claim that it is commonly believed that elderly people have justifiable reasons for committing suicide and the reasons are connected with ageing processes. However, it's partly true as diseases might lead to suicidal tendencies but there are also other reasons why elderly people commit suicide. They feel lonely and believe that they will lose their autonomy. Thus, the prevention of suicide should be carried out on various levels. Apart from prophylaxis and treatment of diseases, including treating depression, there should be a change in the attitude of the whole society and the elderly person himself.

After the death of the person's peers, he or she loses some social relationships, especially if they are old. These relationships can be hardly compensated and cannot be made up for at all.⁵ Schmidtke and Schaller⁶ stress that the number of people who do not stay in permanent relationships will be growing. The crisis situation becomes even more aggravated when the person is afraid of being deprived of their environment and taken to a nursing home or any other institution.⁷

It should also be emphasized that a decision to commit suicide is more thoroughly thought over and more consequently put into practice. The number of repeated suicide attempts decreases with age as with regards to the elderly already first suicidal attempts are successful.⁸ Thus, the pre-suicidal prophylaxis seems to be a priority.

In the professional literature the problem of suicide in old people has not been presented well enough. German researchers have conducted more extensive analyses. The issue needs further studies and should focus on presenting positive aspects of life of the elderly. Our article, which only superficially

³ Achte, K., (1988), Suicidal tendencies in the elderly, "Suicide and Life-Threatening Behavior" 18, pp. 55–65.

⁴ Kerhof, A., De Leo, D., (1991), Suicide on the elderly: a frightful awarness, "Crisis" 12, pp. 81–87.

⁵ Wahl, H.-W., Kruse, A., (2003), Psychological gerontology in Germany: recent findings and societal implications, "Ageing and Society" 23, pp. 131–163.

⁶ Schmidtke, A., Schaller, S., (2006), Suizidalität, [in:] W. D. Oswald, U. Lehr, C. Sieber, J. Kornhuber, Verlag W. Kohlhammer (eds.), Gerontologie, Stuttgart.

⁷ Klastermann, P., (2004), Vortrag anlässlich der Jahrestagung des Nationalen Suizidpräventionsprogrammes für Deutschland, Berlin.

⁸ Demling, J., Lungershausen E., (1989), Suizidalität, [in:] D. Platt (ed.) Handbuch der Gerontologie, Vol. 5: Neurologie, Psychiatrie, Gustav Fischer Verlag, Stuttgart–New York.

analyzes this issue, is aimed at pointing out some ideas which might be important for the prevention of suicide in old age people. The professional literature which we quote might inspire to explore the phenomenon of suicide, which, since the time when Durkheim lived and worked, has been repeatedly discussed. This problem still remains a great challenge for researchers.

Loneliness in older people

Holyst⁹ and Schulz¹⁰ point out limited social contacts of the elderly as well as suicidogenic aspects of loneliness. The loss of a partner plays an important role here. In old age it is a true breakdown which the older person might not be able to cope with. Other social contacts might then be at least a partial compensation for the dead partner. The loss of a partner (who is very often the only person we were close to emotionally) and the change of the environment (moving to an institution) might lead to a great frustration and a risk of suicide.¹¹ In old age, unlike in middle age, so called double suicide (the partner is murdered or commits suicide because he or she does not want to live alone) occurs.¹²

The crisis is also connected with retirement and a feeling that the person is not socially needed any more.¹³ The daily routine also changes then. At this age people are hardly able to adapt to new surroundings. Thus, if a person becomes deprived of their environment (has to move to a nursing home), the crisis situation may deteriorate.¹⁴

It seems obvious that if we want to prevent suicide effectively, we should know its cause. It seems that loneliness and depression which are often experienced together might play a key role. Barnow, Linden and Freyberger¹⁵ claim

⁹ Holyst, B., (2012), *Suicydogenne aspekty samotności*, [in:] P. Dómeracki, W. Tyburski (eds.), *Zrozumieć samotność: studium interdyscyplinarne*, Wydawnictwo Uniwersytetu M. Kopernika, Toruń 2006. Holyst, B., (2002), *Suicydologia*, Wydawnictwo LexisNexis, Warszawa.

¹⁰ Schulz, A., (2006), *Suizidalität im Alter*, GRIN Verlag, München, Ravensburg.

¹¹ Wächter, C., (2003), *Suizid und Suizidalität im höheren Lebensalter*, [in:] *Lehrbuch der Gerontopsychiatrie und -psychotherapie*, Thieme Verlag, Stuttgart–New York.

¹² Santy, P.A., (1982), *Observations on double suicide: review of the literature and two case reports*, "American Journal of Psychotherapy" 1, pp. 23–31.

¹³ Skoog, I., (1997), *Psychiatric epidemiology of old age: The H 70 study*, "Acta Psychiatrica Scandinavica" 109, pp. 4–18.

¹⁴ Schmidtke, A., Schaller, S., (2006), op. cit.

¹⁵ Barnow S., Linden M., Freyberger H.J., (2004), *The relation between suicidal feelings and mental disorders in the elderly. Results from the Berlin Aging Study (BASE)*, "Psychological Medicine" 34(4), pp. 741–746.

that mental and physical deficits are common reasons for suicide attempts. Neoplastic diseases are supposed to contribute to the greatest number of suicide attempts. However, the results of empirical studies indicate that a small percentage of people who commit suicide suffer from malignant diseases.¹⁶ Dementia as a cause of another suicidal motive is arguable.¹⁷ Loneliness and fear of loneliness are seen by many researchers as significant suicidal factors, not only in old age people. Ringel¹⁸ identifies suicide with having no people around in life. Klostermann¹⁹ analyzed good-bye letters written by elderly people and found out that the majority of them were afraid of being sent to nursing homes, which by many people are called old people's homes. It is quite interesting that those who decided to move to such homes themselves are more likely to commit suicide rather than those who were sent to these institutions by their relatives.²⁰ We could also stress that elderly people do not want to be a burden for others.

The elderly might feel even more lonely because of "technological exclusion". Kędziora-Kornatowska i Grzanka-Tykwińska²¹ conducted an analysis of this phenomenon and tried to study how old people cope with technological innovations and in general, how they feel in the information society. The authors conclude that the elderly feel confused about modern technologies and this makes them helpless and unconfident in everyday life. They also add that due to the inability to deal with modern technologies the elderly might be pushed to the margins of society.

According to Baumann²², loneliness in old age is seen as an uncomfortable mental state, caused by dissatisfaction with the number and quality of social relationships. If we interpreted loneliness in that way we should try to avoid such a state and eliminate these risk factors. However, loneliness might not

¹⁶ Shah, A., De, T., (1998), Suicide and the elderly, "International Journal of Psychiatry in Clinical Practice" 2, pp. 3–17.

¹⁷ Schmidtke, A., Schaller, S., (2006), op. cit.

¹⁸ Ringel, E., (1987), *Gdy życie traci sens. Rozważania o samobójstwie*, Wydawnictwo "Glob", Szczecin and Ringel, E., (1992), *Nerwica a samozniszczenie*, PWN, Warszawa.

¹⁹ Klostermann, P., (2004), Vortrag anlässlich der Jahrestagung des Nationalen Suizidpräventionsprogrammes für Deutschland, Berlin.

²⁰ Schmidtke, A., Schaller, S., (2006), op. cit.

²¹ Kędziora-Kornatowska, K., Grzanka-Tykwińska, A., (2011), Osoby starsze w społeczeństwie informacyjnym, "Gerontologia Polska" 19, 2, pp. 107–111.

²² Baumann, K., (2008), Problem aktów samobójczych wśród osób w starszym wieku, "Gerontologia Polska" 16, 2, pp. 80–88.

only be destructive. It can also be constructive. Latawiec²³ stresses that a person should care about the other kind of loneliness as well as learn it, whereas the first type of loneliness should be eliminated. Prophylaxis of suicide in old age people should be based on this idea. Norwid classified loneliness into two types: “physical loneliness” and “mental loneliness”. A person is lonely in the physical aspect when they have no companion, there is silence around them and when they remain silent. We can suffer from spiritual loneliness (mental loneliness) even when we are close to people, that is, when we are not physically lonely. Norwid dares to say that there is something positive in physical loneliness.²⁴ Many authors, including outstanding thinkers, can see positive aspects of loneliness. We could give the following names: Cioran²⁵, Marx²⁶, Gadamer.²⁷ The last one believes that nature is a power of soul which results from loneliness. Thus, there are two solutions: we can either prevent loneliness or develop it. The next parts of the article will present the latter solution in details.

Looking back at life

Szatur-Jaworska, Błędowski and Dzięgielewska²⁸ noticed that a person gains experience and wisdom throughout their life. These “gains” allow them to survive in critical situations. However, life brings successes and failures, too. And these failures might outnumber successes. Thus, the overall evaluation can turn out negative, especially if the person has lost any hope to improve their life situation. Such pessimistic feelings are very common in old age. German authors call suicide committed because of such reasons “balance suicide” (*Bilanzsuizid*).²⁹ An important aim of suicidal prophylaxis is to create a positive look at the person's life and get him or her involved in further life activities.

²³ Latawiec, A., (2006), *Destrukcyjny czy twórczy charakter samotności (ujęcie systemowe)*, [in:] P. Domeracki, W. Tyburski (eds.), *Zrozumieć samotność: studium interdyscyplinarne*, Wydawnictwo Uniwersytetu M. Kopernika, Toruń.

²⁴ Brożek, A., Jadacki, J., (2011), *Między wierszami Cypriana Norwida*, [in:] A. Głąb (ed.), *Filozofia i literatura*, Wydawnictwo Naukowe Semper, Warszawa.

²⁵ Cioran, È., (2008), *Zeszyty 1957–1972*, Wydawnictwo KR, Warszawa; Cioran, È., (2008), *Samotność i przeznaczenie*, Wydawnictwo KR, Warszawa.

²⁶ Marx, J., (2003), *Idea samobójstwa w filozofii*, Wydawnictwo ALFA, Warszawa.

²⁷ Gadamer, H.-G., (2011), *O skrytości zdrowia*, Media Rodzina, Poznań.

²⁸ Szatur-Jaworska, B., Błędowski, P., Dzięgielewska, M., (2006), *Podstawy gerontologii społecznej*, Oficyna Wydawnicza ASPRA-JR, Warszawa.

²⁹ Schmidtke, A., Schaller, S., (2006), *op. cit.*

Here we should emphasize the role of planning life activities since a positive evaluation of the person's life might also contribute to suicidal tendencies ("I have done everything; there is nothing else I can do").

A great number of intensified factors can contribute to suicidal behaviour in old age. Suicide is often a result of a complex and multi-stage motivation. Hirzel-Wille³⁰ call such an intensification of factors "risk constellation" (Risikokonstellation). The person's life history could be very complex sometimes. While looking back at his life they consider various life experiences. Somatic diseases and mental state are also of great importance³¹; and so is their family situation.

Rowe³² believes that each suicide attempt is information sent to those who are alive. The loss of independence and autonomy might lead to suicidal behaviour and information: "You will feel better if I am not with you". According to the author, suicide committed in such circumstances always means rejection of the family, friends and world. Making the old person aware of this might make the suicidal prophylaxis effective.

Sometimes the person says: "I have nobody to live for". There are a lot of possibilities which could be used by the person. They should be helped to plan their life activities so that they will do for themselves and the world. By saying such words, the old person completely neglects himself. He or she behaves like a mother who repeats that she lives only for her children. It is neither good for the mother, nor for the children. The old person should be shown that life is precious for them, too.

Existential suicide

Albert Camus said that the main problem of philosophy is suicide as the science must give an answer to the following question: "Is life worth living?".³³ Existential suicide is not driven by a particular life situation but the feeling that existence is absurd.³⁴ Questions on existence appear in someone's life much earlier but only in old age people are more aware of their importance.

³⁰ Hirzel-Wille, M., (2002), *Suizidalität im Alter, Individuelles Schicksal und soziales Phänomen. "Psychoanalyse im Dialog"*, Vol. 11, Peter Lang, Bern, Berlin, Bruxelles, Frankfurt a. M., New York, Oxford, Wien.

³¹ Makara-Studzińska, M., Turek, R., (2005), *Samobójstwo w chorobach somatycznych*, "Sui-cydologia" 1, 1, pp. 51–54.

³² Rowe, D., (2003), *Depression: the way out of your prison*, Routledge, London.

³³ Camus, A., (1991), *Dwa eseje*, Wydawnictwo KRAĞ, Warszawa.

³⁴ Chwin, S., (2013), *Samobójstwo i "grzech istnienia"*, Wydawnictwo TYTUŁ, Gdańsk.

An outstanding Polish psychologist, quoted at the beginning of the article, said that the reflective nature of life does not create favourable conditions for the development of a happy life or a strong sense of life but it deprives people of confidence in life instead of boosting it.³⁵

Émile Durkheim, a renowned representative of sociological thought and an author of a famous study on suicide said: "The fact that nowadays people make suicide attempts more often than before does not mean that we have to make more effort to live, nor are our unjustified needs less satisfied. The reason for a greater number of suicide attempts is our inability to see the end of those needs and any sense of these efforts [...]. Our disease does not result from a greater number of causes of suffering or any intensification of those objective causes. It does not mean economic poverty but an alarming moral poverty".³⁶ Durkheim's words said more than one hundred years ago still remain vital.

These days suicide in old age is becoming socially accepted. As Krzyżowski³⁷ says, being old in our modern industrialized society is "not in fashion". We should mention here organizations and publications which foster suicide. Such an organization is "EXIT", operating in Switzerland.³⁸ In 1993 the book titled "The Final Exit" by Derek Humphry, was published in Poland. The book is a sort of guide which contains practical advice on methods of suicide, which can be committed on your own or with someone else's assistance. The author, apart from being a writer and journalist, is also an ex-president of the World Federation of Right to Die Societies. A part of the edition of the book was withdrawn from sale after public protests. Acceptance for voluntary death might contribute to existential reflections, often negative, which in turn lead to the loss of sense of life.

Eduard von Hartmann noticed relevance between greater awareness and increased unwillingness to live. In his opinion the present reality is unbearable, unless it is in a veil of illusions. He anticipated that when humankind has become fully aware of the truth, there will be mass suicide.³⁹ While considering this context, we should quote Durkheim once again: "Acting and thinking are two contradictory forces, which go in two different directions and acting

³⁵ Szuman, S., (1938), *Afirmacja życia*, Lwowska Biblioteczka Pedagogiczna, Lwów.

³⁶ Durkheim, E., (2006), *Samobójstwo*, Oficyna Naukowa, Warszawa, p. 484.

³⁷ Krzyżowski, J., (2004), *Psychogeriatra*, Wydawnictwo Medyk, Warszawa.

³⁸ Schulz, A., (2006), op. cit.

³⁹ Hartmann, von E., (1982), *Filozofia nieświadomego*. Philosophie des Unbewussten. Wybór tekstów, Wydawnictwo PAN, Warszawa. Copleston, F., (1995), *Historia filozofii*, Vol. VII, Instytut Wydawniczy PAX, Warszawa.

means living. Someone said that thinking means avoiding any activity and thus, avoiding life. We cannot allow to be dominated by thoughts. If it happened it would mean death. [...] Sadness is not inextricably connected with a thing; it does not come to us from outside but it comes because we think about it. It is a figment of our imagination”⁴⁰

Stefan Szuman gives advice which might be inspirational for elderly people: “A naive attitude is necessary in all those moments of life in which we need peace, rest and happiness. Most people do not have happiness of life because they cannot relax, play, forget and simply enjoy the moment of happiness. They are unable to lose themselves in thought and not hear all the hustle and bustle of everyday life. Hardly ever do adults manifest these simple and natural qualities of a child’s psyche. Whoever wants to enjoy life, they have to learn «to stop thinking», relax or play, whatever is needed. We could learn these qualities by being close to nature, doing sports and travelling. However, they should not be treated as methods of keeping fit to set new records. Marvelling at countryside, unrestricted social life, games, art, music, poetry, friendship could also be solutions to enjoy life [...]. We can see that ideal life can be identified to a great extent with an ability to lead natural, simple, naïve, spontaneous life; life which would not be artificial.

There is a kind of secondary naivety, available for adults. It differs from innocent, primitive naivety. On the first level people enjoy and make the most of life but they do not think about the sense of existence. Reflections on life lead to a search for its sense. We already know that we will find its sense but also its absurdity. We try to find the sense of existence but we encounter contradictions. The secondary naivety is identified with wisdom, sense and value of life. It means returning to life, remaining in harmony with the primary level of life. Its glowing and spiritual naivety has nothing to do with unfamiliar life and hostile intellectualism. The secondary naivety includes experiences which get us closer to life, not further from life”⁴¹

We quoted Szuman’s thought because it is not easily available for the contemporary reader. We believe that it will be highly important from the point of view of prophylaxis of existential suicide attempts. It should be stressed that the secondary naivety, which Szuman mentions, is not always easy to obtain. Chwin⁴² points out that psychiatrists and psychologists have to put a lot of effort in dealing with patients who have suicidal tendencies, especially philosophers.

⁴⁰ Durkheim, E., (2006), *Samobójstwo*, Oficyna Naukowa, Warszawa, p. 355.

⁴¹ Szuman, S., (1938), *op. cit.*

⁴² Chwin, S., (2013), *op. cit.*

Some specialists admit that they are not able to refute the patients' arguments and even follow their pro-suicidal way of thinking. Wisdom means thinking about life, not death.

The idea of suicide in philosophy was extensively analyzed by Marx.⁴³ An outstanding work by Alex Howard⁴⁴ "Philosophy for Counselling and Psychotherapy" will be an invaluable book for therapists who will have to deal with existential suicide, possibly more and more in the future. The book contains views of many philosophers and ways in which they could be used in counselling and psychotherapy. One of the philosophers is Spinoza, who thought that death is the topic about which a free man thinks the least.

Early intervention

While analyzing suicidal prevention in older people Schulz⁴⁵ claims that such preventive methods should be introduced not in old age but much earlier. Marmot et al.⁴⁶ performed a study on positive ageing and came to the conclusion that in the majority of seventy year-olds the ageing process depended on factors that had occurred before the age of fifty. All the factors were more or less controlled. Vaillant⁴⁷ emphasizes that a lot of people think a heart attack, cancer and all the process of ageing remains out of our control, which is not true. The man is a somatic unity and factors such as life style, food patterns, stress, thoughts affect our lives. We can have a stronger influence on our health and the ageing process than we could suppose. However, the control should be initiated as early as possible.

Proper gerontological prophylaxis should be introduced in Poland because such prophylaxis is hardly carried out in our country now. We need to open outpatient clinics of gerontological prophylaxis which would provide practical knowledge to people who turned forty so that they can be prepared for becoming old. Such clinics should employ gerontological specialists, doctors, dieticians, psychologists and pedagogues specializing in geragogics. Geragogics, which is a science on education in old age and until old age could play an

⁴³ Marx, J., (2003), *Idea samobójstwa w filozofii*, Wydawnictwo ALFA, Warszawa.

⁴⁴ Howard, A., (2000), *Philosophy for counselling and psychotherapy*, PALGRAVE, New York.

⁴⁵ Schulz, A., (2006), op. cit.

⁴⁶ Marmot, M.G., Smith, G.D., Stansfeld, S., Patel, C., North, R., Head, J. et al., (1991), Health inequalities among British civil servants: The Whitehall II Study, "Lancet" 337, pp. 1387–1393.

⁴⁷ Vaillant, G. E., (2007), *Pozytywne starzenie się*, [in:] P. A. Linley, S. Joseph (eds.), *Psychologia pozytywna w praktyce*, PWN, Warszawa.

important role here. However, it is not appreciated in Poland and it does not develop quickly enough. A book "Geragogik: Bildung und Lernen im Prozess des Alterns" was published in Germany. It presents the issue of education and upbringing in the ageing process. The book is recommendable. The authors Bubolz-Lutz et al.⁴⁸ describe the history and development of geragogics, its scientific bases and trends in prophylaxis. They stress the need to stimulate creativity in the prophylaxis of ageing. It should also be mentioned that the work contains an extensive bibliography.

Pre-suicidal prophylaxis appears to be most effective if it prevents from "imagined suicide", i.e. the first stage of suicidal behaviour, according to Hołyst's classification. It occurs long before a suicidal attempt. In our opinion prophylaxis will turn to be most effective if we avoid the first stage. Stukan⁴⁹ believes that the factors which protect a person against suicide can include the following: hope for the future, strong self-confidence, strong self-control and a possibility of self-realization, either at school or by doing other activities. These preventive factors should be implemented relatively early. Geragogics might contribute to this.

We could also say that the suicide prophylaxis in old age people should be initiated in early years of life, even in childhood. Kędziora-Kornatowska and Grzanka-Tykwińska⁵⁰ believe that the preparation for old age should start early to make elderly people feel adjusted to the constantly changing world. People must develop their hobbies and get used to involving in active leisure. They should update their knowledge so that they continue such a lifestyle after they have already retired. Hobbies can be best developed in school years. Once a middle-school student has developed his interests, they might turn out to be long-lasting interests.⁵¹

We would like to emphasize that the role of hobbies in the early suicidal prophylaxis is highly important. Not only do hobbies play a didactic role but also, and maybe first and foremost, prophylactic and corrective. They boost self-confidence and low self-esteem and a negative self-image are causes of suicidal attempts, addictions and other social pathologies. Hobbies might be a sort

⁴⁸ Bubolz-Lutz, E., Gösken, E., Kricheldorf, C., Schramek, R., (2010), *Geragogik*, Verlag W. Kohlhammer, Stuttgart.

⁴⁹ Stukan, J., (2008), *Diagnoza ryzyka samobójstwa*, Wydawnictwo Prometeusz, Opole.

⁵⁰ Kędziora-Kornatowska, K., Grzanka-Tykwińska, A., (2011), *Osoby starsze w społeczeństwie informacyjnym*, "Gerontologia Polska" 19, 2, pp. 107–111.

⁵¹ Kopczyński, K., (1994), *Zainteresowania i system wartości u nieletnich zagrożonych samobójstwem*, Polskie Towarzystwo Higieny Psychiczej, Warszawa.

of compensation for the elderly, sick and disabled.⁵² We are sorry and surprised that neither psychology nor pedagogy deal with this issue. We are not going to give any negative examples. We will only say that thick books on pedeutology or geragogics do not contain the word “hobbies” in their contents sections. We find it justifiable to quote once again the outstanding, but a little forgotten, Polish psychologist: “Premature boredom with life, observed in young and middle-aged people and caused by indifference to energetic life, results from a deviation off the proper course of life. No having any hobbies is worse than being bored. [...] The surrounding world is very rich and it cannot be exhausted as it is not possible to exhaust a sea. Those who absorb the reality thoughtlessly and perceive the world subjectively do not experience the positive aspect of reality. Satisfaction with using the gifts of life proves our happiness and affirmation of life.”⁵³

After a person has started his the older stage of life, he will be able to overcome problems ahead of him if he has any hobbies. His sense of life is just expressed in those interests. He will realize himself. Even in loneliness. People feel united if they share some hobbies. Those who share the same interests usually meet each other. The Internet helps such people exchange ideas. A real involvement in performing certain activities is a strong drive. Like love. They are both rooted in strong passion and real commitment. An elderly person who has hobbies will be the last “candidate” to make a suicidal attempt.

Role of positive psychology for suicidal prophylaxis

The idea of using positive psychology is best expressed by Joseph Murphy, who said that “You are not taking darkness out of the room, you are bringing light which immediately counteracts with the darkness”. This light for an older person might be interests (hobbies), education (third age universities), self-education, involving in creative activities, wisdom of the elderly person and passing this wisdom down to others.

In his “Introduction to the Polish Issue” of the book: “Positive Psychology in Practice” Czapiński⁵⁴ observes that until recently psychologists had focused

⁵² Kopczyński, K., (1999), *Kształtowanie i rozwój zainteresowań u osób niepełnosprawnych*, “Acta Universitatis Lodziensis Folia Paedagogica” 3, pp. 63–68.

⁵³ Szuman, S., (1938), op. cit.

⁵⁴ Czapiński, J., (2007), *Wprowadzenie do wydania polskiego*, [in:] P. A. Linley, S. Joseph (eds.), *Psychologia pozytywna w praktyce*, PWN, Warszawa.

on human weaknesses, faults, suffering, diseases, conflicts and failures. According to the standard medical model of human nature healthy psyche was identified with no disturbances. For more than a hundred years psychology dealt with pathologies and undesired phenomena. This trend is slowly changing now but science is still aiming at solving problems. A therapist assumes that a person who has made a suicide attempt does not manifest an ability to solve problems, irrespective of the etiology of his suicide act.⁵⁵

Rogers⁵⁶ believes that a psychological diagnosis should include the analysis of the person's problems and life difficulties and, even first and foremost, his positive characteristics. In the therapy positive qualities should counteract negative and disturbed elements. The positive elements should outdo the negative ones. While educating future psychologists, Gerstmann⁵⁷ said that the work of a psychologist involves looking for positive sides in the person, a potential "sphere of success". He also pointed out a holistic analysis of human activity and criticized many trends in the so called academic psychology, often seen as abstract and speculative.⁵⁸

Retiring is a crucial moment and it affects the older person's activity. Krzyżowski⁵⁹ makes an important observation. He thinks that disallowing old people to find employment, by introducing restrictive work and financial policies, is a bad idea from the point of psychogeriatrics. Making elderly people stop working, only because of their age, even if they are sometimes fully capable of continuing to perform their professional work, is bad for the person as well as expensive for the whole society.

Kinga Wiśniewska-Roszkowska can see positive aspects of retirement in her wonderful and inspirational book: "The Second and Third Youth of a Woman". She writes that "the art of ageing is great and important and everyone should start learning it as it will be needed sooner or later. The last period of life can be sometimes very long and the person's happiness largely depends on this art of ageing. [...] What are the basic principles of this art? The first and most important command is: "Develop your spiritual life and interests, get involved in favourite hobbies, do not give up work". "How is it possible? As a retired

⁵⁵ O'Connor, R., Steehy N., (2002), *Zrozumieć samobójcę*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

⁵⁶ Rogers, C. R., (1991), *Terapia nastawiona na klienta. Grupy spotkaniowe*, "THESAURUS-PRESS", Wrocław. Rogers C.R., (2002), *O stawianiu się osobą*, Dom Wydawniczy REBIS, Poznań.

⁵⁷ Gerstmann, S., (1979), *Wykłady*, Uniwersytet Łódzki, Łódź.

⁵⁸ Gerstmann, S., (1987), *Podstawy psychologii konkretnej*, PWN, Warszawa.

⁵⁹ Krzyżowski, J., (2004), *Psychogeriatrya*, Wydawnictwo Medyk, Warszawa.

person?” – you will ask. “And what if we are not fit enough?” But retirement is just the best period. We can develop our real interests, do what we like and the things we did not have time for before. The activities might include reading interesting books, writing a diary (any diary can be kept for years and make the author famous), growing flowers, embroidering or doing community work. And strength? Work which we do with pleasure and which brings satisfaction is not destructive. On the contrary, it is the most effective protection from becoming infirm, a source of happiness and health, even in very old age.⁶⁰

Planning is another preventive factor in the prophylaxis of suicide and depression. It also helps an addicted person to get rid of their addictions and overcome problems in the struggle to achieve objectives. Therapies for drug or alcohol addicts often turn out to be failures as therapists concentrate on helping the addicted person to overcome his crisis. Once the person has managed to do it, they look ahead and can see no prospects. Then, it is very easy to get addicted again.⁶¹ Plans and hopes boost our life energy. A suicidal attempt made by an older person is seen as taking their own life which has no prospects.⁶² Old age is often identified as a period of life without any prospects. Such a negative attitude should be completely changed. This change can be an ambitious objective of positive psychology and geragotics.

Positive ageing largely depends on our attitude. If our feelings and thoughts are positive, if we are committed to our hobbies, accept ourselves and others and see positive features in other people as well as share joy and happiness with them, we usually forget that we are old. One philosopher compared such a positive attitude to a dance with hardships that life offers to us. Someone heard a story about two friends who once met. One of them, already aged 80, was complemented on his perfect physical appearance and keeping fit. Having heard the words of praise he answered: “That’s OK now, but what will happen when I come of age?”

We would like to stress once again how important hobbies and creative activity are for the prophylaxis of suicide, ageing processes characteristic for old age, especially Alzheimer’s disease. Leading creative lifestyle contributes to an increase in the serotonin level in the brain and is a protective factor

⁶⁰ Wiśniewska-Roszkowska, K., (1967), *Druka i trzecia młodość kobiety*, PZWL, Warszawa, pp. 98–99.

⁶¹ Szulc, M., (2008), *Procesy planowania w uwalnianiu się młodzieży od nałogu*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk.

⁶² Schulz, A., (2006), *Suizidalität im Alter*, GRIN Verlag, München, Ravensburg.

against dementia. Deepak Chopra, an Indian endocrinologist, an outstanding doctor and a humanist, writes in his book that “creative attitudes have a positive impact on brain structures. Chinese studies on old people, inhabitants of Shanghai, indicate that uneducated people are more likely to be affected by dementia and Alzheimer’s disease. Thus, it can be concluded that mental activity stimulates the brain and positively contributes to health. Tomographic imagining findings show that intensive mental activity is accompanied with more rapid than normal blood circulation in the brain. Creative thinking is visible in recorded encephalographic examination findings. Encephalographic waveforms indicate that the brain experiences a positive process. The belief that mental efforts have a negative influence on the brain has already been refuted. A mental activity which we perform with pleasure and which we are not are forced to do, is visible in the EEC results – an increase in the activity of alpha waves, the state typical for meditation, too”.⁶³

Let us focus on one sentence in the quotation above. A mental activity should be done voluntarily. It must be a pleasure and not an obligation! That is the key point. An intellectual effort is not enough. It must arise out of interests and be made with passion. This difference is fundamental. As long as we do not realize how crucial the difference is, we will not fully comprehend the preventive role of mental activity in Alzheimer’s disease. Discrepancies in findings of studies and their interpretation might result from the inability to realize those differences.⁶⁴

Finally, we should say that a person who suffers a lot can find a sense of life, not only despite the suffering but in the suffering. Viktor Frankl can see positive aspects of suffering in the therapy which he created – logotherapy. As a long-term prisoner of concentration camps, he experienced existence which was deprived of dignity. He suffered from hunger, cold, brutal violence. Nevertheless, he claimed life was a precious thing and deserves to be cherished. Frankl used to ask questions to his patients who complained about more and less serious problems: “Why don’t you take your life?” In their answers he usually found some guidelines, which he implemented in his therapies. He saw that one person wants to live for the sake of his children, another wants to use his talent and someone else is kept alive by some memories they would like to preserve. Frankl answered this

⁶³ Chopra, D., (1995), *Życie bez starości*, KiW, Warszawa, p. 222.

⁶⁴ Kopczyński, K., (2006), *Psychosomatyczne aspekty choroby Alzheimera – najczęstszej przyczyny otępienia umysłowego w społeczeństwach zachodnich*, [in:] J. Pańczyk (ed.), “Forum Pedagogów Specjalnych XXI wieku”, Vol. VII, Wydawnictwo Hamal, Łódź.

question by presenting positive elements of his life and personality. Older people can be inspired by books by Frankl.⁶⁵ They are worth recommending both for therapists and patients. They might serve as bibliotherapy for people who consider committing suicide. We can hope that thanks to the books written by Frankl, at least some of such people's lives will be saved.

A case study

Now we will briefly present the story of life, problems and hardships which contributed to suicidal behaviour as well as positive spheres of mental activity in an older person who was given psychological and pedagogical support. We will also demonstrate possibilities of applying psycho-correction. The name of the patient has been changed.

Mary, aged 66. She has been divorced for 14 years, has two daughters, both married. Mary lives with one of the daughters, her husband and one granddaughter. Mary was physically and mentally bullied by her husband. A few years after the divorce the husband died in a road accident, having been knocked down by a car. Mary's two sisters died between 2006 and 2008. Mary was a cook by profession. Between 1987 and 1990 she did her job in the Soviet Union, close to Chernobyl, where there had been a nuclear disaster a year before. She was not aware of the fact that her workplace was supplied with radioactively contaminated food. When she returned to Poland in 1990 she went to her sister's place and there she started to feel bad. She was taken to hospital. It turned out that while staying in the Soviet Union she had been excessively exposed to radiation and had eaten radiologically contaminated food. This information was a shock for Mary. She felt helpless, feared for life and blamed herself that she had agreed to go abroad.

In 1993 Mary underwent the first operation in which she had her spleen and a part of the stomach removed. In 1995 doctors removed her pancreas and a kidney with the suprarenal gland. In the same year her mother died and father – one year later. She developed depression.

In 2002 and 2004 Mary had to have another two surgeries. This time she had a part of her diaphragm and pleura removed. Those incidents aggravated the course of depression. Slowly she was losing the sense of life. She experienced

⁶⁵ Frankl, V.E., (1998), *Homo Patiens*, Instytut Wydawniczy PAX, Warszawa; Frankl, V.E., (2009), *Człowiek w poszukiwaniu sensu*, Wydawnictwo Czarna Owca, Warszawa; Frankl, V.E., (2010), *Wola sensu. Założenia i zastosowanie logoterapii*, Wydawnictwo Czarna Owca, Warszawa.

suicidal tendencies. Mary's daughters helped her a lot by giving her emotional support and convincing her there are people she can still live for and encouraged her to start fighting with the disease. She agreed not to give up.

However, every day she faces up to pain and suffering. Sometimes she feels like giving in.

She likes cooking a lot and listening to relaxing and calming music. She helps other people a lot, too and she is very kind to them. By helping other people she forgets about her own problems.

Many negative events accumulated in Mary's life. There are however positive elements which can be used in psycho-correction. At present doctors observe a remission of the disease. Mary is being systematically monitored by having regular medical examinations done. The good relationship with her daughters and their support might contribute to an improvement. And finally, hobbies which she will pursue during further psycho-correction. Positive attitude towards other people and willingness to help are bound to help her overcome depression.

It should be pointed out that she still has a feeling of guilt because of her stay in the Soviet Union. Therapists should bear this fact in mind while performing psycho-correction. Logotherapy might appear helpful. Frankl⁶⁶ mentions here "tragic optimism". In other words, a man is and remains an optimist, despite "the tragic trio", which includes aspects of human existence – (1) pain, (2) blame and (3) death. Tragic optimism is the optimism we have preserved despite a tragedy (in Mary's life such a tragedy occurred). A potential which a man is endowed with (Mary is characterized with such a potential) can (1) convert suffering into success and achievement. It can also help her to (2) find a chance for a better change despite the mistake she has made and (3) see motivation for proper activities in the transitional nature of life.

We will continue our meetings with Mary and hope to achieve affects that Frankl mentions. Frankl explicitly states that optimism is not anything that can be easily steered. Nor does it appear instantaneously. Sometimes it is difficult or even impossible to show sheer optimism, considering the circumstances. We should bear all that in mind. Nevertheless, the fact that Mary managed to get rid of suicidal tendencies, in spite of so many life adversities, sounds very optimistic. We have already achieved a success and hope to have many more such positive experiences.

⁶⁶ Frankl, V.E., (2009), op. cit.

Late adulthood and anxiety

Introduction

As Jan Paweł II¹ wrote, on the one hand an elderly person is now relegated to the margins, while on the other he or she is needed. All this indicates a lack of balance typical for the social model subordinate to the laws of economics and profit, which have tendencies to discriminate “unproductive” members of society, as it draws more attention to the usefulness of the man than to his intrinsic value.

Social, economic transformations, medical progress, and most of all the scientific and technical progress make seniors find themselves in a new, complicated reality, which is characterised by such phenomena as: the decline of living standards caused by the economic crisis, rising prices and costs of living and inflation, the collapse of housing, as well as the lack of places in nursing homes for the elderly and the limitation or elimination of some social benefits for seniors. There appear questions about the place of older people in the society, family and institution, to which many researchers in Europe tried to find the answer, among others, Jung, Bühler, Birren, Kastenbaum and Szuman, Pieter and Szewczuk in Poland.

The interest in the issues of old age belongs to the relatively young areas. Its beginning dates back to 1969, when the University in West Virginia organised the first I conference under the theme of psychology life span.² Only in the 20th

¹ Jan Paweł II, (1999), *Ludzie starsi są potrzebni*, Anioł Pański, Castel Gandolfo, 25 July 1999.

² *Psychologia rozwoju człowieka. Charakterystyka okresów życia człowieka*, (2003), B. Harwas-Napierała, J. Trempała (eds.), PWN, Warszawa.

century detailed research was undertaken on aging and social institutions were created for the elderly. A new study of the old age was created, called gerontology, one of whose departments, the gerontological department, deals with the problems of social relations proper for the old age and geriatrics, meaning the study of the treatment of the elderly.³

The constantly growing interest in this issue is undoubtedly connected with the demographic fact of the quickly progressing aging of the societies of the most developed countries in the world. According to the UN data the population is considered to be old, if more than 7 percent of the population is 65 years old. According to the adopted scale, today Europe is the oldest in the world population. In Poland the age factor has exceeded 12% and is slightly higher for women than men.⁴

Currently, there are about 580 million people worldwide over 60 years of age worldwide, including 355 million in the highly developed countries. It is expected that in 2020 the total of older people will reach 1 billion, and in the richest countries it will exceed 700 million, which will constitute about 30% of the whole population. (Report of the World Health Organisation, 1999, p. 3) A similar tendency is emerging in Poland, where according to the CSO data – after 2025 the number of older people will exceed the number of young people (to 18 years of age). The forecasts also assume that until 2050 the age of 60 and more will be achieved by one person in five. At the same time, each year we observe the increase of people who exceed 90 years of age.⁵ Thus, as B. Harwas-Napierała⁶ writes, the old age is as important stage of life as any other, and the cognition of psychological processes of aging is the contribution to deepen the general knowledge about the man. It is important to live long, but the quality of life is no less important. It is therefore the physical and mental well-being, good health and such use of the mental reserves that make the old age a satisfactory period.

³ Pastuszka, J., (1999), *Starość człowieka. Rozważania psychologiczne*, "Ethos. Kwartalnik Instytutu Jana Pawła II KUL w Lublinie i Fundacji Jana Pawła II w Rzymie" 47.

⁴ Kowalewska., A., Jacewski, A., Komosińska, K., (2005), *Problemy wieku starczego*, [in:] A. Jacewski (ed.), *Biologiczne i medyczne podstawy rozwoju i wychowania człowieka*, Wydawnictwa Szkolne i Pedagogiczne, Warszawa.

⁵ *Seniorzy w rodzinie, instytucji i społeczeństwie. Wybrane zagadnienia współczesnej gerontologii* (2005), A. Fabiś (ed.), Wydawnictwo Wyższej Szkoły Zarządzania i Marketingu, Sosnowiec.

⁶ *Psychologia rozwoju człowieka. Charakterystyka okresów życia człowieka*, (2003), op. cit.

Psychological portrait of a man in the phase of late adulthood (aging and old age)

In the process of civilisation, according to A. Kowalewska⁷ the relation to the old age and older people has undergone various changes. From eliminating unproductive people in primitive civilisations, through the system of protecting the being, through rents and pensions, to the health systems and providing decent living conditions. Attitudes of the society towards the older people, according to M. Susłowska⁸ depend on many factors – historical, cultural, and economic. These factors also include the age of the people, to whom old age means something different in different periods of life, and the environment, which, depending on its character, marks out other places to the older person.

D. Schmidt and S.M. Boland⁹ presented three groups of positive stereotypes of the older people:

* **model grandfather** – wise, understanding, needed, happy, alert and lively, healthy and active, enjoying life, smooth in the family life, brave, generous, family oriented, helping others, willing and surrounded by young people.

* **sage** – intelligent, interesting, dealing with great, important things, loving, focused on the future, telling the stories from the past.

* **liberal mother or father of the family, patriarch** – emotional and social maturity and “living the life of the children”, rich and dignified, patriot, not fond of fisticuffs, frustrated due to retirement.

Unfortunately, according to A. Zych¹⁰ much often the social stereotype of old age and an older person is connected with the discrimination and superstitions because of their age. According to this image, an old person in social perception appears as a somewhat sickly and decrepit person, not able to work and without any financial means, thus requiring constant help and care; parallel, the elderly are often perceived as socially isolated and isolating themselves from the family, social life and society in general; and, finally, the elderly people are often said to

⁷ Kowalewska, A., Jaczewski, A., Komosińska, K., (2005), op. cit.

⁸ Susłowska, M., (1989), *Psychologia starzenia się i starości*, Państwowe Wydawnictwo Naukowe, Warszawa.

⁹ Schmidt, D., Boland, S.M., (1986), *The Activation of Aging Stereotypes In Younger and Older Adults. Structure of perceptions of older adults. Evidence for multiple stereotypes*, “Psychology and Aging”, Washington.

¹⁰ Zych, A., (1995), *Człowiek wobec starości. Szkice z gerontologii społecznej*, Interart, Warszawa.

be a burden and unable to lead an independent and meaningful life. R. Bartel¹¹ described specific myths about aging and old age. One of them is abandonment and loneliness of an elderly man, the progressive conservatism and lowering over the years of the possibility of achievements. Old age is also often associated with diseases and deterioration of health; in a straight line it means the biological degeneration, which is often accompanied by atherosclerotic disturbances in the brain. Psychological and psychiatric myths assume that in the elderly age group a man loses the ability to make accurate decisions and solve problems, his development is inhibited and he is unable to continue learning, which leads to the gradual loss of memory. Therapeutic intervention in the elderly age is not very effective due to the stiffening mental state of the elderly.

Characteristic features of aging

Aging, as noticed by K. Wiśniewska-Roszkowska¹² does not proceed uniformly in all societies in the world. We can notice great differences depending on the race, climate, lifestyle and external factors. Depending on this, there appears a different pattern of aging, meaning the relation between the calendar age and the so-called biological age. For Caucasians and Europeans this pattern is that aging is considered as the calendar age between forty and seventy years of age, and old age is the age after seventy. According to the classification of the World Health Organisation¹³ old age is divided into three sub-periods:

- 60. to 75 years of age – advanced age,
- 75. to 90 years of age – senile age,
- 90. years of age – old age.

From the studies of J. Rembowski¹⁴ it results that there is no specific moment in the human life which could be determined as the beginning of old age. As old age is not something tangible nor specific it does not come overnight. Therefore, old age is a result of a longer process ongoing in the organism of a mature man and it consists of the deterioration of health. Over time, irreversible changes appear in the person's organs, and as a result the system becomes gradually unable to resist the life stresses connected with existence. The phenomenon of biological

¹¹ Bartel, R., (1986), *Geragogik – ein Aufgabenbereich der Heilpädagogik. Survey – Studie zur Problematik alter/alternder Menschen aus heilpädagogischer Sicht*, JLU, Giessen.

¹² Wiśniewska-Roszkowska, K., (1989), *Starość jako zadanie*, Instytut Wydawniczy Pax, Warszawa.

¹³ WHO Report of 7 April 1999.

¹⁴ Rembowski, J., (1984), *Psychologiczne problemy starzenia się człowieka*, PWN, Warszawa-Poznań.

changes in the period of aging has the multidirectional and diversified character. This means that a particular system of the body grows old disproportionately and at different times, and their ability to compensate is different. Aging is understood as a process that dynamically touches the whole person, so both his body and psyche. A. Kowalewska¹⁵ has a similar opinion that the process of aging is also influenced by the social and psychological factors which influence the personality of a person and their emotional and spiritual life.

SOCIAL AGING

The process of aging depends greatly on how the person finds themselves in new life roles. What will be their place in the family and what attitudes towards older people prevail in the society in which they live. In old age especially two events are important: retirement and death of a spouse.

As J. Strelau¹⁶ thinks, retirement means the end of professional career and for most people is not an easy decision. Some people, trying for this transition to be smooth, still want to work part time. Retirement is an event, which occupies a high position (10th place) in the scale of the most stressful life events. It is connected with the change of lifestyle and organisation of new relations with the family, friends in a wider social environment. Individual assessment of retirement depends on the relation to work – the higher the relation to work, the more difficult the departure is. It also depends on the easiness of finding the continuity of life after retirement (staying in touch with colleagues, having a hobby, accomplishing social functions). Directly after retiring, one may experience pleasure and hope to accomplish previous goals and plans. With time, however, it turns out that the tasks performed when retired are less interesting than they seemed, which may lead to disappointment. That's why it is so important to gradually accept retirement, which takes place through the gradual phasing out from certain areas of professional and social life, with the simultaneous activity and productivity in others. Slow withdrawal from professional life and negative assessment of past years cause in the elderly the lowering of the image of themselves, which in turn leads to the feeling of threat, depression and an increase in the level of anxiety. Positive evaluation of your life may be the reason to be proud and enables coming to terms with people and events, which took place. An important element in the life of the elderly is also the fulfilment of the role of grandparents, which

¹⁵ Kowalewska, A., Jaczewski, A., Komosińska, K., (2005), op. cit.

¹⁶ Strelau, J., (2003), *Podstawy psychologii*, Vol. I, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

is a part of building the sense of their own identity. In family, grandparents are usually perceived as the people being lenient towards grandchildren, having wise advice for adult children and shaping the consciousness of the generation continuity in the family.

Another unfortunate consequence of long life is that you outlive many friends and family members, as well as your spouse, which can be an extremely traumatic event, placed the first among stress factors. The problem of widowhood after 60 years of age more often affects women (50%) than men (15%). The reason of the disproportion is higher longevity of women and the great number of marriages, in which the husband is older than the wife. Usually in this situation men cope worse than women, however, this depends on the strength of the relationship and activity in the circles outside the family. It is important that in the elderly age the man has a group of friends, with whom he can meet and a hobby, which will allow him to develop and spend time with satisfaction. After the death of a spouse, both widows and widowers go into new relationships, however men have greater chances for new relationships.

The place of older people in the society

Along with the advancement of age we can observe a number of changes in the man's body, both in the biological, mental and social area. These changes are multidirectional and occur as a result of losing the current status. Many older people are affected by various kinds of diseases, or even disability, as a result of which they are no longer able to take care of themselves. Then questions appear: what happens now? Who will look after the old grandmother or grandfather? Sometimes these duties are taken over by the family, taking the older person to their place. However, living together in one flat with the old father or mother, grandmother or grandfather, can become a problem, and the difficulties connected with that are so big that families more and more often try to place the old parents or grandparents in social service institutions.

Relations with relatives

The family, as J. Piotrowski¹⁷ believes, fulfils an important role in the life of older people. Thanks to that many have the means to live and a shelter, care and warm environment. Many older people can lead an independent life and main-

¹⁷ Piotrowski, J., (1989), *Miejsce człowieka starego w rodzinie i społeczeństwie*, PWN, Warszawa.

tain their independence only because their family completes their strengths and means, and provides help in sickness and need. Many older people live near their children, so that they can keep in regular contact and, if necessary, get help. However, in a situation when independent living is no longer possible, some old people move in together with their children. In such a situation, we should remember that many difficulties may come up when living with an older person, especially a sick one. If the older and younger people surrender to them passively, mutual animosity can arise among the family members and nobody is aware what it is happening.

INSTITUTIONAL CARE

M. Susłowska¹⁸ writes that older people are more and more frequently placed in nursing homes. The reason for this is often bad housing situation, connected with the objective inability to provide the older person with proper care. This especially happens when the older person loses the ability of independent coping with daily activities and requires constant help, which the family cannot provide, as adult children work, and grandchildren go to school. In such situations, the only solution seems to be the placement of the older person in the so-called Retirement Home. Obtaining a place in such a home is not an easy thing, because their number, in comparison to the general number of elderly people, is relatively small.

J.S. Tuner¹⁹ claims that many older people are afraid to stay in such a place, as it raises their conviction that they are completely useless to society. They are afraid of losing independence and being forgotten by their close ones. Moreover, placement in the institution is a formal proof of imminent death. For many older people adapting to the institutional care is very difficult and often results from the desire of remaining in the familiar environment, close to family and friends. Older people often have never heard a good word about nursing homes, so it is not surprising that they do not want to go there. But many houses have a good reputation. You also have to be aware that numerous benefits coming from this care, such as immediate health care in case of a sudden deterioration of health, company, more regular and nutritious meals, forms of organised activity, etc. There are different forms of care, depending on the level of functioning and the needs of older people. These are

¹⁸ Susłowska, M., (1989), *Psychologia starzenia się i starości*, PWN, Warszawa.

¹⁹ Tuner, J.S., (1999), *Rozwój człowieka*, Wydawnictwa Szkolne i Pedagogiczne, Warszawa.

houses of specialist care, nursing homes, permanent residence centres and day care centers.

Specialist care centres. In these homes residents are provided with continuous medical care. For this reason, specialist centres are suitable for people with chronic diseases, such as: strokes, heart diseases or rheumatism. Patients of these centres can be also bedridden, requiring frequent administration of drugs, catheterization or orthopaedic care.

Care facilities. In these houses the emphasis is placed more on personal care, and to a lesser extent on medical help. A typical patient of this kind of facility is neither severely ill nor bedridden. Yet they often need help with routine daily activities, such as eating, getting dressed or walking.

Residence centres. They are designed for older people who need safe and secure environment to live. These centres provide professional services connected with running the household.

Day care centres for adults. In these centres older people keep their own flats, but they get medical support and help in medical centres. Apart from medical care, these facilities offer a wide scope of programs – meals, travels, exercises and various forms of social activities. Some of these centres also offer day care for children, thus creating a unique mixture of young and old people.

The increasing number of older people, which is caused not only by the progress of medicine (which was followed by the extension of human life), but also by progressive limitation of the number of births, led to a number of specialists trying to improve the conditions of institutional care especially its mental and social aspect. Some efforts are also made to stimulate new relations, which could replace the ones lost as a result of aging or a disease. The social integration of people staying in nursing homes for a long time is a very serious problem, especially if we want to avoid social isolation and breaking emotional bonds. Patients of the facilities should participate in setting the rules relating to their living situation. Gaining a sense of control is the basic condition of the patient's good self-image and their sense of identity. Furthermore, professional qualifications of the institutional personnel and doctors who have contact with patients of nursing homes are increased.

EMOTIONS OF THE ELDERLY

From the studies of T.A. Salthouse²⁰ results that at old age people experience numerous changes, which affect virtually every area of life. This applies not only to appearance (meaning the external signs of the body's aging), but most of to all mental functions, which with age get impaired. Also the studies of J. Strelau²¹ showed a negative impact of aging on the process of attention, the ability to synthesize information about an object is also decreased. The attention span gets worse. Older people get tired more quickly and they start making mistakes while performing a task. The time of reaction gets longer, and this process is clearer in tasks requiring a more complex answer. At 60 years of age or older there may appear a clear deterioration of intellectual functioning. With age, fluent intelligence is reduced, which is connected with the innate intellectual competence, while crystallized intelligence, meaning the competence acquired during education, shows a tendency to grow or remain on the same level during the whole adult life. A.I. Brzezińska²² thinks the processes of aging force the change of lifestyle, moreover, older people experience many unpleasant situations. They often have to confront the social stereotype of an elderly person. In the stereotypical conception, an older person is one who should not do many things anymore. Such imaginative and symbolic restrictions may add to the genuine difficulties and weaken the motivations of older people to undertake various activities. According to the theory of social-emotional selectivity, the ability to regulate the quality of emotions increases with age. Regulation of emotions means, in this case, the ability to maintain positive passion and minimise or fade the negative one. According to this theory, people in a conscious – and also unconscious – way are aware how much life is ahead of them, and the shorter the time, the greater attention is put on emotional passions of life. Young people, who feel that they have many years ahead of them, focus on searching for information and broadening their horizons. If, however, there appears a sense of time limitation, people focus on emotionally positive experiences. This phenomenon also applies to young people, who know that

²⁰ Salthouse, T.A., (1985), *Speed of behavior and its implications for cognition*, [in:] J.E. Birren, K.W. Schaie (eds.), *Handbook of the psychology of aging*, Elsevier, New York.

²¹ Strelau, J., (2006), *Psychologia. Podręcznik akademicki. Podstawy psychologii*, Vol. I, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

²² *Psychologiczne portrety człowieka*, (2005), A.I. Brzezińska (ed.), Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

there is not much time left for them. The theory describes most of the changes of emotional regulation, which appear in most people with age. The followers of this theory cite data about feeling a smaller number of emotions connected with depression or anxiety by the elderly than the young, as well as about the greater satisfaction of the elderly and about the fact that in the late years the moments of negative moods last shorter. In the older age only the frequency of feeling the positive passion, meaning excitement, decreases. Older people have a greater ability to control, both the external manifestations of their emotions (they can hide them effectively), and their subjective perception (they enhance and prolong positive emotions, according to their own will). However, when they answer questions about how they achieve such results, the majority of them answers: "I just do not think about it".

CRITICAL EVENTS OF OLD AGE

Speaking of critical events in ontogeny A.I. Brzezińska²³ writes that when facing old age a person needs to come to terms with many changes: internal appearance, external one, but also in the psyche. One must also live with the fact that many young people look at them and evaluate them stereotypically, often in a one-sided and negative way defining them as old and disabled, not needed by anyone and sick. Apart from that, the aging person must accept this decline of powers and fitness, which is connected with the fear of incompetence towards everyday matters and the necessity to become dependent on other people, their help, good will and good mood. Apart from the already mentioned characteristic symptoms, the elderly often have to face many unpleasant situations, which can evoke violent emotions, like for example loneliness and giving ground, either in the professional or family circle, various kinds of diseases, both those which appeared much earlier and are still in progress, and those diseases connected with old age.

Old age is also connected with the death of a spouse or other loved ones, which is an extremely traumatic experience. Anxiety, loneliness and awareness of the impending death appear. To this we can add the necessity to come to terms with not working which can cause anxiety of insufficient material protection.

²³ Ibidem.

Problem and method of studies

The goal of the studies was evaluation of the structure of the severity of fear in the elderly, living in a social welfare institution. The hypothetical assumption that *the level of anxiety, both as the condition evoked by the situation (x-1), and also as a relatively constant personality trait (x-2), in older people is variable and depends both on biological factors: life age (≤ 60 ; $61 - 70$; $71 \geq$), and gender) and socio-demographic: marital status, education, length of stay in the facility (≤ 2 ; $3 - 5$; $6 \geq$) – was verified on the group of 32 patients, with the application of the self-assessment questionnaire STAI by Spielberger, Strelau, Tesarczyk and Wrześniewski.²⁴*

Analysis of test results

LEVEL OF ANXIETY AND GENDER

The study showed that gender is in direct relation with the level of anxiety in people staying in social assistance centres.

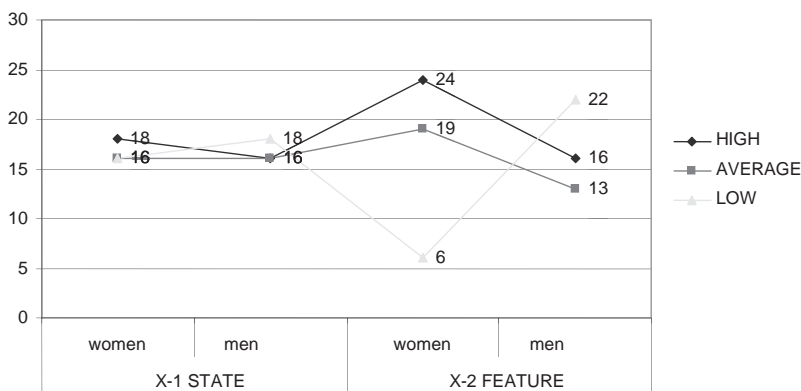


Fig. 1. The level of anxiety as state (X-1) and as feature (X-2) in the examined women and men

²⁴ Sosnowski, T., Wrześniewski, K., (1987), Inwentarz Stanu i Cechy Leku (ISCL). Polska adaptacja STAI. Podręcznik, Pracownia Testów Psychologicznych, Warszawa.

Both men and women experience anxiety similarly. However, women as a naturally weaker and more delicate sex exhibit greater symptoms of anxiety than men. This results from the fact that they are more emotional and sensitive. The loss of a beloved one leads to uncertainty, longing and fear for themselves and their future.

LEVEL OF ANXIETY AND AGE

The level of intensity of situational fear increases with age, because the older the person, the more infirm they become. It's not only their external appearance that changes, but also the image of mental functioning, and their psychomotor capabilities. So he requires more help and care of other people, older people with age become less and less resourceful in life.

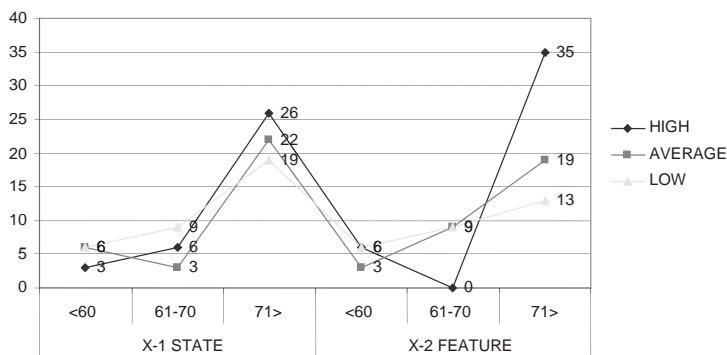


Fig. 2. Comparison of the level of anxiety as state (X-1) and as feature (X-2) in respondents of all ages

Along with retirement, they lose not only contact with friends, but most of all the majority of financial resources and already then fear about the future and how they will cope without money appears. To this we can add also the loss of the loved ones, the death of a spouse, suffering and loneliness, the fear of being left and of the ruthlessness of the modern world and people. Older people worry about their being and whether whether they will cope with everyday duties.

LEVEL OF ANXIETY AND EDUCATION

We can observe some discrepancies of the obtained results when it comes to the level of fear as the state occurring in a situation and fear as a permanent personality trait in individual respondents with different levels of education. People with primary education have a rather low level of anxiety as the state occurring in a situation and high and average (equally – 29%) level of anxiety if it is a permanent personality trait. This is perhaps because with age a person with only primary education experienced more uncertainty in earlier stages of their life than people with better professional education.

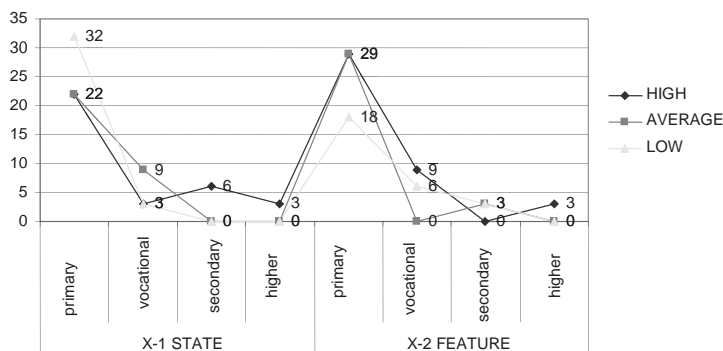


Fig. 3. Comparison of the level of anxiety as state (X-1) and as feature (X-2) in respondents with various education

Now, being aware of own, present weakness, when they will not be able to perform the simplest activities and they will be sentenced to the help of other people. This does not change much in their subjective perception of the world. They live the present day, they do not make long-term plans, which would be the accomplishment of needs going beyond their existence.

LEVEL OF ANXIETY AND MARITAL STATUS

The largest group of the respondents from the sub-group of misses/bachelors are people characterized by a low level of anxiety as the state occurring in a situation. This is because unmarried people for their whole life could count only on themselves and they did not share the hardships of the everyday life with

the loved one. Over the years of being lonely they learned to cope on their own in life, to make important decisions, and they were responsible for their results. For them in old age nothing has changed because they are still alone, they know they have to cope and that's why they do not feel such a strong fear like e.g. widows/widowers, who lost a loved one, with whom they have spent their whole life, with whom they have made all important decisions, with whom they were close and without whom they often cannot imagine their lives. After the loss of a spouse it is hard to cope on your own, there appears the fear about the future, because how can one cope on your own in life. And although life without the support of one's life partner is difficult, life must go on and you have to cope on your own. Hence, perhaps 13% of people from the subgroup of widows/widowers is characterised by high fear and 19% by average fear as the state occurring in a situation and 16% as high and average fear as a personality trait.

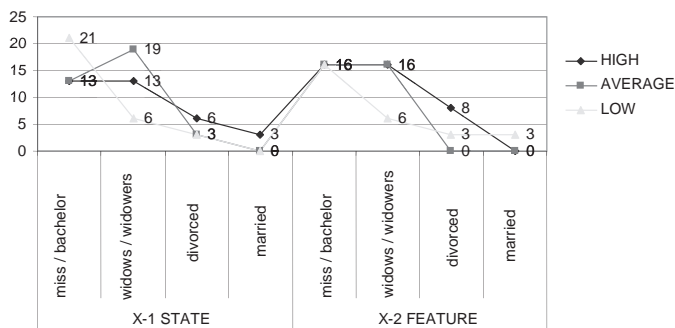


Fig. 4. Comparison of the level of anxiety as state (X-1) and as feature (X-2) in people with various marital status

When it comes to the subgroup of the divorced, then both in case of anxiety as a state and feature the largest group includes people with high fear. These are mostly men, and everyone knows that women do the housework and organise life. Men often due to the assigned social role in family have problems with the easiest house tasks, they are less resourceful, and with age their anxiety about the future increases.

LEVEL OF ANXIETY AND THE TIME SPENT IN SOCIAL WELFARE CENTRES

The analysis of the obtained results suggests thinking about a certain apparent paradox. Nursing homes seem to be a good and safe solution to protect the being of people in old age. Many older people are helpless in life, they live in difficult conditions, they often require medical care, rehabilitation and other people to perform daily activities, they often lack money for the basic necessities, like medicine or food, and in a care centre they can get comprehensive help. And only not being a patient of such a facility or at the beginning of the stay, this asylum eliminates the feeling of anxiety caused by the “service” of help offered by the social welfare centre.

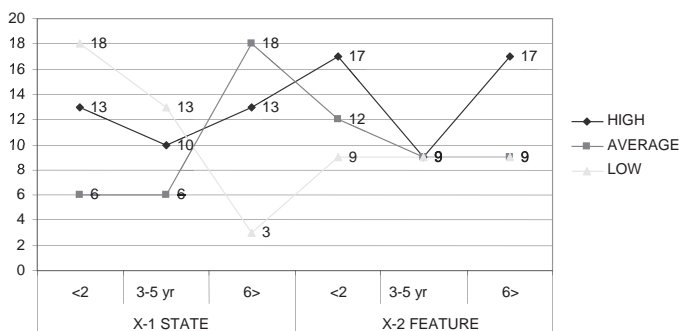


Fig. 5. Comparison of the level of anxiety as state (X-1) and feature (X-2) in respondents with various time of the stay in the social welfare centre

It turns out, however, that the longer a person stays in the centre, the higher is their level of situational anxiety. This happens for several reasons. People, who live in the social welfare centre (ops) long enough to see that housing conditions are good, that food is tasty, that there are doctors, nurses, physiotherapists, that they may continue their hobby, habits, that they can go to church, that they have friends there at a similar age, etc., do not have to be afraid about their future – however, if they are aware of this, they miss their old life. Not the conditions of the aid institution but the past, own past and real duration in memories, trinkets, past, youth. People, who have always been alone, without the presence of a life partner, find it difficult to cope with this change of situation, that they have to find themselves in a group, they often

do not cope with the new situation, and we know that the elderly have their habits and customs, which are difficult to change. While widows/widowers and divorcees easier forget about their worries, they stop bothering themselves with remorse, and talking to people at a similar age helps them accept the new situation and a new place.

Discussion

Along with the advancement of age both human body and psyche change. There appear diseases, both those, which are the continuation from previous years of life, and those, which are the result of the old age. In addition to this, the necessity to get help of other people arises especially in performing the easiest home activities. Another thing are the financial problems connected with the loss of the main source of income and retirement. Another thing causing stress is the death of a spouse and then comes the consecutive loneliness, suffering and fear about oneself and the future. To their disadvantage also are contemporary negative stereotypes of an older person who is presented as old, disabled and not needed by anyone. Older women seem to be more emotional and sensitive than men. They engage more and thus they experience everything more intensely, especially the loss of the loved ones. After their loss they feel loneliness, abandonment and fear about themselves and the future. Education turned out to be an important variable also in the sense of emotional safety at old age, as remote in effects professional experience influencing the social functioning. Also experiencing the everyday life²⁵ in formal and informal relationships of both sexes or the social-emotional functioning outside these relationships, gives specific consequences in the image of the situational anxiety in phases of late adulthood. The presented reference from the studies is also a chance to reflect on the sense of life quality, evoked situational anxiety, people in the phase of aging and old age placed in nursing homes. The statutory offer of these centres not always has the desired, intended aid result in the subjective, personal reception of older people to whom it is addressed.

²⁵ Derbis, R., (2000), *Doświadczanie codzienności*, Wydawnictwo AJD, Częstochowa.

Adam Perz

Pastoral care of the elderly

The priest must be aware of problems concerning older people, which can make his care fruitful. Among the problems experienced by them are the disease, suffering and the issue of spending free time. The activities organized by priests result from the discernment of the environment of the elderly. Other activities are aimed at the sick and suffering in order to make them more active in life.

1. The experience of old age

The issue of old age is very individual. There are elderly people who cannot accept the fact that their lives are moving inexorably towards the end, and if they have been affected by disease, suffering or loneliness they do not know how to deal with these problems. But there are also the elderly who are going through the last stage of their life being healthy, cheerful and able to use their time optimally.¹ Therefore it is necessary to indicate the problems regarding the way of living in old age. The first issue which will be taken up is the experience of pain and illness, and then the problem of the way of spending free time.

¹ Old age does not reduce the possibilities of a man, but it gives the possibility of changes. These changes are dependent on the situation, state of health or financial status. For some it may mean the abandonment and complete withdrawal from active life ("I do not have energy for anything", "I can do nothing"). However, others, completely fail to see the changes in your life ("not resign of anything", "not withdraw from anything"). Both attitudes are negative and are not worthy of emulation. Cf. Braun-Gałkowska, M., (1985), *Psychologia domowa*, Warmińskie Wydawnictwo Diecezjalne, Olsztyn, p. 163.

A/ SICKNESS AND SUFFERING OF THE ELDERLY

Health and disease (including pain that often accompanies it), belong to the content of human life. Health is a highly desirable value (it is not a fortuity that among our wishes in the first place is usually “health, because it is the most important”). What is health? It is not easy to define it.² The most general definition is that, used by the *World Health Organization* (WHO): “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.³

Starting from this definition, it can be assumed in general terms, that the disease and pain are the opposite states to health. Human diseases cannot be seen only in a biological aspect because they touch the whole person. “The disease is not only pneumonia or carcinomatosis tissue, but also a mental disorder that sometimes «does not hurt» and the patient may even not be aware of it, on the contrary, the sickness may manifest itself in the form of feelings of happiness and euphoria. The disease, above all, means limited capacity or no possibility of realization of personal and community values”.⁴

The Catechism of the Catholic Church states that “Illness can lead to anguish, self-absorption, sometimes even despair and revolt against God. It can also make a person more mature, helping him discern in their life what is not essential so that they can turn toward that which is. Very often illness provokes a search for God and a return to him”.⁵ Therefore suffering and illness are an opportunity to deepen spiritual life and relationship with God. Priests should be aware of these issues and answer the needs of the sick and suffering.

B/ ORGANIZATION OF POST-RETIREMENT ACTIVITIES

A person who was active professionally and used to go to work every day for several decades (with the possible exception of Saturdays and Sundays), after

² About difficulties in constructing the definition of health and about health in the clinical, medical, personalist, biblical and theological dimensions cf. Wróbel, J., (1999), *Człowiek i medycyna. Teologicznomoralne podstawy ingerencji medycznych*, Wydawnictwo Księży Sercanów, Kraków, pp. 137–158.

³ Cit. by Poznańska, S., (1993), *Zdrowie*, [in:] M. Barczyński, J. Bogusz (eds.), *Medyczny słownik encyklopedyczny*, Oficyna Wydawnicza FOGRA, Kraków, p. 491.

⁴ Wróbel, J., (1999), op. cit., p. 164–165. More information about the clinical, medical, personalist and biblical-theological trait of disease cf. ibidem, pp. 158–176.

⁵ *Catechism of the Catholic Church*, no. 1501.

retirement finds oneself in a completely different reality. Suddenly they may begin to feel emptiness in their life.⁶ An excess of free time can overwhelm them, and even cause a personality crisis.⁷ Free time can be a real chore. It happens that some people cannot fill and organize this time. There may appear a temptation to reach for alcohol or suicide.⁸ How should the transition into old age be made to experience joy and fuller development of the internal?⁹ What to do to make the evening of life a peak period of human life¹⁰?

Retirement is primarily the time of searching and being with God, the time of contemplation, concentration and deep prayer.¹¹ This time should be used in the right way, to rediscover the meaning of life and its value through prayer, suffering, solitude and contemplation. Moreover, it indicates new values, a new way to true happiness.¹²

Old age is an opportunity to a more complete moral and spiritual development, to deepen the relationship with God, but also to improve the involvement in the affairs of the local community and parish. This is understandable, because earlier professional involvement on the one hand, and the care of family matters on the other, did not allow for participation in social life and the life of the Church. So here comes the time to complement these deficiencies. Working for others, for the common good may make sense to further human life. One, who cannot give degrades oneself in their own eyes and feels useless and like a burden which does not give anything to others.¹³

⁶ There are retired people who take a job mainly for the reason that they want to prevent a void that occurred in their lives after leaving work. Cf. Klucznik, R., (1978), *Z problematyki starzejącego się mężczyzny*, "Ateneum Kapłańskie" 415, p. 237.

⁷ Cf. Dyczewski, L., (1981), *Rodzina polska i kierunki jej przemian*, Ośrodek Dokumentacji i Studiów Społecznych, Warszawa, p. 103.

⁸ Cf. Klucznik, R., (1978), *op. cit.*, p. 237.

⁹ Cf. Weron, E., (1984), *Jesień życia i Krzyż Chrystusowy*, "Communio" [Polish version] 4, p. 103.

¹⁰ Cf. Dudek, W., (1978), *Wieczór życia – szczytowy okres życia ludzkiego*, "Ateneum Kapłańskie" 415, p. 178.

¹¹ Cf. Philippe, T., (1997), *Starość*, "W Drodze" 11, p. 25.

¹² Cf. *ibidem*, p. 24.

¹³ Cf. Wiśniewska-Roszkowska, K., (1978), *Ludzie starzy we współczesnym społeczeństwie*, "Ateneum Kapłańskie" 415, p. 209.

Of course, here comes a time too to develop a hobby, take greater care of the body, physical prowess and shaping personality.¹⁴ This phase of life is the right time to pursue talents. Older man cannot just vegetate.¹⁵

Old age should be experienced in a positive way, otherwise spiritual damage can appear. Acceptance of age and the restrictions associated with it does not lead to stagnation, but it allows to open up to new things, to discoveries, and even to achieve something that was unreachable earlier.¹⁶

In view of the difficulties which appear during entering to the final stages of life, there is a demand for appropriate, preparation to old age, which should start much earlier than only when someone is already old. On the one hand, we can talk about self – preparation of people to old age¹⁷, and on the other, the Church has a great role in helping the faithful to prepare for the experience of old age. It is indispensable in the context of the prevailing culture of “young, beautiful and rich”. This culture relegates problems associated with aging, illness and dying to the margins of social life. According to it, only success, power, money, impudence and pragmatism have some value. In this “rat race” the needs of older people are often forgotten.

H. Wistuba defines aging as a task. If it is solved “old age will be at least as beautiful as a youth, and death will not be the end but the result”.¹⁸ If someone wants to live out their old age with dignity, they must first accept all the joys and sorrows that are typed into the nature of this period.¹⁹

¹⁴ Cf. Dyczewski, L., (1984), op. cit., p. 103; Żynel, A., (1984), *Sens życia*, “Communio” [Polish version] 4, p. 101.

¹⁵ Cf. Wistuba, H., (1978), *Starość – jak na nią patrzeć*, “Ateneum Kapłańskie” 415, p. 218. Active people live longer than their peers who lead inactive lifestyles. Cf. Klucznik, R., *Z problematyki starzejącego się mężczyzny*, op. cit., p. 238.

¹⁶ “Only conscious and positive acceptance protects a man from spiritual damage. The attitude of acceptance is justified by the fact that old age is not just something that irrevocably takes, but also enriches people’s lives positively. It also happens that an old man discovers his true calling, their life mission and he can make the most valuable achievements and inventions”. Weron, E., (1984), op. cit., p. 102. Some examples of prominent figures whose greatest works were created at the end of their life: Titian, Pavlov, Verdi, Goethe, Newton, Michelangelo. Cf. Wiśniewska-Roszkowska, K., (1978), op. cit., p. 209. Also in politics and in the history of the Church there were people who creating outstanding works towards the end of their life: Churchill, de Gaulle, Adenauer, Pope Jan Paweł II. Cf. *ibidem*, p. 205.

¹⁷ Man in advanced age should feel the need of self-education to the new role and moment. Cf. Romaniuk, K., (1987), *Samowychowanie do starości*, “W Drodze” 15, p. 48.

¹⁸ Wistuba, H., (1978), op. cit., p. 218.

¹⁹ Cf. Weron, E., (1984), op. cit., p. 103.

W. Dudek says: “old age cannot be an adventure, into which a man enters surprised and unprepared to meet it. Conscious, active and insightful shaping deeds, the creation of noble and peaceful way of life, a sober assessment of life, a real glimpse into the future without legitimate fears will be the best preparation for old age”.²⁰

The end of career and leaving the familiar environment of their work can disorganize life. A person may begin to feel uselessness, hopelessness, emptiness and meaninglessness. This crisis may be easier to the one who has prepared for this moment consciously, who plans life after retirement, who develops their interests and take social or other activities for the common good.²¹

Preparation for old age is necessary as it follows from the mistakes made by those who have entered into a “higher age category”. One of them is one who wants to be modern at any price, they want to participate in the life actively, go with the trends, which can lead to some complacency, but on the other hand, to fatigue and exhaustion. Their condition does not allow to follow the young. Hence it is necessary to accept their condition and its limitations, and otherness. The desire to pretend to be young, when someone is not, is not conducive to personality development but to existential distorting.²²

Retirement is also a period of new experiences, learning new roles in life: grandmother / grandfather, retired / pensioner or widow / widower.²³ Gradual preparation and implementing theory into practice are also needed for this.

2. Valuing of the elderly, the sick and suffering

The Church remembers that in a suffering man, Christ himself is present: “a suffering man is the way of the Church, because, first of all, he is the way of Christ himself, the Good Samaritan, who «does not pass it», but «moves deeply, walks up to him, bear his wounds [...] and takes care of him»”.²⁴ Therefore, the Church takes the service of the sick in the first place of the sacramental ministry. However, it is also important that the Church shows them, and not only them, the meaning of suffering, solitude and prayer using for this purpose also the Catholic (and not only Catholic) mass media.

²⁰ Dudek, W., (1978), op. cit., pp. 182–183.

²¹ Cf. Dyczewski, L., (1984), op. cit., p. 103.

²² Cf. Wistuba, H., (1978), op. cit., p. 213.

²³ Cf. Dyczewski, L., (1984), op. cit., p. 100.

²⁴ Jan Paweł II, “Christifideles laici” 53.

A/ SACRAMENTAL CARE

Frequent reception of the sacraments is vital. Especially important are Penance and Reconciliation and the Eucharist. Christian morality is the sacramental morality. If anyone turns away from the sacraments as a source of grace, the inevitable result will be descent out of the way of the moral law.²⁵ The priest has to do with the ill, chronically ill, disabled, those who remain in their family homes, but also with those who are patients of state institutions or private care providers over them. Depending on the place where the sick and suffering are staying, the priest should use appropriate forms of the pastoral impact, however, the main form remain sacraments.

Towards the sick who stay in their homes the sacramental pastoral practice is visiting them before Christmas and Easter, but it also happens that the priest goes to the sick even on a monthly basis (e.g. on the first Friday of the month). He gives the Sacrament of Penance and Reconciliation, Holy Communion, and where it is appropriate, which happens rarely, gives the Sacrament of the Anointing of the Sick. In connection with the last sacrament, it should be explained to the faithful that it is not the “last rite”. This name used to function in the past and contributed to the deposition of receiving the sacrament in the last moment of life. This mentality is still firmly rooted in many people. The Sacrament of the Anointing of the Sick can be received in old age, in sickness, in chronic disease, before surgery, by unconscious or mentally ill, if it can be assumed that under normal circumstances the person would like to receive the sacrament. It can be taken several times in a lifetime. So depriving them of this sacrament makes them lose their ability to obtain the power of God in their weakness.²⁶ This sacrament has the power to heal the human soul, but sometimes adds physical strength also.²⁷ St. James the Apostle says: “Is anyone sick among you? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise them up. If they have sinned, they will be forgiven” (James 5:14–15). In the way of the sacrament,

²⁵ Cf. de Haro, R.G., (1995), *La vita cristiana*, Milano, p. 607.

²⁶ “The sacrament of Anointing of the Sick has as its purpose the conferral of a special grace on the Christian experiencing the difficulties inherent in the condition of grave illness or old age”. Catechism of the Catholic Church, no. 1527.

²⁷ “The first grace of this sacrament is one of strengthening, peace and courage to overcome the difficulties that go with the condition of serious illness or the frailty of old age”. Ibidem, no. 1520.

the sick person is given “the grace of the Holy Spirit that helps the whole person to salvation, namely strengthening trust in God arms against the temptations of Satan and the fear of death. With this help the patient may not only endure the discomfort of the disease, but also to overcome them and regain health, if it is useful for the salvation of the soul. If it is necessary, the anointing forgives sins and becomes a complement to the Christian penance”.²⁸ It is worth noting that this sacrament has the ecclesial and community dimension.²⁹

For people who end their earthly life, the Church proposes the Eucharist as Viaticum. “The adoption of the Body and Blood of Christ at the time of the transition to the Father is of particular relevance and importance. In the words of the Eucharist of the Lord is the beginning of eternal life and the resurrection: «Whoever eats my flesh and drinks my blood has eternal life, and I will raise them up at the last Day» (John 6:54). As the sacrament of Christ, who died and rose again, it is the sacrament of the transition from death to life, from this world to the Father”.³⁰ The priest may celebrate Mass in the patient’s home. It is good in this situation to involve the immediate family and neighbours. A preach sermon directed to the person and his loved ones might take place in which the priest will explain the meaning of the disease and the ways of experiencing pain and loneliness, and also appreciate the family care and motivate them to continue the ministry of the Samaritan. In view of the fact that older people are often hard of hearing or are even deaf, it is important for the priest to arrange a voice amplifying device so that they can truly “live” the experience of the Eucharist. Mass is being celebrated in their home is a great experience for the elderly

Other people experience their illness, suffering, old age in hospitals, nursing homes, care and treatment institutions and hospices. In these places work chaplains who celebrate Masses, hear confessions, give the Sacrament of Anointing of the Sick and the Holy Communion. For these patients meetings on Christmas Eve are organized. Youths bring gifts to celebrate St. Nicholas day. Among them work people from different associations and ecclesial movements too.

²⁸ Sakramenty chorych. Obrzędy i duszpasterstwo, (2007), Księgarnia św. Jacka, Katowice, pp. 17–18.

²⁹ “By the sacred anointing of the sick and the prayer of the priests the whole Church commends those who are ill to the suffering and glorified Lord, that he may raise them up and save them. And indeed she exhorts them to contribute to the good of the People of God by freely uniting themselves to the Passion and death of Christ”. Vatican II, Konstytucja dogmatyczna o Kościele, no. 11.

³⁰ Catechism of the Catholic Church, no. 1524.

Special care should be given to terminally ill people living in hospices. Although, already in the ninth century BC, there was a hospice in Jericho, and the care of the needy was celebrated in ancient Rome, hospices' flourishing came with the development of Christianity. Hospices, called in that times shelters, took care of the sick, the dying, the poor and vagrants, providing them, apart from shelter, with medical care. The idea of Christian charity and Samaritan ministry began to fill in this way.³¹

Contemporary hospice movement and palliative medicine in Poland includes more than five hundred centers caring for terminally ill patients and their families in the form of home care, in stationary hospices, departments of palliative medicine and numerous clinics. There is also a hospice for children, support groups for people in mourning, psycho-oncology help centers and volunteering centers for hospice care.³² It is worth mentioning the huge role which is played by the volunteers engaged in hospice life.

B/ SHOWING THE MEANING OF SUFFERING

Pope Benedict XVI in his encyclical *Spe salvi* noted: "a society which is unable to accept the suffering and help them and by the power of compassion participate in the suffering, in the spiritual way too, is a cruel and inhuman society".³³

Appreciation of pain and suffering in the light of Christian doctrine is opposed to "cultural atmosphere, which does not see any meaning or value in suffering, but on the contrary, considers it to be the epitome of evil that must be eliminated at all costs, this is particularly the case in the absence of religious motivation that would help a person to discover the positive mystery of suffering".³⁴ Discovering the meaning of human suffering is the essence of ministry among people, especially in their terminal state. For many people it is not an easy task requiring intense spiritual effort. When faced with the reality of pain, they experience that suffering creates special space, which exists with a person, appears and passes away but sometimes, just the opposite, strengthens and deepens. In Each patient it is not only an element of this space

³¹ Cf. Wałdowska, K., (1999), *Od przytułku do hospicjum*, "Więź" 2, pp. 51–52.

³² Cf. Krakowiak, P., (2007), *Zarys historii ruchu hospicyjnego na świecie i w Polsce*, [in:] P. Krakowiak, A. Stolarczyk (eds.), *Ksiądz Eugeniusz Dutkiewicz SAC. Ojciec ruchu hospicyjnego w Polsce*, Fundacja Hospicyjna, Gdańsk, p. 244.

³³ Benedict XVI, *Spe salvi* 38.

³⁴ Jan Paweł II, *Evangelium vitae* 15.

but, by personal tragedy, it can become a whole- complete and unique. There is a belief that suffering can have personal character. Christian afflicted with sickness, whether in the bodily dimension, spiritual or social, receives from Christ and the Church help in the form of the Word and the sacraments, which in its consequences includes salvation from the suffering and strengthening in a difficult personal situation. Therefore, a person of genuine faith should be guided by an attitude of confidence and hope, which makes it easier for him or her to endure the hardships of disease.³⁵

Unification with the cross of Christ is an integral part of the Christian life. Calvary preceded the Resurrection and Pentecost. A similar process should be realized in the life of every Christian.³⁶ “The mystery of suffering is part of the inscrutable ways of God’s work in souls”.³⁷ The most adequate answer concerning meaning of human suffering gives theology, which is based on Scripture. A very important document, which tackles the subject of suffering, is the Apostolic Letter of Pope Jan Paweł II from 1984 *Salvifici doloris*. The pope refers to the biblical story of Job, afflicted with suffering, but first of all, to the person of Jesus Christ and his work of salvation which lets penetrate the meaning of suffering. Jan Paweł II writes: “Christ will allow us to enter into the mystery and discover the «why suffering», if we are able to grasp the grandeur of God’s love”.³⁸ In the cross of Christ and His atoning death for sinful humanity is the key and light to a more complete understanding of the value of human suffering. Christ’s victory over the disease, and other human suffering is done not only by their removal by miraculous healings, but also by voluntary and innocent suffering during the Passion of Christ, which gives everyone the opportunity to join it. Indeed, the same Christ, who though is without sin, endured in his passion all kinds of suffering and pains, and took upon Himself the suffering of all men, went this way to fulfill what is written about him by the prophet Isaiah (cf. Isaiah 53:4–5). What is more, in the Cross of Christ, not only the redemption accomplished through suffering, but human suffering itself has been redeemed. By accomplishing the Redemption through suffering, Christ has also raised suffering to the level of Redemption.

³⁵ Cf. Kalinowski, M., (2002), *Towarzyszenie w cierpieniu. Posługa hospicyjna*, Polihymnia, Lublin, p. 82.

³⁶ Cf. de Haro, R.G., (1995), *op. cit.*, p. 600.

³⁷ “Il mistero del dolore fa parte delle vie imperscrutabili dell’azione divina nelle anime”. *Ibidem*, p. 602.

³⁸ Jan Paweł II, *Salvifici doloris*, no. 13.

Because of this, in every human suffering every person can become a sharer in the redemptive suffering of Christ.³⁹

“Saint Paul writes: «Now I rejoice in what I am suffering for you, and I fill up in my flesh what is still lacking in regard to Christ’s afflictions, for the sake of his body, which is the Church». So the apostle Paul wrote that in another letter asking its recipients: «Do you not know that your bodies are members of Christ?». In the Paschal Mystery Christ gave rise to the union of men in the community of the Church. The mystery of the Church is expressed in the fact that in Baptism, which conformed to Christ, and then through the sacrifice of Christ, sacramentally in the Eucharist, The Church constantly built up spiritually as the Body of Christ. In the Body of Christ the Church wants to be united with all people. In particular it is united with those who suffer. The quoted words of the Letter to the Colossians indicate to an exceptional nature of this unification. This is because the ones who suffer in the union with Christ – as this union eliminates «affliction» – this not only draws from this power of Christ we talked about before but this also «completes» with his suffering «deficiencies in the afflictions of Christ». This Gospel picture highlights the truth about the creative nature of suffering. The suffering of Christ created the good of the Redemption of the world. This goodness is in itself inexhaustible and infinite. No man can add anything to the good of redemption. However, at the same time in the mystery of the Church as his Body Christ somehow opened his own redemptive suffering to every suffering human. If a person becomes a member of the sufferings of Christ, anywhere in the world and time in history, then they complete the suffering through which Christ accomplished the Redemption of the world in their own way. Does that mean that Christ’s Redemption is incomplete? No. It means only that the Redemption made by power of magnanimous love, is always open for every love that is expressed in human suffering. In this dimension, the dimension of love, Redemption that was accomplished in whole is still being accomplished in some measure from the beginning. Christ accomplished the Redemption completely and to the end, but he did not close it: in the redemptive suffering through which the Redemption of the world was accomplished, Christ opened himself from the beginning and still opens to every human suffering. Indeed, it seems to belong to the essence of the redemptive suffering of Christ, that it constantly wants to be complimented”.⁴⁰

³⁹ Cf. Kongregacja Nauki Wiary, Instrukcja o modlitwach o uzdrowienie od Boga, no. 1.

⁴⁰ Jan Paweł II, *Salvifici doloris*, no. 24.

Suffering can ennoble a man, can be of help in the conversion: "Throughout the ages and generations it has been found that in suffering a particular power that draws a person interiorly to Christ, similar to grace, is concealed. This grace is the reason of deep conversion of many saints, such as St. Francis of Assisi, St. Ignatius Loyola, and many others. The result of this conversion is not only that a person discovers the salvific meaning of suffering, but above all, that by suffering they can become a completely new person. They can find a new measure of their whole life and vocation. The finding is a special confirmation of human spiritual values which surpass the body disproportionately. . Then, when the body is deeply ill, totally incapacitated, and the person is unable to live and to act – this inner maturity and spiritual size are particularly highlighted, becoming an important lesson for healthy and normal people".⁴¹

It is worth noting that the suffering person participates in the cross of Christ and this is his way, his appointment at this stage of life, in the way to eternal life.

C/ THE MEANING OF LONELINESS AND THE VALUE OF PRAYER

Sick / suffering people, who stay in homes or medical institutions suffer from loneliness often.⁴² In the context of the problem, priests should indicate to prayer as an essential means to overcome this problem and to develop spirituality. Benedict XVI wrote: "If nobody listens to me, God still listens to me. If I cannot talk to anyone, no one to call, I can always talk to God. If there is no one who could help me – where it comes with a need or expectation that goes beyond the human capacity for hope – He can help me. When I am destined to complete solitude... but only the one who prays is never totally alone. The late Cardinal Nguyen Van Thuan, who spent 13 years in prison, of which 9 in isolation, has left us a precious book: *Prayers of Hope*. There, in a situation of seemingly utter hopelessness, listening to God, the opportunity to speak to him, gave him an increasing power of hope, that after his release allowed him

⁴¹ Ibidem, no. 26.

⁴² "Every hospital in the world is a place of sorrow and hope. By accessing the corridors and halls, we experience in a dramatic way the weaknesses and frailties of human nature, exposed to thousands dangers and traps [...]. A suffering man feels deepening loneliness, when physical strength leave him and he feel the need to ask the other [...]. The hospital as a place of suffering and the accompanying hope, is also a place of struggle for the fulfillment of this hope". Jan Paweł II, (1995), *Przemówienie wygłoszone 20 grudnia 1981 r. w szpitalu "Regina Margherita" w Rzymie*, [in:] Z.K. Szostkiewicz (ed.), *Ewangelia cierpienia w nauczaniu Jana Pawła II*, Agencja Wydawnicza Katolików MAG, Warszawa, p. 304.

to become for people all over the world a witness of hope – that great hope which does not wane even in the nights of solitude”.⁴³

Christ calls his disciples to constant and persistent prayer. This incentive motivates the fact that otherwise they would not have the strength (cf. Luke 18.1, 21.36). Jesus showed by his example that every moment of human life can and should be a time and a place of prayer: joyful and painful moments, moments of loneliness and moments of being together with others in the community, moments of everyday choices and decisions very important.⁴⁴

A person should be aware of the fact that without God one is weak, clumsy (“... apart from me you can do nothing” – John 15:5). The Christian life requires constant recourse to prayer (“watch and pray...” – Matthew 26:41, “... they must always pray and never lose heart” – Luke 18:1). Only the fervent and persevering prayer can bring fruit (“Ask and it will be given to you; seek and you will find; knock and the door will be opened to you. For everyone who asks, receives; and the one who seeks, finds; and to the one who knocks, the door will be opened” – Mt 7:7–8, “Devote yourselves to prayer with an alert mind and a thankful heart” – Col 4:2).⁴⁵

In times of sickness and suffering in a special way man joins his prayer with the words of Jesus in the Garden of Gethsemane, just before the grasp and sentencing to death. Jesus prayed to the Father: “Father, if you are willing, take this cup from me; yet not my will, but yours be done” (Luke 22:42). Time of suffering is appropriate moment to say a similar prayer, relying on God’s will.

D/ ACTS OF MERCY

Pope Benedict XVI in *Message for the World Day of the Sick* in 2006 emphasized that the church surrounded and still surrounds the sick and suffering with special care: “Through its members and institutions stands at the side of the suffering and dying in an effort to guarantee them dignity at these significant moments of human existence. There are so many people – health workers, chaplains, volunteers – and institutions which are tirelessly serving the sick in hospitals and in palliative care units, on city streets, in housing estates

⁴³ Benedict XVI, *Spe salvi* 32.

⁴⁴ Cf. Piana, G., Brambilla, G., (1992), *La morale. Spiegazione e documenti dell’agire dei cristiani*, Torino, p. 117.

⁴⁵ Cf. de Haro, R.G., (1995), *op. cit.*, p. 605.

and parishes all over the world”.⁴⁶ It should be remembered that serving the sick is a specific type of vocation which is an implementation of the Samaritans charity and Christian love of neighbour.

“Good Samaritan is everyone who stops beside the suffering of another human, whatever it was. This stopping does not mean curiosity, but readiness. This is the opening of a certain disposition of interior heart, which has emotional expression also. Every man who is sensitive to other people’s suffering, a man who «is moved» by misfortune of another is Good Samaritan. If Christ, who knows the inside of a man, emphasizes this compassion, it means that it is also important for our whole attitude toward other’s suffering. Therefore, it is necessary to develop this sensitivity of the heart, which is a sign of compassion with the suffering. This compassion is sometimes the only or principal expression of our love and solidarity with the suffering man. However, the Good Samaritan from Christ’s parable does not stop at compassion. It just becomes a stimulus for activities which bring help to the suffering man. Therefore, Good Samaritan is finally the one who brings help in suffering, whatever its nature. Effective help, if it is possible. He try to help of all power of his heart and no regrets material resources. We may say that he gives himself, his own «I», opens the «I» for another”.⁴⁷

Jan Paweł II says also that suffering exists to trigger the human love for the suffering. It is a sincere gift of giving one another. The view of a sufferer encourages healthy human to solidarity and specific acts of mercy.⁴⁸

Among the works of mercy to the body is the one which recommends visiting the sick. Jesus identifies himself with those who are most in need: “Truly, I tell to you, whatever you did for one of the least brothers of mine, you did for me” (Matthew 25:40). So every ministry to the sick is a ministry dedicated to Christ. The existence of the sick and those who need our help is an opportunity for gaining merit to receive eternal reward. With this basic act of mercy (to visit the sick), are connected also: to feed the hungry, to give drink to the thirsty, to clothe the naked. Among the works of mercy to the soul, two of them are worth mentioning, which may relate to the sick: to admonish sinning and to comfort the afflicted.

⁴⁶ Cf. Benedict XVI, (2006), *Orędzie na Światowy Dzień Chorego*, no. XV.

⁴⁷ Jan Paweł II, *Salvifici doloris*, no. 28.

⁴⁸ Cf. *ibidem*, 29.

E/ USING LIFE EXPERIENCE

In the history of mankind old age was often equated with wisdom, life experience, knowledge. Old people received responsible positions like advising chiefs and kings.⁴⁹ The elderly living in our community are a huge treasure, whereof we can derive. These people had many experiences. They met good and evil. They made right and wrong decisions. So they can advise the younger the best solutions to protect them from making mistakes. Worth to take advantage of their experience and practical wisdom, selecting representatives of the older generation to the Parish Pastoral Council. Using the experience of older people will be mutual advantage: the younger learn to make wise, prudent decisions and the older will feel useful and needed.

F/ THE ROLE OF MASS MEDIA

A great role in the experience of old age and a great help for older people are the Catholic mass media. Worth to say a few words about the most important of them, because they are a sign of Church's concern for seniors.

Among the magazines is the monthly *Apostolstwo Chorych* published by the Catholic association of sick people, approved by the Holy See in 1934.⁵⁰ At the beginning it was published in Lwów (1930–1939) and since 1946 in Katowice. The aim of the *Apostolstwo Chorych* is religious and moral help to the ill and “inclusion of them in current religious life, in prayer for peace, missions, justice. The letter initiated many campaigns such as rewriting of books for the blind, providing radio services for hospitals and nursing homes. After the war the magazine paid attention to the issues of health and therapeutics and published material of the psychology of the disease also”.⁵¹ The letter gets home for elderly, homes for the chronically ill, hospices, nursing homes, rest homes, volunteers.⁵²

Seminary of the Missionary Priests of the Sacred Heart in Stadniki publishes a bimonthly for patients *Wstań*. In its current form it has appeared since 1989.

⁴⁹ Cf. Lehr, U., (2003), *Oblicza starości*. Etnografia Polska, Vol. XLVII, no. 1–2, pp. 74–75, 78, 94.

⁵⁰ Cf. Rękas, M., (1985), *Apostolstwo Chorych*, [in:] F. Gryglewicz, R. Łukaszyk, Z. Sułowski (eds.), *Encyklopedia Katolicka KUL*, Vol. I, col. 828, Towarzystwo Naukowe Katolickiego Uniwersytetu Lubelskiego, Lublin.

⁵¹ Kunowska-Porębna, M., (1985), “*Apostolstwo Chorych*”, *ibidem*, col. 829.

⁵² Cf. “*Apostolstwo Chorych*”, http://www.encyklo.pl/index.php5?title=Apostolstwo_Chorych_-_miesi%C4%99cznik (date of access: 15.04.2013).

The magazine is a form of charitable activity and support for people by this Seminary.⁵³

The Association “Cisi Pracownicy Krzyża”, located in Głogów, publishes quarterly *Kotwica*. Editors wrote about the aim of the magazine: “The purpose of this journal is to bring light and comfort to every sick person, be for his smile of Mother of God”.⁵⁴

In Catholic weekly “Niedziela”, from number 3 in 2010, appears a monthly allowance “Nie tylko dla Seniora” («Not just for a Senior»). Chief editor Fr. Ireneusz Skubis announced the addition: “Every month, in addition «Not just for a Senior» we will take important issues and even necessary for people in old age and for their children and grandchildren. It is not surprising that subject of health will dominate and we will devote most space to it, which with not the best situation of health service will make our offer more important. How to take care of seniors’ health? What unusual symptoms should worry us and which on of medical specialists should we go to? How to interpret the results of laboratory tests? When to call an ambulance and when the patient should go to the emergency room on their own? We know how much cost drugs in Polish pharmacies. Maybe there are ways to save family budgets? We do have Polish counterparts of foreign drugs and sometimes we should just ask for them at the pharmacy. Maybe somewhere in the region there are pharmacies, in which the price of drugs is more affordable? This is what we are going to inform about reliably. We will offer the legal, psychological and theological knowledge. «In a healthy body – healthy mind». We will prove that this sentence is not a slogan”.⁵⁵

Among the radio stations, in the first place is Radio Maryja, which began broadcasting on 9th December 1991. This radio station, located in Toruń and run by Father Tadeusz Rydzyk (Redemptorist), is very popular among the elderly, because of big amount of prayer and many social programs. There is a possibility to call to the studio to join the prayer, to say wishes or to speak about social issues. This Catholic radio station is linked to the Rodzina Radia Maryja which gathers friends and listeners of the radio. Frequent meetings at national or local level forum, broadcast by radio conducive to deepening the relationship with radio listeners. This radio can be heard around the world, so it is very important to have the possibility to exchange thoughts of Poles liv-

⁵³ Cf. <http://wstan.net/o-nas/> (date of access: 15.04.2013).

⁵⁴ <http://www.kotwica.cisi.pl/o-nas/> (date of access: 15.04.2013).

⁵⁵ Skubiś, I., (2010), *Szanowni czytelnicy!*, “Niedziela” 3, p. 37.

ing in different parts of the world. The radio has the status of a social broadcaster and cannot broadcast advertising, so it's sustaining itself with the donations of the faithful, but by then it may be independent. Based on Radio Maryja was formed Telewizja Trwam broadcasted since 2003.

Very valuable are transmissions of Masses, implemented by the public media. On Sunday, at 7.00 a.m. there is transmissions of Mass from the Shrine of the Divine Mercy in Cracow – Łagiewniki on the first channel of public television (TVP 1). From the same sanctuary there is a transmission of Mass for the intention of the sick and suffering on Fridays at 5.00 p.m. on the third channel of public television (TVP 3). Since 1980 on Sundays mornings there is transmission of Mass from Holy Cross Church in Warsaw on the first channel of Polish Radio. This is a positive response to one of the postulates of the ship-builders of "August'80" directed to government. Currently, the transmission is realized on Sundays at 9.00 a.m.

It is worth noting that in Poland there are many initiatives in the wider field of mass media, which at the local level (at diocesan, parochial) are directed and targeted at seniors.

In conclusion, the elderly, the sick / suffering have many opportunities that can be used for their benefit, to experience optimally their old age.

3. The involvement of active seniors

"Because of the fact that old age is a sign of God's blessing, synonymous of experience and wisdom, old people deserve special respect".⁵⁶ Through their participation and presence in the parish community sick people feel accepted and needed. This one of elderly who can attend to church can be included in the ordinary pastoral care with taking into account their problems in the Sacrament of Penance and Reconciliation, in homilies or occasional sermons. Sometimes there is still the problem of access to the temple associated with architectural barriers or a lack of opportunities to reach out of the house to the church. This are examples of initiatives proposed by the Church for active seniors.

⁵⁶ Kudasiewicz, J., (1978), *Starość i ludzie starzy w świetle Pisma Świętego*, "Ateneum Kapłańskie" 415, p. 194.

A/ DAY OF THE SICK, DAY OF GRANDMA / GRANDPA

With the establishment of the Jan Paweł II, World Day of the Sick is celebrated every year on 11th February. Typical for this period cold weather makes it impossible for many sick people to participate in the celebration of the day in the parish church. More faithful may be gathered at the special Mass during Advent retreat or during Lent, especially when it takes place just before Easter.

Also Grandparents Day is celebrated in January, so we should not expect the presence of seniors in the church on this occasion (especially when the church is unheated). The alternative could be “Catholic Grandparents Day” on 26th July, the feast of Saints Joachim and Anne, who were the grandparents of Jesus.

B/ SENIOR CLUB

It is impossible to disagree with Fr. Ryszard Podstołowicz, who says that a great opportunity to activate the retirees is to assume the parishes “Senior Club”.⁵⁷ It is sad to look at the parish houses, where there were catechetical rooms in past, and now they are not used. After the renovation they could become a meeting place. “Senior Clubs could also be a place for occasional meetings (Christmas eve, Christmas meeting) and a place of entertainment, dancing parties (St. Andrew’s, New Year’s Eve). Senior Clubs [...] may also organise courses such as computer courses (very popular among retirees!) or create a group of retired teachers who could be learning support for young people e.g. running courses for high school graduates”.⁵⁸ In that club, they may watch a valuable movie together, but it is imperative that film screening should be completed by discussion.

C/ PILGRIMAGE

Nowadays active seniors have many options when it comes to mobility. Parishes organize pilgrimages to various sanctuaries (not only located in Poland) very often. Hours spent on traveling together on the bus can be an excellent opportunity for integration, but also allow the priest to deliver more content for the spirit.

⁵⁷ Cf. Podstołowicz, R., Zaangażowanie parafii wobec osób starszych i chorych, <http://www.currenda.diecezja.tarnow.pl/archiwum/2007/01/art-20.php> (date of access: 15.04.2013).

⁵⁸ Ibidem.

D/ RELIGIOUS AND PASTORAL INVOLVEMENT

Certainly seniors should receive opportunity to animate religious events, such as lead Rosary and the Chaplet of Divine Mercy, the proclamation of the Word of God, leading chants.

In general, older people have a lot of free time so they willingly take part in the activities of associations and religious movements. We may mention for example: The Apostolate of the Good Death, Rosary Group, Spiritual Adoption of an Unborn Child, parish Caritas teams. They can devote their time for the benefit of others (eg. visiting the sick, bringing assistance to the poor). They may also take care of the children from the choir, or help in centers for children, for example by giving private lessons. An example of that elderly's activity is the work of the Parish Department of Catholic Action in the parish of Divine Mercy in Kielce. Members of the association, which also include retired teachers, lead the parish library and provide tutoring to students.

Invaluable assistance for the priest may be the involvement of older people in the Catholic press distribution.

Old age does not have to be a time of passive waiting for death. The priest should help older people in good experience of old age. Being aware of the problems which old people faced in their age, he should inspire them to make the disease / suffering fruitful, and if they are healthy, to being active in the family, community and church. As the priest first of all he has to take care of the way to give the opportunity to spiritual and internal development. In this regard priests usually faced open heart, because older people are aware of their passing and approaching the end of mortal life. This openness makes that the priest experienced great satisfaction of sacrificing for those people. It is important that priest should not be alone, because the care of the older generation concerns everyone, and therefore it is very valuable to involve members of elderly family, people who are active in parish, members of Catholic associations, volunteers and finally health care professionals.

Chapter III

Activeness, activation and support of the elderly

Elżbieta Woźnicka

The social situation and activity of the elderly in the countryside

Introduction

Recently a growing interest in the issue of elderly people has been observed. It stems from the fact that populations are ageing, not only in Poland, but in the whole Europe. It is also caused by the fact that more and more frequently it is emphasized that ageing and old age are as important in people's lives as the other life stages.

The ageing of both city and countryside's population has its profound implications on society and on an individual, in particular in the economical, medical, social and cultural fields.

That is why this process is perceived not only as a global but as an individual phenomenon as well. The way a person experiences his or her ageing depends on many factors. The following personal factors can be listed: life experience, lifestyle, forms of activities, health condition, behaviour and habits, the subjective vision of the old age and a general attitude to life. Thus, the so-called environmental factors are: family relationships, socio-cultural image of old age, the activities from the field of creating living standards, in particular socio-cultural and socio-economical, but also a place of living and stemming from it facilities or difficulties.

Demographic ageing is currently a ubiquitous phenomenon and according to demographic prognosis at least until the 2050 the old age component is projected to be still on the rise. The civilization progress resulted in the rising life expectancy – making its last stage longer. Longer life means longer old age. However, it seems that the old age to be happy cannot be spent in loneliness. Longer life expectancy and longer old age, is tightly connected with the need of activity of the elderly as a condition indispensable for strengthening the

bonds among the community members. Seniors need activities and being active, however it is vital that in all actions and steps taken, the attention needs to be drawn only to the elderly, it is them who are supposed to be active. It stems from the fact of the subjectivity of the ageing process.

It is essential to remember that the population of the elderly can be characterized by its great dynamics, which means that a contemporary 60 year old, in some respect, is much younger than his peer 30 or 40 year ago. On the other hand, the seniors' population can be characterized by a high freedom when it comes to choosing lifestyles, change of the needs and aspirations, which are diverse not only because of the age and experience, but also tightly linked to social situation. The evolution of the elderly which is happening before our eyes, definitely results in the necessity to evaluate the forms of activity and support as well. We must realize that something that was satisfactory 30 years ago, does not have to and will not be satisfactory for the elderly nowadays.¹

Activity of elderly people

Elderly people's activity is tightly connected to their needs: the need of personal development, self-esteem, belonging, the fulfillment of their life plans, adjusting to the changing conditions and surroundings, social expectations, but also their own possibilities. The type of activity is not only dependent on personal preferences, health condition, skills possessed but it also reflects social context, expectations and what the community offers itself.

According to Steuden² elderly people's activity works as a feedback, that is to say, it is the result of giving a positive reply to the tasks connected to this life stage, and also because of the fact that it strengthens the self-esteem and becomes the power for further development. Retiring is linked to the issue of time management, which before the retirement has been conditioned by professional work. It is the beginning of happiness and satisfaction but as the time passes by, this time free off work becomes a problem. Most frequently the daily rhythm undergoes changes, the everyday habits such as walks and shopping become stretched in time. Sometimes, due to this fact, the feeling of routine and monotony appears.

¹ Chabior, A., (2005), *Aktywność życiowa i jakość życia seniorów*, [in:] A. Fabiś (ed.), *Seniorzy w rodzinie, instytucji i społeczeństwie*, Wyższa Szkoła Zarządzania i Marketingu w Sosnowcu, Sosnowiec, p. 45.

² Steuden, S., (2011), *Psychologia starzenia się i starości*, PWN, Warszawa, p. 82

Chabior writes that being active seems to be a natural need of a human being at every age. It allows for satisfying various needs: biological, social, as well as cultural, and it appears to be indispensable for functioning in a group and community after retiring from work. Moreover, it makes it possible for the elderly to focus on his or her needs and pleasures. An elderly person must be aware of the likelihood of being dependent on other people. That is why being a part of a group and community and the ability to coexist and cooperate with their members seems to be crucial. The activity is most often perceived as a constant and adjusted to a person's individual abilities effort, effort which is the condition of the appropriate development, enabling having a creative and harmonious life, slowing down the ageing process – especially the psycho-social one. The person's activity creates an opportunity to express herself or himself, defines his other opportunities, habits and preferences. Dąbrowiecka claims that the lack of activity, social contacts and interactions with other people leads to the feeling of harm, isolation, loneliness, and the feeling of being useless. The more active seniors are, the better physical and mental health they are in.³

The growing number of people aged 60+, according to the theory activity, try to follow the changes, successfully fighting the stereotype of being old and marginalization of the people in their third part of life. The activity is the guarantee of social existence, integration with the community and with the modern, demanding society. It is one of the determinants of keeping up mobility and good physical condition.⁴

The activity, which is expressed in cooperating with other people and contributing to developing cultural interests, makes a life of a human being in the stage of his late adulthood, more valuable by rising his or her feeling of being useful, productive, yet in different fields now.⁵

According to Małgorzata Dziągiewska 'various factors influence the activities taken up by the elderly:

- Education – the higher the education level, the higher the activity level,
- The influence of family environment- the activity is conditioned by personality type, family, family background, but also by the relations with children, grandchildren, and relatives,

³ Chabior, A., (2005), op. cit., p. 10.

⁴ Trafiałek E., (2006), *Starzenie się i starość. Wybór tekstów z gerontologii społecznej*, Wszechnica Świętokrzyska, Kielce, pp. 189–190

⁵ Semków, J., (2008), *Niektóre problemy aktywności społeczno – kulturalnej w okresie późnej dorosłości*, [in:] A. Fabiś (ed.), *Aktywność społeczna, kulturalna i oświatowa seniorów*, Wyższa Szkoła Administracji, Bielsko-Biała.

- The state of health and the level of physical fitness – the healthier and fitter the person is, the more frequently he or she takes up the activities,
- Living conditions – they can successfully limit types of activities taken,
- Sex – there are more retired women, and it is them who take up particular activities most often,
- Place of living (city, countryside) which is connected to the activities available,
- The influence of cultural institutions – if there is an actively and effectively working institution, the seniors' activity is bigger.⁶

The problem of dealing with too much free time is common for almost every retired person. The activities taken up by the elderly can be classified into the following ones:

- Hobby – recreational (walks, gardening, sport, hobby, cinema, theatre),
- Receptive (e.g. watching TV, listening to the radio, reading newspapers, reading books),
- Public (community service, political and public activities),
- Integrative (meetings and all kind of educational activities, learning, training, social activities or charity for example Senior's Club, self-help, UTA),
- Different (single forms of uncommon activities).

Halicka says that the most popular are receptive and integrative activities.⁷

Voluntary activities, very willingly taken up by the elderly, seem to be also quite important for them. They involve actions taken for the other people and they are not connected to getting any income. The voluntary sector appeared in Poland together with the appearance and development of the non – government organizations as well as with the emergence of independent social initiatives at the beginning of 90s. Agata Chabior defines the voluntary activity as a form of activity taken up by the elderly, presenting projects in which the elderly people participated (among many are: The Friends of the Family, I will ask my grandma). The way in which the author's research indicates the participation of the elderly in the voluntary sector is connected to the possibility of using their own experience and further development, the need of being useful for other people, strengthening the bonds between peers and between generations. Stanisław Steuden underlines that an active participation in the working for others as a volunteer is accompanied by a bigger psychological well-being factor (the greater level

⁶ Dziegielwska, M., (2006), *Aktywność społeczna i edukacyjna w fazie starości*, [in:] B. Szatur-Jaworska, P. Błędowski, M. Dziegielewska (eds.), *Podstawy gerontologii społecznej*, Oficyna Wydawnicza Aspra-JR, Warszawa, p. 162

⁷ Halicka, p. 65

of satisfaction derived from life, satisfaction from yourself and own actions and activities, smaller level of stress and anxiety), which also influences the rising life expectancy (the feeling of the sense of life and the meaning of social network, feeling of being useful, higher self-esteem and strengthening identity).⁸

One of the forms of activity of the elderly is education and the participation in different organizations for example the University of the Third Age, Senior Clubs, The Union of Pensioners. The main aim of their work is organizing and arranging different forms of educational, cultural, physical and social activities.

Various forms of activities allow them to realize different life goals, they also allow them to use their personal potential, fight the limits connected with the state of health, personal and social situation. A very important factor motivating for the activity is the need of self development, but what is especially crucial, seeing the needs of other people and the care of them.

The activity of the elderly is reflected in his or her style of life: in the subject literature passive and active styles are listed. The passive ones - characterized by withdrawing from life, getting discouraged, and active ones – these are preferable as serving the individual and the society.⁹

All types of activities can successfully fight physical and mental changes, especially these forms which give an opportunity to stop the monotony of everyday life. The activity makes a life of an elderly person diverse, attractive, it enriches its quality, prevents the person from getting self-centred and focusing only on his or her own problems.

When looking for a sense of life, in a natural and somehow primitive way a person aims at being active, satisfying their own or other's needs, so that he or she could feel fulfilled and satisfied.¹⁰

Social situation and activity of the elderly living in the countryside

The interviews about social situation and activity of the senior citizens in rural areas were made by the students of the University of Humanities and Economics in Łódź. The research was conducted among the community of

⁸ Steuden, S., (2011), op. cit., p. 98

⁹ Czerniawska, O., (1998), *Style życia w starości*, Wydawnictwo Wyższej Szkoły Humanistyczno-Ekonomicznej w Łodzi, Łódź, pp. 167–76

¹⁰ Wawrzyniak, J., (2009), *Aktywność jako wartość i styl życia. Determinanty aktywności w starości*, [in:] A. Fabiś, S. Kędziora (eds.), *Aktywność społeczna, kulturalna i oświatowa dorosłych*, Mysłowice–Zakopane, p. 328

Lutomiersk and Chojne and involved 25 elderly people. Ten seniors from Lutomiersk: 7 women, 3 men and 15 from Chojne: 9 men and 6 women, so the total of 12 men and 13 women participated in the research, all of them from the age of 60 to 89. The majority of the participants had primary education: 15 people, vocational: 6, secondary education: 3 people, and with higher education – 1 person. When taking marital status into account, most of them are widowed – 16 people, 6 people are married, one divorced, and 2 of them single from their own choice. As the widowed ones are in majority, it confirms the tendency that the countryside is usually populated by single people.

Financial situation

Since the respondents are mostly over 60, it seems obvious that the main source of income for them are state benefits. Unfortunately the received pension is not high enough, that is why 9 % of the respondents are given additional benefits (paid as a single benefit , mainly for coal). These are in most cases people who are over 75. 8 of the research participants admitted that they also have some other financial sources. It is in the first place having a job (5 people), financial help of the family (1 person), and the income from their farms. 3 people are given the benefits from their Local Welfare Centre: 2 of them due to the fact of not being eligible for the pension and 1 because of their pension being very low.

All of these extra benefits and money earned at work are mainly used for the purchase of coal and everyday needs. Hence, the situation of those who are ineligible for pension, appears to be very difficult. Their main source of income is the benefits received from the Welfare Centre. One of the respondents – a woman – dependent on getting permanent welfare benefits, says: “I have a very poor life and all the time I am forced to ask for help.”

She has never worked, her only source of income was doing some temporary jobs, that is why the respondent has never become eligible for pension. After reaching the retirement age she applied for pension in Social Security (ZUS), however she met with a refusal:

“I expected that kind of reply, because who will give me money as I have never worked, but the women from the Welfare Care told me to apply as the document with a refusal was needed.” A similar situation took place with another person permanently taking the welfare benefit – it is a man. And, similarly, he has never worked: “I did some seasonal work doing renovations or when I was needed in a sawmill. For my basic needs it was enough.”

Currently the benefit he is receiving is too low and the man is not able to afford the most basic needs, in particular the bills for electricity and the property tax are his big concern: "What kind of property is it? An old house with two rooms, but they want me to pay taxes, when I forget, I am fined, they do not care that a man hasn't got money, you just have to pay." It also happens that the respondent does not pay electricity bills, which results in the cutting off the electricity: "I do not pay for the electricity sometimes, because I do not have money. I hardly ever watch TV, I do not listen to the radio, but the bills are so high anyway. I don't know how they count for this electricity. It is cheaper for me to use candles."

During summer and autumn the respondent takes up some seasonal job such as picking up mushrooms and bilberries and selling them at the local market. In this way he gets the indispensable money for paying the electricity bills. Most of the research participants perceive their financial situation as being average – it is enough for living expenses, however they need to save up, 3 described their situation as being good, 4 said they are having a meagre life – they cannot afford even the most basic things, 3 are having a modest life – they are forced to save up. Nobody claimed that they are having a very good, comfortable life – that they can afford a lot without saving up.

The problems of everyday life

Among the everyday life problems the respondents complained about, the most common ones are health problems: diseases, suffering and the deterioration of their health. Moreover, they were troubled by loneliness, financial problems and the feeling of being a burden for others. They also complained about the lack of understanding from other people, the lack of people who would be willing to take care of them. They underlined that loneliness was understood as the feeling of lack of the nearest and dearest – the spouse, children and grandchildren. For 2 people leading a solitary life was their own choice.

One of the respondents claimed: "I was stupid when I was young. Now, I would have a family, there would always be someone ready to look after me, I would have some source of income if I had been working honestly for all my life".

Most of the research participants (15) live on their own in their own houses (mainly 2 or 3 rooms), they put an effort to keep them in a good condition, everyone has their own front garden in which they grow flowers and vegetables. The other 9 people live with other members of their families, only one person (the citizen of Lutomiersk) lives in a rented flat. It is a council flat, owned by the Village Council. The building is in a bad technical condition, it has not been renovated for a couple

of years. Most of the occupants are not self-sufficient, excluded from the society, poor, and alcohol addicts. The bathroom, located in the hall, is shared by all the occupants. As they respondent claimed, the people living there do not care about the looks of their flats and neither do they care about the state of the common rooms.

Owning their own flats and houses seems to be essential for older people. Especially those having children and grandchildren cannot imagine living with them. Although they are forced to cope with the problem of loneliness, they still appreciate the comfort of having their own place. However, quite often the costs of living are beyond their budget, but they claim their house is "the result of their hard work in their youth". Thus, in most cases the buildings are in a good technical condition, some of them need to be renovated, but according to the respondents: "It is possible to live there". Not all the flats are channeled, a few people are still using the well, and do not have their own bathrooms. The costs of channeling the water are very high and not everyone can afford it. They do not want to modernize their flats: "I do not need it. I've been dealing with it for many years so now it will be as it is." The flats are mostly heated by a coal stove which is used for cooking the meals as well.

Providing for the basic everyday needs among the senior citizens of the villages is mostly determined by their financial situation, health and their physical condition.

The respondents are elderly people whose physical condition is quite good in spite of their ageing. Most of them are able to cope with everyday life activities on their own. Only two of the ten of the respondents rely on the help of the welfare worker from the Local Welfare Centre (GOPS). Their expectations when it comes to this help are: helping in housekeeping, doing the shopping, washing, cooking (12), making arrangements with the doctor, going to offices, to the post office (6), accompanying them at home or at the walk (14).

The respondents' social life situation can be described as being quite good. All of them receive social benefits. Their living conditions when taking sanitary-technical conditions into account, are not bad as well. Most of them have central heating, running water and a bathroom. Half of the research participants perceive their living conditions as being good. Almost all of them own a house.

Feeling of loneliness

For the most of the research participants loneliness is associated with the physical lack of the beloved person they have lived many years with. This feeling of isolation is deteriorated by the fact that the circle of friends is getting smaller.

Coming back to an empty house seems to be the most painful: "I come home and then I feel how lonely I am, I have nobody to share my happiness and sadness with, nobody to discuss what happened today and talk about my plans for tomorrow. The family only visits me on Sundays and holidays and when they leave I stay alone, I am alone for many days." Not all the respondents try to fight their isolation engaging in some kind of activities. Among them there are people who stayed alone due to their wrong decisions and mistakes. They did not set up or they do not keep in touch with their family. They are alone, and they isolate themselves from the local community. They prefer staying in their own flat, watching TV or listening to the radio. They do not feel like socializing with their neighbours living next door. One of the women, who came into conflict with her son, and whose daughter hasn't cared about her for years, says as follows:

"In my old age I am left totally alone, I can not imagine what my future will be like, when my health is even worse. My children are not interested in my life at all, so what will be later? That's not the old age I have expected."

One of the respondents bitterly talks about his loneliness: "Who would care about me and my problems, as I used to be a drunk and a bastard. I am used to being on my own, and let it be like this till then end of my life. (...) I used to drink and steal everything, to have money for alcohol. I only stopped after the death of my partner who also drank without moderation. Finally she drank herself to death. How can I get closer to the people and be with them, when I know what they think about me."

The above-quoted words come from an lonely, old man, whose own opinion of himself is bad, but who, at the same time, is fully aware of his own life situation and all the mistakes he has made. The loneliness of an elderly person is most often caused by the accumulation of traumatic events. In this period of life people are usually forced to deal with the death of their spouse.

The majority of the respondents began to suffer from the feeling of loneliness after the loss of their husband or wife. However, this lack and loss often leads to getting engaged in the life of local community. In many cases, the loneliness of an elderly person is the result of not being in touch with their family, in particular with children who left for the city, are busy with work, have their own families and hardly ever visit their ageing parents.

Therefore, the feeling of the lack of understanding, and acceptance coming from the nearest and dearest, especially children, seems to be common among the elderly.

Health situation

Health and physical fitness are the most essential factors influencing an elderly person's living standard. Diseases and disabilities make it difficult for the elderly to cope with everyday life on their own, and by implication the need of other people's assistance is growing. Their health condition is not perceived as high by the respondents. The majority of them perceived its level as beyond good (14 people), 4 people described their health as being average, 2 as bad, and 2 as being very bad. According to 3 male respondents, their health can be described as good. Subjective health condition is mostly dependent on age – people from the age of 60 to 70 tend to perceive themselves as being in best health, whereas people over 80 tend to perceive their health as being much worse. Most of the respondents described their health as bad, however, what is significant, the opinion about their health was much worse among women. Over half of the respondents suffer from chronic diseases, which make their everyday functioning difficult. When growing older, these types of disorders are occurring more and more often. The most common ailments among the respondents are the diseases of the circulatory system, alimentary canal, and the respiratory system. It confirms the general tendency of chronic diseases among elderly people. The research participants were rather unwilling to talk about their ailments and diseases, they tend to claim: "I am fit enough to be able to cope with everything quite well, it does not mean I am not suffering from anything, however I don't want to discuss it, as I am not the kind of person who would complain."

The respondents do not frequently go to the doctor. Nearly half of them (13 people) claimed that they visit a doctor approximately once a month, not more often, the rest of the respondents go to the doctor more seldom, or they do not go at all. It is caused by the lack of specialists in their place of living, but also by the lack of money for the medicines. One of the respondents, who does not go to the doctor at all, justified it as follows: "When I go, he will probably prescribe me some medicines, and where will I take the money from?". The majority of the men say that going to the doctor is a waste of time, you can always treat yourself with some home-made medicines.

The people who perceived their health as being bad, take advantage of the help of the social worker employed in the Local Welfare Centre (2 people). This help involves helping in cleaning the house, doing the washing, but also preparing the meals, shopping, as well as accompanying at home or at the walks. This service is paid. One of the respondents pays for it monthly on The Local

Welfare Centre (GOPS) account. These are not big amounts, yet the help of the care worker makes everyday life much easier. The second person is a man, who is taking advantage of the care assistant thanks to her daughter. However, he doesn't seem to be satisfied with this situation: "the care worker was arranged by my kids in the Local Welfare Centre. On the whole, I am self-sufficient and I manage somehow on my own, but my daughter insisted on this woman coming to me, she even pays for her, so what could I do?" The man had a grudge against his daughter for limiting his independence. He said: "They think that if they fawn on me I will live 100 years."

Spare time activities

For many people retirement equals limiting their activities and social life. In many cases giving up all activities takes place. The respondents listed the following values as crucial after the retirement: contacts with the family (11), active social life (11), work, which they like doing (11), money (6). Most of the research participants did not engage in social work, social organizations, or trade unions when being professionally active. It may stem from the fact that they commuted to work to Łódź or Sieradz, or they were preoccupied with work on their farms. Most frequently they worked in shifts and that is why they did not have time to engage in social work. Before retirement only 4 people were active in social organizations. Currently, when retired, ten people are involved. This activity is the result of having more free time, but it may be also caused by their willingness to fulfill the emptiness in their lives after work, and by implication not to feel lonely and useless. Through being active they feel needed, they know they can do something useful, they can share their experience and opinions with the others. In most cases the respondents are the members of: The Country Housewives' Club (Koła Gospodyń Wiejskich), The Voluntary Organization of the Firefighters (Ochotnicza Straż Pożarna), The Fishermen Union (Związek Wędkarzy) and The Post Office Pigeon Union (Związku Gołębi Pocztowych), as well as church organizations: rosary clubs, church choir, and also in The Organization of Pensioners Working in Lutomiersk.

The respondents who are the owners of their own houses have front gardens, which are also a form of spending free time. It is the so – called style of an age which stems from the fact of owning a garden. It seems especially important for the people who used to work in their own farms before retirement. The respondents grow vegetables in their gardens, and later they use them to prepare preserves for the winter. They grow flowers, which are their gardens' decoration

and the pride of their owners. The women participating in the meetings of the Country Housewives' Club exchange seedlings of flowers and the like.

However, not all the people spend their time actively. Among the respondents there were also those who tend to spend their spare time in the peace and quietude of their houses, watching TV, listening to the radio and on prayer, which gives a lot of comfort and support.

The activity of seniors should be considered in a very individual way. Every elderly person has different needs, expectations and interests. The forms of activity in the countryside are not very attractive and diverse. There seem to be only two efficient organizations (The Country Housewives' Club and the Union of the Pensioners) which enable people to spend their free time in an active and interesting way.

Activity is an important element in every person's life. Unfortunately, among most of the elderly people living in villages a great decline in their physical activity can be observed, which is mainly limited to everyday activities such as shopping, cooking, cleaning the house, working in the garden. However, being physically active is one of the factors which have an influence on longer life and enable the elderly to be self-sufficient, and by implication, independent. The most popular form of entertainment is watching TV and listening to the radio. Women take part in a mass once a week or sometimes more often. The seniors willingly spend time in their gardens, gardening is an essential form of activity among them. It not only influences their psycho-physical condition, but allows them to be socially active and is a small substitute of their past professional activity as well.

Taking care of physical fitness by for instance cycling, going for walks, is not very popular. The respondents do not even realize how crucial these activities are when it comes to staying healthy.

One of the social activities among the respondents is a hobby, which in forms of different interests, is actively taken by 7 of them (among others: fishing, embroidery, woodwork, pigeons breeding, weaving baskets)

Summary

All the respondents (25 people) are countryside citizens, all of them are retired, in most cases they live on their own, look after their gardens and houses. They get on well with their families, they often meet them, though in many cases the children live on their own, frequently in the city. The respondents are actively involved in raising the young generation, also as it comes to sharing their knowledge about customs and traditions (religious and the ones con-

nected with farming as well). The seniors' activity on the whole means socializing with their neighbours, working in their gardens, growing up flowers and vegetables. The religious activities are very natural and common in these communities – participation in church life, organizing religious and church ceremonies, decorating the church are the most popular ones.

Yet, physical activity seems to be limited only to gardening, walking or cycling. Social activities, apart from the one in a parish, do not exist at all. Few people get engaged in The Country Housewives' Club, The Voluntary Firefighters Organization, The Union of The Pensioners. The cultural activity does not occur at all – even the passive one (culture consuming) exists only in the form of mass media: watching TV serials, listening to the radio.

The majority of the elderly do not have a hobby, though the respondents are quite active in various fields such as handicraft (weaving wickers, embroidery, sewing), woodwork, pigeons' breeding, flowers and gardening.

Old age in the country is not as colourful and diverse when it comes to activities offered, as is the old age in the urban areas-especially in big cities – however, the seniors still enjoy their lives, devoting themselves to small everyday life tasks, contributing to the feeling of satisfaction they can experience, family and the community they live in. The fact of appreciating work, attachment to their land and work on the farm are frequently the determinants of the activity lasting till the end of their lives.

The analysis of individual cases

To provide a full and detailed description of the situation of the elderly in the countryside I would like to discuss a few cases which represent different styles of dealing with old age and ageing in rural areas, taking financial situation, family relations or leisure and physical activities into account.

1. Mrs. Julia aged 60 – active old age in the countryside

Mrs. Julia is 60 years old, she has been receiving pension benefits for 5 years. She lives with her husband, primary education.

Financial situation

The pension is too little to cover the expenses connected with the maintenance of their house. The husband is on a farmer pension as well, his income is even

lower than Mrs. Julia's. That is why, Mrs. Julia sews female blouses in a cottage industry: "You cannot earn a lot by sewing, but it is better than doing nothing and having nothing. You can always earn some penny. Work is not always available, but you can improve the family budget a little." The income is used to pay the bills, for the living, and to help their children, she does not have any savings. When there is some money left from the pension, she saves it up for small renovations and repairs at home: "We sometimes exchange a window, paint the room, recently we have exchanged the tiles in our bathroom. We always try to do something not to be worse than the others."

Mrs. Julia's flat is equipped with running water, cold and hot, toilet, shower, bath, central heating. She does not receive any financial aid. She tries to live in such a way as not to be forced to borrow money and not to ask her children for help.

Family situation

Mrs. Julia lives with her husband in a detached house. They moved here when her parents died. The house was inherited from her parents. They made it bigger and renovated it. Mrs. Julia's husband is 15 years older. He is ill. Julia looks after him. They have 3 grown up children who are independent. The children no longer live with their parents but they frequently visit them, especially recently, when the dad is ill. Two of the oldest children live in Łódź, and the youngest daughter lives in Sieradz. Mrs. Julia has 4 grandchildren. All of her children graduated from universities. The oldest one graduated from a military school, the middle one is a civil engineer, and the youngest daughter is a school educator. Together with her husband they are proud of their children, pleased they all have jobs, that they still are willing to learn and improve themselves. "Raised in poverty they were ambitious to learn to have better lives than we had." Maciek used to say that when he grows up and earns he would help us. "Nowadays they do not need their children's financial help, they prefer helping them instead. They look after their daughter's 3 years old son. She takes him to them almost every day, and sometimes leaves him for a couple of days."

Having a car and a driving license is a great advantage for Mrs. Julia – although she drives less frequently these days. Thanks to the car, she can be independent, in particular when it comes to the doctor's appointments in Sieradz. She is afraid to drive longer distances. For instance she will not go to Łódź: "I can drive around the chimney but it is enough for me." When she has to go to a specialist with her husband, she asks her children for help.

Health condition

Mrs. Julia perceives her health as average. She does not have problems moving around, but she complains about varicose veins. She sometimes has backaches. She suffers from Graves-Basedov disease which results in gland disorder.

Activity

After her retirement she did not miss contacts with other people, neither the feeling of being useful, she couldn't also complain about the lack of work. She had a lot of planned activities for her retirement. She couldn't wait for the time when she wouldn't have to go to work. Now she would be reluctant to take up a new job. "I am a lady and a boss for myself. I work when I want, nobody rushes me, only I can rush myself. Nobody can tell me what to do, I work when I work, when I don't want to, I don't work." In her free time she looks after her grandchild, and works in her garden. When she wants to relax she does the embroidery.

Although her children are worried she overstrains her eyes in that way, she claims that this is her way to rest and she gets rid of the stress. She enjoys having more time for herself, she goes to the church more frequently than she used to. Even a couple of times in a week.

She spends her free time in an active way getting engaged in the Countryside Housewives Club. She attends meetings, participates in the fairs of traditional handicraft made on her own with the crochet-hook. She is satisfied with the leisure activities. "Sometimes there is too little time for everything, but the older you get, the faster time passes by. But the most essential is to be healthy." To improve her fitness she tries to cycle every day. From spring to autumn she rides for long "two hours bicycle trips" with her friends. Her children gave her nordic walking sticks for her birthday, but Mrs. Julia loves the bicycle more.

2. Mr. Karol, 61 – the old age in the countryside as a personal choice

Mr. Karol is a retired officer of the prison system, has a secondary school education. He lives with his wife in a detached house built 5 years ago with the plan of spending their retirement and old age there. They have got 2 daughters.

Financial situation

Mr. Karol makes a living of his pension. He does not have any other sources of income, but he says that the money he receives is enough for the house maintenance and holiday once a year. Mr. Karol's house is new, there are all sanitary facilities. The last expense connected with the house modernization was changing the heating system from a traditional one to gas. Mr. Karol says it is cheaper. His wife gets a disability pension she is entitled to as a mother raising a disabled child: "It is not high, however, she should be happy she gets anything at all. It is always some extra income for us." He is not dependent on any kind of help, it is rather him who helps their children. He owns a flat in a block of flats in Sieradz . Now his oldest daughter lives there with her partner. Recently they have been thinking about selling that flat and buying the smaller one for their oldest daughter: "We need to consider that decision, it has not been already decided. The younger daughter is building a house and the money is needed, we would like to help her." He perceives his financial situation as good.

Family situation

Mr. Karol does not have any grandchildren yet. He can't wait to be a grandfather. Recently he got to know his dream would come true at the end of the year. The younger daughter is pregnant, so we are going to have a granddaughter, it is known already."

Quite good relationships between family members result in the fact that the daughters visit their parents very often. Mr. Karol helps them financially and with some jobs around the house. He can do a lot of construction work.

Health condition

He claims his health condition is good. "Sometimes I have a pain in my bones, or I can feel my heart ailing." He isn't suffering from any progressive diseases. He is active, tries to do sport to stay fit. He regularly takes advantage of health care "every six months or year, I try to do a routine check-up."

Activity

Mr. Karol couldn't wait until he retired. He had so much work to do. He dreamed to finish his house, to have some rest after work which made him

mentally weaker. Mr. Karol's occupation was very stressful. He worked under time pressure, duty and responsibility pressure as well. Now, after he retired, he enjoys physical work in the garden. He does the gardening, woodwork, and is socially active. He is the chief manager of the fire brigade. He organizes events together with the fire brigade. He is pleased that he can be useful for other people, it gives him a lot of satisfaction. However, he sometimes complains about his colleagues not being responsible, disciplined and hard-working. He is very demanding for himself and for the others as well.

He also derives satisfaction from his leisure activities. As it was already said before, Mr. Karol, because of the work he did, is a very demanding person. He is disciplined but also irritable. It is easy to make him lose his temper.

Mr. Karol had some hopes and expectations connected with his retirement. New time organization, which before his retirement was tightly conditioned by his work, makes him engage in what he previously dreamed about. The retirement was the beginning of pleasure and satisfaction, however as time passed by, the spare time began to be a problem as well. He found a solution and now he is socially active in a local organization of The Voluntary Firefighter Organization (OSP). Mr. Karol's activity is tightly connected to his needs: his self-esteem, feeling of belonging, life plans fulfillment, social expectations, but also his own possibilities.

Types of activities are not only dependant on personal preferences, health condition, and skills, but they also reflect the social context in which Mr. Karol lives.

3. Mrs. Janina, 69 – helps her children from the pension – a family conflict

Mrs. Janina is 69. Currently she is living with his son's family in a detached house, has been a widow for 3 months. Since she doesn't want to live in her house alone, without her husband, she moved temporarily to her son. She finished a vocational school and courses preparing for the profession of a dress-maker. She has got two sons.

Financial situation

She receives pension benefits, but additionally she also works as a folk instructor. She is the leader of a folk band for children. She has a part time job in the Local Council.

Janina is a lively, energetic person, however she has been dealing with a big trauma since her husband's death.

Her monthly income is enough to cover everyday life expenses. However, she is of great help to her grandchildren. She bought the younger ones textbooks to school, as well as she helps the older grandchildren and their families.

Her flat has all the necessary facilities. Recently, soon before her husband's death, they had central heating installed. Mrs. Janina tries not to be dependent on any kind of aid, 'but there are different situations in a person's life, which force a man to ask for help, when he or she cannot deal with on his or her own.'

Family situation

Mrs. Janina has 2 grown up sons, 5 grandchildren and one great-granddaughter. She remarried 5 years ago. She moved in with her husband, but now when he passed away, she often visits her son, not to be alone in a big house, she inherited after the husband. She perceives her son's house as her own place. She built that house, spent there a great part of her life, she feels very well there. Next to her, on the same building plot in a farm building lives her second son with his family. Mrs. Janina is in conflict with her son's wife. Therefore, the contacts are limited. The women do not get on well with each other, which with no doubt has an influence on the mother-son relationship. The two brothers' relations are not good as well. That situation is a source of suffering and pain for Janina. The conflict stems from the fact that Janina decided to leave her farm and the house to the younger son after she dies, giving the older one half of the plot so that he could build a house there. She helped her older son in building the house, she sold building plots she owned, offering money on the building. However, her son took a credit, and when problems with paying it off occurred, he sold the house and the plot. And now he and his wife bear a grudge against the younger brother who has got his own house, whereas the older one is forced to live in a farm building. These conflicts make her weaker and weaker: "I am fed up with everything, sometimes I am at the end of my tether."

Health condition

She perceives her health as bad. Although she does not have problems moving, more and more often her legs hurt and swell. When doing the gardening she has to make breaks quite frequently to have a rest, she has a heart disease. Physical effort makes her blood pressure higher. To fight these ailments she

takes the medicines prescribed by the doctor she visits regularly. After her husband's death she had to ask a psychiatrist for some advice, "I couldn't cope with everything on my own, I needed a psychiatrist's help."

Her suffering soul makes it difficult to function normally in everyday life.

"I am not too healthy, some tumours appeared on my head, but I am afraid to ask a doctor about it. I am taking some medicine, I buy it at my friend's, the natural one."

Activity

Mrs. Janina retired at the age of 55. But all the time she actively participated in various social campaigns. Since 1987 she had been the leader in a folk band, since 2005 she has been looking after the band employed as a half-time worker. Moreover, she willingly shares her knowledge about the region with others, she was awarded Oskar Kolberg Prize.

She is a folk singer, dancer, and culture animator in the region. Folk is, with no doubt, her passion and love. She devoted half of her life to it. She still is the leader of a children band, she prepares the children for numerous performances, teaches them about customs, traditions, dancing, teaches them how to sing, as well as how to speak their local dialect.

However, her strength and patience are decreasing. She would willingly allow somebody else to continue her work, but 'there is nobody who feels like doing it'. She worries that she was doing her best all the time, collected so many props and now everything will be wasted.

"If God gives me health and strength I will continue my work, it would be a pity to leave everything." Mrs. Janina puts a great trust in God, she goes to church regularly, not only on Sundays and holidays. She spends her free time praying.

4. Mrs. Józefina aged 73 – old age dependent on the others

She is given pension benefits, finished 7 grades of a primary school. She is a widow, raised 6 children, and lives in her youngest daughter's house, where she moved 6 years ago.

Financial situation

Mrs. Józefina is in a wheelchair, the benefits she receives are too low to cover even the basic needs. Her daughter and son-in-law do not work, which makes the situation more difficult.

She is given welfare benefits from the Welfare Centre, the daughter who looks after her gets benefits for that purpose. The income from the pension is used for a living and to buy medicine. It is not enough for other needs.

She moved to Chojne 6 years ago. Before that she used to work in a village near Wałbrzych. When her health condition deteriorated, she decided to move to her daughter. At the moment she is living in a house with her daughter, son-in-law and two grandchildren. The house is not equipped with central heating, it is heated with the stove. There is no hot water. It must be heated on a coal stove. However, Mrs. Józefina is grateful to her daughter for looking after her, in spite of the fact that it is hard for her "to make ends meet."

Hence, the mother's retirement pension is of great aid to family budget. She raised 6 children but no one wanted to take her home. She is in touch with her children but very seldom, they mainly talk on the phone. They hardly ever visit her. She claims they have a lot of work and little time to visit their mother. She does not ask for help. She is given some welfare benefits from the Local Welfare Centre. She is afraid they want to take back the disability benefit her daughter gets as a disabled person's carer.

Health condition

According to Józefa, she is in a bad health condition. She had her leg amputated, she suffers from diabetes, heart disease, kidney disorder, and weak eyesight. She would not be able to function on her own, she must rely on other people's help and assistance. However, she deals with her wheelchair quite well, she is able to get in it and get off it by herself. She tries not to bother her daughter so much and be as independent and self-sufficient as it is possible.

The daughter makes a lot of effort to provide her mother with appropriate care. When it is possible, they go downtown, walk and do the shopping. She also finds it essential to enable her mother to socialize with other people.

Mrs. Józefa regularly visits the doctor, due to all the ailments and diseases she suffers from, she has a routine check-up at least once a month, and when it is necessary also more frequently.

As they do not have a car, they often ask their neighbours who have a car with disabled facilities, for help. They sometimes take a bus, but then they have to call the company, so that they provide them with a bus with disabled facilities. However, as it always causes a lot of troubles, they prefer paying somebody to drive them to the doctor.

Activity

After she retired Józefa took care of her son's children. Now she spends her free time reading books, she is keen on crime stories in particular. Unfortunately, her eyes are much weaker, and it makes it more difficult to enjoy her hobby. However, she likes watching TV and listening to Radio Maryja as well. Every week she goes to church with her daughter. Because of the state of her health, her physical activity is limited.

5. Mr. Franciszek, 74 – a lonely ageing

Mr. Franciszek lives with his wife in a detached house. He is a bricklayer. He set up his own one – man business during the last years of his professional activity.

Financial situation

During his retirement he was still a contract worker in house building. He perceives his financial situation as satisfactory. They have additional source of income from the savings they had managed to save up on deposit accounts throughout all their life.

The income is enough to cover all their basic needs, however Mrs. Franciszek emphasizes the house maintenance expenses are very high. "They recently have built a sewage system in the village, and you have to pay extra for taking advantage of this facility. The price of water has increased, soon the prices for taking away the rubbish will be higher. You need to pay for the comfort."

They generally spend their income on living, but also for small house renovations.

The house is equipped with running water, toilet, bath and central heating. They had their kitchen renovated last year, they bought new kitchen equipment and new furniture. They painted all the rooms as well. Unfortunately this year in January when they were not at home, there was a fire. Thanks to their neighbours most of their belongings were saved, however the rooms still needed to be renovated. Mr. Franciszek gets on well with his neighbours. Sometimes when he needs help, or a favour, he takes advantage of their kindness, but he offers his help as willingly as they do.

For example if a neighbour borrows him his cereal, or brings him some wood, in return he plasters his farm building. "We help each other whenever it is possible."

Family situation

Mr. Franciszek does not have children. "Sometimes I regret not having children. When I look at my neighbours, I am jealous of that. Staszek, for example, his grandchildren are quite big now." But he also says he would not be patient enough, he is used to peace and quietude. Mr. Franciszek's wife plays a big role in his life, this is the person who arranges the man's plans and activities. She looks after him, and she takes care of the house.

Health condition

Mrs. Franciszek suffers from heart disorders. All his work, for example in the garden, is done so as not to overstrain him. When he has some more serious and longer work, he divides it in smaller parts for a couple of days. Apart from that, there is nothing that is hard for him. He is pleased he is able to walk on his own, without a walking stick.

He looks after his health. He gave up smoking 7 years ago, which was not an easy thing to do: "I managed, if I hadn't done it, I would probably be dead now." He is only a little afraid to go fishing on his own, that is why he always takes his mobile with him. When he feels better, he rides a bike. The doctor suggested that he should do some physical activity outdoors and he follows his advice.

Activity

After he retired, he missed his work. It took him some time to get used to the fact that his life changed. Even now, he tends to wake up at 5 a.m., but he worked a lot in his life, and with no doubt, deserves to have a rest. Now he wouldn't like to start working again due to his health problems. He is afraid. Before the heart attack he did not care about his health so much. However, now he knows it is the health that is the most precious in a person's life. Currently he can enjoy the time when he doesn't need to be in a hurry. When he feels better, he goes to the river, very often with his neighbour who also likes spending time at the water. He is not particularly keen on books, but he enjoys watching TV, especially TV serials, quiz shows, action movies. He is an active Christian so every Sunday he and his wife attend a morning mass. When there is such a need, he also participates in funeral masses. He doesn't do anything for his local society. He claims he used to do a lot of community service. He was involved in the building of the local school and he did not take wages for many working days.

He always takes part in elections. If he didn't go, he would feel full of remorse. Although, he sometimes doesn't see the point of voting:

"Because so many things go wrong in this Poland."

He is satisfied with his leisure activities. "Nobody rushes me, I will do them when I want to, and how I want to. My wife supports me. I have everything. If only I was healthy..."

6. Mrs. Zofia, 79 – active in the Country Housewives' Club

Mrs. Zofia has been a widow for 15 years. She lives on her own in a detached house. She finished 7 grades of a primary school. She is a mother of 3 children. She has got 8 grandchildren and 3 great-grandchildren.

Financial situation

She receives a farm benefit. It is rather low, but she doesn't complain: "I live a modest life – but it is enough for me" he claims. She wants to leave her farm to her children, the house to her daughter who lives in Katowice: "When my daughter comes from Katowice during her vacation, she always helps me. They installed central heating, painted the house and had it insulated." She makes a living off her pension benefit, she lives quite modestly. However, she has some extra source of income: she sells her handicraft. All the money she spends on living, medicines and bills. In winter she uses the stove which is in another building to heat her house, but when the winter is tough she is afraid to leave the house. Then she uses the stove called "the mushroom", the wood is kept in another room which is not heated during winter. She lives in one room, equipped with a gas stove, a TV set, kitchen furniture, a table and a bed. She gets on well with her neighbours: "They often help me, in particular in gardening, chopping the wood, or some field work – I call my neighbours' son for help. I pay him a little, and the rest of work I do slowly on my own".

Family situation

Two of Mrs. Zofia's children live in the same village. Her daughter is in the village council. The relationship between the mother and the daughter is good.

She visits her every day in winter, and when she doesn't, she always calls her. She does the shopping. "Sometimes she cooks dinner and brings it, or she bakes a cake, but you know she has lots of work to do, she does so many

things for the village, that she does not have a lot of time for me. And why should I bother her?"

Zofia is a very hospitable person, she often meets her friends who visit her frequently.

Women of similar age, and those who are much younger as well, offer her help and advice.

She worries that when she dies she will cause her children trouble: "funeral costs a lot of money, and they have nowhere to take the money from". She does not have a bath and a shower in her house, but she has a toilet. When something breaks up on her farm, she asks her son-in-law or a neighbour for help. She claims she has good neighbours, who are willing to help. She perceives her financial situation as being average. She does not complain, she says that there are many people whose situation is worse. And she has many reasons for being satisfied: she is able to walk by herself without any walking facilities, "I do not even need a stick." She is not as fit as she used to, but she tries to do everything on her own.

Health condition

She takes advantage of the health care whenever it is necessary. Most frequently it means the need to get prescriptions for her medicine. Every second week a welfare nurse visits her, she takes her blood pressure, blood sugar level and she generally checks her health.

Mrs. Zofia is a very sociable person, she has many friends, who visit her, she has her family and relatives. She is not going to take up a job because of her old age: "I am weaker and weaker, I like lying in bed a lot, my legs swell, I have got some pressure ailments. I take my pressure on my own."

Activity

She devotes her free time to embroider colourful patterns on folk aprons, shirts and table cloths. This is her hobby and passion. Unfortunately her health problems, and her deteriorating eyesight do not allow her to spend a lot of her time on her hobby, yet Mrs. Zofia still likes this activity a lot.

She was a member of a folk band, and now is a member of The Countryside Housewives Club, but a honorary member, not entitled to making any decisions.

She attends church every Sunday: "A few years ago I used to do it every day. Now I can't, on Sunday a neighbour drives me in his car, especially when it is

cold or rainy. And when it is warm, I ride my bike. I spend most of my time at home, I am so addicted to my needle that even if I go somewhere I think of how much work I would have done staying at home.”

She enjoys spending her time embroidering, it relaxes her.

7. Mr. Stanisław – 86 advanced age

Mr. Stanisław has been a widower for 5 months. He lives on his own in his detached house. He has got a vocational education. He used to work in one of the paint companies in Sieradz. He has got two daughters, three grandchildren and two great-grandchildren.

Financial situation

Mr. Stanisław makes a living off his pension benefit. He also receives a welfare care benefit. He spends his income on everyday life and bills: “When my wife was alive, the income was bigger, we helped our children and grandchildren, now I need to be careful with money so that it is enough for me.” “She used to have some seasonal jobs. She was a cook and cooked for wedding receptions. She had a good reputation. Now life is difficult. She looked after the house, it was much better being together.”

Mr. Stanisław’s house has got central eating, shower and a toilet. He extended his house:

“We added two rooms, before there only used to be a kitchen and one room, now you can play tag in the rooms. But so what, if I am left alone?”

Mr. Stanisław definitely needs some emotional support.

Family situation

Mr. Stanisław lives alone. He cannot get used to this situation. However, his daughter visits him every day and brings him meals. His grandchildren also visit him after work. They always try to spend some time with him. They look up to him. They have a lot of respect for their grandfather. He always helped his grandchildren, offered financial help, and was very supportive in their difficult childhood and youth. Currently he is the one in need. He is mourning his wife’s death: “She passed away so unexpectedly, she had never been sick, she had never complained about anything”.

He bears a grudge against God for taking her so fast: "it is not fair He takes good people, and the bad ones stay and make other people's lives more difficult." He is not satisfied with his family situation as he is left all alone. But they lived together for 60 years. They celebrated their anniversary last year. The mass and a family reunion took place.

Mr. Stanisław's second daughter lives in Katowice. She built her house on Mr. Stanisław's building plot. The house is finished: "they should move in but the daughter says that she will move in when she is old. But I tell her, there is no use waiting, you cannot be sure anything in life, you are here, and soon you are not. But they have got a job there and it is not that easy."

Health condition

Mr. Stanisław perceives his health as rather bad. He is depressed, sad, and ill more frequently than he used to. After his wife's death he suffered from tuberculosis.

"I thought they wouldn't cure me, but it seems I still have some days ahead of me in this world."

He suffers from diabetes, blood pressure disorders, has alimentary canal and back problems. His health problems don't allow him to function normally. He is on a diabetes diet. His wife used to look after him, now he needs to look after himself on his own. His older daughter helps him. He regularly visits his doctor for check-ups. His grandchild takes him in his car. He goes for walks, in particular to the graveyard, does crosswords and reads newspapers to stay physically and mentally active.

Activity

Mr. Stanisław and his wife were awarded the prize of Oskar Kolberg for a dancing couple.

This prize is given to the folk culture creators. He was a member of the band Chojne. Now he has given up this activity. He sees no point. His wife was his second half. He does the gardening and works in the yard in his spare time. Recently, his life has become pointless to him, he does not see any prospects: "I live day after day, nothing satisfies me."

Recommendations

Taking the Polish current demographic situation into account it seems obvious that the social policy should plan their policies so that they would correspond to the population's ageing in the rural areas. Currently it has been possible to claim that the welfare and care system is mainly based on the family and its willingness to take care of its senior members.

The access to geriatric services, rehabilitation and care in the countryside is very limited, which for elderly people has negative implications for the costs of health care and complications in their health. The limited access to rehabilitation results in the loss of fitness and exclusion. The flats of elderly people in rural areas hardly ever are equipped with all the necessary facilities. They do not complain about their living standards, however their flats and houses are often characterized by low technical standards, the lack of equipment, they need renovation and modernization. In Poland there are no programmes enabling the elderly to adapt their homes to their needs. And bad living conditions have negative influence on the conditions and quality of elderly citizens' lives.

To improve social and individual situation of the elderly in rural communities, the current system of education for elderly people should with no doubt undergo major changes. Preparing to an active old age definitely needs introducing adequate programmes years in advance so that it would be possible to result in active ageing at the time which is appropriate for the population.

The gerontologists frequently appeal that it is essential to change the image of an elderly person in the media as it is often shown as the one of backwardness, a burden on the country's economy and a burden for the family. There needs to be a change in the language used to describe seniors as well as a change of the negative image which is so consistently present in the mass media. As I have already stated at the beginning of my work, the populations ageing is a serious social issue, which requires taking effective and integrated actions in the field of social policy, which would be adequate for the elderly.

These actions should be especially focused on rural areas and should be taken by social, medical services as well as by the gerontologists getting involved in the research about elderly people's needs. The programmes preparing people to their retirement in the countryside should also be created. The collaboration of local authorities as well as their greater feeling of responsibility seems to be vital (not only the help of the Local Welfare Centre-GOPS).

Preparing the elderly for their activity and involvement in the local society including all kinds of self-aid programmes should be introduced (educational

programmes, scholarships for elderly leaders, workshops, training, promotion of the voluntary sector).

More attention should be given to inter-generation actions and programmes in the local communities (supporting the bonds among the neighbours, community integration).

The activity of the elderly can also be supported by senior leaders. Senior citizens from rural areas should be included in the educational programmes teaching about their rights and forms of the financial protection for their retirement, ways of dealing with a new role, change and setting new goals. Health prevention programmes, promotion of healthy lifestyle seem to be equally crucial. Diverse forms of social activities and education (for instance the voluntary sector, UTA etc.) are worth showing as well. It would be perfect if they could take advantage of an advisor – gerontologist's support.

Dorota Rynkowska, Katarzyna Błaszczuk

Integration of senior citizens for social activity

Introduction

Various forms of activity accompany humans throughout their lives. Currently a lot of attention is paid to senior citizens' activity and activation by engaging them in social life in order to prevent isolation. In considerations focusing on both old age and the process of aging human activity is subject to analysis regardless of the field of science, culture or social and economic preconditions. Active approach to life is usually defined as an inborn tendency to take action, and communicate effectively with other people and the surrounding world. Psychology understands active approach as a method of getting to know the reality as well as the overall mental characteristics manifested in physical and mental undertakings and determined by personality traits.

Significance and functions of senior citizens' social activity

Senior citizens' activity is strongly linked with the needs for: personal growth, self-esteem, sense of belonging, fulfilling life goals, as well as adjustment to changing conditions, capabilities and social expectations. The type of activity does not only depend on individuals' preferences, well-being, their overall social skills, but also to an extent reflects the social context of human endeavours and their various dimensions. In the case of elderly people feedback is an underlying factor for active lifestyle, which according to S. Steuden "is a manifestation of a positive response to tasks related to this period of one's

life, and at the same time because it enhances one's self-esteem it becomes the driving force for continued growth".¹

Activity is recognized as one of the essential human needs, as a condition for proper development, allowing for creative and balanced mode of living and an underlying component of treatment in many disorders as well as a factor hindering the process of aging. Activity is a synonym of life, as a continued effort adjusted to an individual's capabilities. This is an area of existence which provides humans with an opportunity to express themselves in the form which is available and highly specific to them and is defined by their abilities, preferences and habits.² Social experiments and research conducted among the elderly show that a lack of activity and social contacts as well as the sense of uselessness lead to isolation, social vacuum and loneliness which are forms of social death. Symptoms of aging include physiological deterioration of the body and mental reduction in many interests and needs. Seemingly, it is essential for the elderly to keep up mental activity in order to retain physical activity and as a consequence postpone the onset of advanced old age. A. Kamiński believes that the manifestations of "life-giving activeness" focus on two areas.³ The first relates to the performance of work which is appreciated and useful, and the second to fulfilling one's interests. They both allow for keeping up one's fitness, counteracting loneliness and preventing the feeling of emptiness, particularly if they occur jointly with attention to health, proper hygiene and adequate material security.

Activity initiated at advanced age may fulfil many functions such as adaptive, integrative, educational, recreational and entertainment, as well as psychosocial.⁴ Activity is a prerequisite for meeting all human imperatives. Changes in one's social roles and ending one's professional career result in a large quantity of free time. According to G. Orzechowska, particularly important for elderly people is their active involvement in the following domains: home and family, culture, career, social matters, education, religion and recreation.⁵ Therefore, we can use the term activeness even for daily routines performed at home,

¹ As cited in: Steuden, S., (2011), *Psychologia starzenia się i starości*, PWN, Warszawa, p. 83.

² Kozaczuk, L., (1999), *Terapia zajęciowa w Domach Pomocy Społecznej*, Wydawnictwo Naukowe Śląsk, Katowice, p. 25.

³ Kamiński, A., (1994), *Aktywność jako wspomaganie żywotności osób starszych*, [in:] B. Petrozolin-Skowrońska (ed.), *Encyklopedia popularna PWN*, PWN, Warszawa, p. 115.

⁴ Mielczarek, A., (2010), *Człowiek stary w domu pomocy społecznej*, Wydawnictwo Akapit, Toruń, p. 148.

⁵ Orzechowska, G., (2001), *Aktualne problemy gerontologii społecznej*, Olsztyn, pp. 28–29.

at work, in the street (preparing a meal, cleaning, shopping, etc., meeting one's existential needs, both biological and social). Activity is important at every stage of individual's life, yet at old age it significantly determines the quality, satisfaction and condition of a senior citizen's life; on the other hand a serious disease and advanced age may limit one's activity.

The term "activation" is used in various meanings. It can denote "stimulation of dormant activeness, triggering suppressed activeness, modifying misdirected activeness, motivating and mobilizing the body to activeness". Activation is a process aimed at improving overall and selective activeness. The concept of overall activation is usually understood as "mobilization of the entire organism, while selective (directed) activeness means an increase in the level of physical, mental, creative, sexual, professional, educational or religious activity".⁶

The main goal of activation is to pay attention to the following components: keeping up physical fitness and well-being, restoring independence and self-sufficiency, learning co-existence in a group and environment, retaining or restoring one's faith in the meaning of life, developing various interests, stimulating the processes of imagination and creative pursuits.

Activation of senior citizens involves providing access to education (Universities of the Third Age, computer courses), promoting senior citizens' initiatives and promoting healthy lifestyles. In the process of planning the "good old age", it is very important to emphasize physical activity as a critical factor for successful, healthy and happy old age. Hiking and cycling trips, gardening, exercise using equipment at home, practicing sport in the open air were all priorities in biographies of senior citizens.

Knowledge based on life experience is fully compatible with researchers' reports who unanimously recommend exercise as the factor sustaining physical and mental health, constituting elixir of life and youth, which is confirmed by theory and practice.⁷ Motor activity increases chances for longer and more active life, improves individual's physical and mental fitness, enhances oxygen efficiency of the body, improves muscle strength and flexibility, and restores balance and motor coordination in the organism. It also reduces the risk of some disorders, such as: coronary heart disease, arterial hypertension, diabetes, osteoporosis, it minimizes effects of some disabilities and support treatment of painful ailments. Yet, the types of activity must be adjusted to the individual's health condition and fitness. Well organized activation, even at an initial stage,

⁶ Mielczarek, A., (2010), op. cit., p. 149.

⁷ Ibidem.

induces positive attitude to advancing age, allows for retaining independent life style, enhances the sense of well-being and boosts the morale of subjects. Active individuals are quieter and less demanding, they can relax better and regain self-confidence and self-esteem; they are more willing to interact with those around them.

On the other hand stimulation of both mental and social activity is a precondition for the proper psychosocial development of senior citizens; it supports relationships with other people through contacts with them, sharing ideas and experiences. This kind of involvement should enhance the performance of elderly people in whatever sphere, or induce their eagerness to learn something new. Lack of activity may lead, among others, to isolation, aversion to other people or loss of self-esteem, as well as withdrawal from life, which then leads to the feelings of loneliness and uselessness. Mental activity prevents dementia in older people, occupies their attention, and inspires thinking and imagination.

Social activity means deliberate endeavours for the benefit of specific people or local community, usually performed free of charge and characterized by repeatability. It is frequently a preferred choice of individuals who previously were also involved in their local community. There are two facets of social activity: it may result from a necessity imposed by life or from deliberate involvement of an individual. Deliberate involvement means any type of voluntary engagement in associations and unions, within one's housing estate, in clubs, and charity or aid campaigns. Elderly people with a lot of free time on hand can become involved not only to fulfil their own personal needs but also to provide help to others. Options for social activity designed for elderly people and most popular in the target group include those focusing on educational, cultural, social and care giving activities.

In recent years elderly people have been more and more interested in voluntary work. Elderly volunteers can be encountered in hospitals, hospices, shelters where they visit lonely patients, do shopping for them, read books or newspapers to them or take them for walks. Involvement in voluntary work gives senior citizens an opportunity to fulfil a lot of their own needs. It is linked with a possibility to apply one's own experience, knowledge and life wisdom, which is a prototypical feature of old age and at the same time one of the few positive features in the image of an old person held by the society.

Elderly people willingly participate in various forms of leisure and entertainment activities. These include: table games, crossword puzzles, listening to the radio, watching TV, looking through magazines, and chatting. These pastimes

fulfil an important function in the life of a club community as they allow for the integration of individuals within the entire group of people who are friendly and interested in one another.⁸ Keeping up physical, mental and social activity at one's advanced age allows for retaining one's autonomy and independence, improves the quality of life and is a predictor for its longer duration.

The subsequent part of the study describes an organized form of social activity within a local community. The operations are conducted by IMPULS Kraśnik Association for Social Initiatives (Kraśnickie Stowarzyszenie Inicjatyw Społecznych IMPULS) implementing the project entitled: "Centre for the activation of senior citizens as an alternative to loneliness" (*CAS – Centrum Aktywności Seniora alternatywą na samotność*). The report characterizes the operation of the Association and works related to CAS project based on specially designed program (mps) access to which was permitted by the Managing Board of the Municipal Welfare Centre (MOPS) in Kraśnik.

Operation of IMPULS Kraśnik Association for Social Initiatives

IMPULS Kraśnik Association for Social Initiatives is an organization operating in accordance with Art. 3 Clause 3 of the Act of 24 April 2003 on Public Benefit and Volunteer Work (Journal of Laws 2010, No. 234, item 1536, as amended).⁹

The Association operates in the following areas:

- support for implementation of tasks related to welfare and development of community involvement;
- support for social initiatives benefitting the poorest residents of the town;
- raising public awareness related to goals, aspirations and problems of poor and disabled people and assistance in activating these groups;

⁸ Grzanka-Tykwińska, A., Kędziora-Kornatowska, K., (2010), Znaczenie wybranych form aktywności w życiu osób w podeszłym wieku, "Gerontologia Polska" 1, Kraków, p. 30.

⁹ Kraśnickie Stowarzyszenie Inicjatyw Społecznych IMPULS with headquarters in Kraśnik, ul. Grunwaldzka 4A, 23-210 Kraśnik, was registered on 7 March 2008. (KRS: 0000301087, NIP: 7151885402, REGON: 060341088). Telephone: 785 559 615; (81) 825 15 80; Fax: (81) 825 15 80; e-mail address: dszydlowska@mops.krasnik.pl; bank account in Bank Spółdzielczy Ziemi Kraśnickiej, No. 49871700092001000482330001. Persons authorized to represent the awarding entity: President Danuta Szydlowska, Vice-President Katarzyna Jata. The Board consists of 3 persons: president, vice-president, secretary. Declarations of will, on behalf of the Association, are made by the president or the vice-president. Declarations of will concerning property assets are made jointly by the president and the vice-president, and if one of them is absent, by the secretary as well (Articles of Association, dated 28.05.2012, Section VI., § 19, § 20 i § 22).

- support for measures aimed at individuals at risk of social exclusion or those who already are in the socially excluded group;
- initiating activities aimed at providing aid to dysfunctional families, children and youth at risk of pathologies, elderly and disabled people;
- integration and activation of various social groups;
- initiating and providing support to activities aimed at the integration of local community;
- integration of operations conducted by institutions and non-governmental organizations;
- charitable activities;
- activities related to promotion, disseminating information and publications;
- raising citizens' awareness;
- elaborating expert evaluation, opinion, reviews concerning issues related to the Association's profile of operation, issuing opinions about legal acts concerning important social matters. The organization's undertakings comply with the idea of creating a civil society.

At present the Association is implementing a public task promoting social activity in the local community in accordance with the Governmental Program for the Social Activity of Elderly People (Aktywność Społeczna Osób Starszych – ASOS). The task focuses on social activity promoting inter- and intra-generational integration, including voluntary work performed by elderly people, physical activity, tourism and recreation of the elderly, culture oriented activities involving various generations, building social networks, including inter and intra-generational voluntary work. The task is entitled "Centre for the activation of senior citizens as an alternative to loneliness". It was designed to be implemented for two years, from 1 January 2012 until 30 June 2013, in accordance with the provisions set for in Part II, Section 2 of the Act of 24 April 2003 on Public Benefit and Volunteer Work. The project has been designed to be implemented by establishing the Centre for the activation of senior citizens (CAS). The tasks were divided into 6 modules: Module I – Establishing CAS, Module II – Operation of CAS, Module III – Participation in CAS, Module IV – A series of programs in local TV, entitled "Słodkiego miłego życia" ("Have a sweet and pleasant life") with the senior citizens, Module V – Series of integration and sightseeing trips, Module VI – Voluntary work (for the elderly and by the elderly). CAS is designed to operate for 8 months, i.e. from Nov. 2012 to June 2013, yet the entity initiating the project will take effort to make sure it remains an active centre for integrating senior citizens after the project has been completed.

OBJECTIVES AND THE METHOD OF IMPLEMENTING THE PROJECT

Main objective:

Social integration and activation of elderly people in the local community of Kraśnik District by organization of and involvement in CAS.

Specific goals:

1. Increase in social and personal activity of the elderly through involvement in CAS;
2. Improvement of the image of the elderly in the local community, particularly among young people, by producing a series of programs in local TV;
3. Integration of senior citizens with young generation through joint meetings and voluntary work.

The specific goals will be implemented through:

1. Meetings in the Centre for the activation of senior citizens;
2. Floral, photography, and dancing workshops, training restoring motor skills;
3. Voluntary work for other elderly and young people;
4. Integration and sightseeing trips;
5. Meetings with people involved in social work, and known within the local community;
6. Spending free time together;
7. Meetings with young people;
8. Participation in a series of TV shows about elderly people.

IMPORTANCE AND JUSTIFICATION OF THE PROJECT'S USEFULNESS

Kraśnik is a town, located in the Lubelskie Voivodeship, along the so-called “eastern wall”, with a population of 38,000; it has a very poor infrastructure for the elderly and offers few options for them. The Municipal Library organizes activities for children and teenagers. During discussions with the director of the library regarding implementation of a project aimed at senior citizens at its premises the applicant was told it was impossible due to the fact that the library occupies small rooms next to a kindergarten. A similar situation is found in MOPS in Kraśnik, where 40 persons work in poor conditions. One room can be occupied by up to 8 social workers. The Municipal Centre for Culture and Promotion (Miejskie Centrum Kultury i Promocji – CKiP) does not have rooms which could be rented for activities regularly held for a longer period of time. The latter building also hosts the University of the Third Age,

which partly due to architectural barriers does not meet the expectations of older people who are ill, or physically and mentally less able. There are a few commercial options on offer for renting premises, yet this solution is financially unjustified and does not allow for ensuring lasting effects of the project. Due to the above reasons the entity initiating the project decided to establish CAS. In performing tasks under the project the entity will cooperate with local institutions (Centre for Voluntary Work, Centre for Culture and Promotion, the library, schools, etc.), using human, technical and organizational resources of the institutions which agreed to make them available.

The main problem faced by the elderly people living in the town and district of Kraśnik is related to the lack of adequate infrastructure and options for alternative ways of spending free time. This situation leads to social withdrawal and passivity, and as a result to social exclusion. According to the Demographic Yearbook of the Central Statistical Office (GUS) from 2010 (data for 2009), persons aged 65 and more accounted for 13.5% of the total population of Poland.¹⁰ Available projections show that the process of aging in the Polish society will progress in the nearest years and decades. The advancing process of aging in the society and the changing demographic situation are significant factors contributing to exclusion which is strongly linked with poor economic status of a vast majority of elderly and disabled people. Welfare benefits (retirement, disability or social pensions, other benefits) are insufficient in comparison with the growing needs. With age there are growing expenses related to necessary goods, such as: medicines, orthopaedic and rehabilitation equipment as well as services provided by caregivers as well as those connected with housekeeping. Poverty is a hindrance to active life, therefore elderly people tend to stay at home even when there are no restrictions imposed by medical condition. They do not engage in social life, and avoid social gatherings because of related costs.

The aging society requires changes in many areas of public life. It is important for the society, particularly for young generations, to recognize the importance of elderly people in social life and for senior citizens to understand the old age. In the coming years the increasing life expectancy will lead to a growing number of people in need of nursing services. Because of this it is necessary to look for systematic solutions which will ensure a proper place for the elderly within the society. We must create conditions for a wholesome life in a safe

¹⁰ Rocznik Demograficzny 2010, (2010), J. Oleński, (ed.), Zakład Wydawnictw Statystycznych, Warszawa, p. 71.

and friendly environment adjusted to personal preferences and changing abilities. An old or ill person does not have to be excluded from social life as a whole. Additionally it is necessary to introduce changes in the public, economic and social life adjusting these to the changing demographic situation in Poland in order to provide the elderly with support in overcoming difficulties and disadvantages typical for their age.

The need for the project is related to the fact that there is an insufficient number of options designed for older people who do not have opportunities to develop interests, organize meetings, events, etc. This is a result of low retirement pensions and insufficient funds for organizing activities in one's free time. According to data from MOPS majority of retired people live in one-person households, these are mainly females (widows) who feel lonely and abandoned. Their children usually live in separate households, at a significant distance, and rarely visit their parents. Older people feel lonely, and due to this become apathetic and depressed. Such situation does not encourage persons who rarely go out from their house for social activity or exercise, which may lead to social exclusion.

The project is an initiative designed not only for senior citizens. Thanks to its implementation older people, as well as children and teenagers will designate their free time for voluntary work, and will participate in joint meetings and other tasks of the project. Those initiating the project are convinced that, by establishing and enhancing community support, the measures may change senior citizens' attitude to life and encourage them to become involved in community life.

The series of TV programs with participating senior citizens and discussing the issue of aging and reducing its effects by means of personal and social activity is aimed at changing the image of older people among younger generations, by showing socially and sometimes professionally active persons who are involved in public life. It is also designed for other elderly people and hopefully may contribute to a change in their attitudes, convince them not to withdraw from social activity and show them they can count on support. A significant argument for the usefulness of the project is the fact that a need for such measures was reported directly by elderly residents of the commune. Senior citizens themselves have decided what kind of activities would be interesting for them and what options would allow them for learning important skills.

The project will allow for initiating and supporting measures aimed at the elderly. The main goal of the project is to establish a permanent place encouraging integration and activation of senior citizens at risk of social exclusion. Activi-

ties are designed to include the following options: promotion and introducing healthy life style, healthy competition, and alternative ways of spending one's free time. They also contain educational aspects, develop participants' interests and hobbies, encourage for personal growth, teach active approach to social life, enhance a will to take action and improve physical and mental condition. By its implementation the project will contribute to social integration of the elderly, will reduce their social isolation and will allow them to improve their self-esteem. This program and free-of-charge participation of individuals and groups at risk of exclusion leads to providing them with equal opportunities for development and contributes to their improved performance in the community.

The Project is addressed to 30 individuals who are over 60. It is implemented in the commune and town of Kraśnik, but residents of neighbouring communes within the Kraśnik District may also participate. Additionally, participants of activities aimed at integrating various generations will include 20 youngsters, including: children and teenagers, disabled children, as well as coming from poor families, volunteers and grandchildren of the main participants; these will be able to improve their relation with the elderly and change their way of thinking about old age.

The recruitment process was conducted by a commission consisting of the project coordinator and a specialist in recruitment and voluntary work. It commenced on 1 Oct. 2012, by distribution of recruitment questionnaires which provided the basic information on the persons interested in participating and was a tool used by the commission in selecting the participants. Recruitment was conducted with the assistance from the Partner (MOPS in Kraśnik) having the best knowledge of the local community; that is why that Partner provided the specialist in recruitment and voluntary work. Social workers distributed relevant information among the elderly in their regions and then in course of their duties they recommended the project and an alternative way of spending free time.

During recruitment the following criteria were taken into account: age 60+, residence within the District of Kraśnik, in particular the commune and town of Kraśnik, difficult material and economic situation, opinion of social worker, willingness to participate in the project. In order to ensure equal opportunities in access to the project activities the rules of recruitment and participation were elaborated, and the Recruitment Commission was appointed; it selected the beneficiaries then compiled a list of qualified individuals and a standby list which were then communicated to all candidates by the Project Coordinator

(via e-mail, phone and/or in writing). The candidates filled in declarations, in which they expressed consent for participation in the project. As a result of the recruitment procedure a list of 30 senior citizens, aged 60+ was compiled as well as a standby list of 5 individuals to ensure that if a participant resigns the project will be continued. Those who were finally qualified were informed by phone and/or e-mail.

PLACE OF THE PROJECT IMPLEMENTATION

The project is being implemented in the District of Kraśnik. CAS has been established in Kraśnik to ensure the best access for residents of the town and the neighbouring communes. To create the best conditions for the activities and meetings, the rented premises have the space of 40 m², and consist of 2 rooms for meetings, a break room and bathrooms. The premises are located on the ground floor to ensure no architectural barriers exist for individuals with limited physical abilities. An assistant for disabled persons has been hired to accompany participants during journey and during activities. Due to limited mobility of the elderly persons, their disabilities and frequently large distance from the place of meetings/classes a special Senior-Bus service was launched to bring the participants to CAS. These solutions will allow for achieving intended goals and results of the project.

SCHEDULE OF TASKS CARRIED OUT UNDER THE PROJECT

The specific stages of the project span the period from 1 Oct. 2012 to 30 June 2013, in the following way:

- recruitment of participants (Oct.–Nov. 2012);
- project promotion (Oct.–Nov. 2012);
- module I: furnishing the rooms, purchase of equipment (Oct.–Nov. 2012);
- module II: renting the premises and bus, hiring: 1 assistant of elderly persons; 2 animators of local activities, specialists/experts according to needs (Nov. 2012–June 2013);
- module III: classes in photography, art of floral and other decoration, activities aimed at restoring motor skills, choreotherapy, make-up and hair-styling, meetings with persons known in the local community, volunteers, children and teenagers (Nov. 2012–June 2013);
- module IV: promotion of senior citizens' active lifestyles in TV shows (Nov.–Dec. 2012);

- module V: 2 integration and sightseeing trips (IV–V.2013, V–VI.2013);
- module VI: organization of voluntary work (Nov. 2012–June 2013).

Project organization and implementation

Recruitment for the project started in October 2012. Coordinator (Leader) and specialist for recruitment and voluntary work (Partner) were employed, and the recruitment commission was appointed. Procedures were initiated in order to rent the premises, purchase the equipment and adjust the rooms for operation. A selection procedure was carried out to choose a carrier for transporting the participants, a catering company as well as a review of database was conducted to find animators, specialists and experts to be employed for CAS.

Project Partner, MOPS in Kraśnik was responsible for recruitment and promotion. Posters were printed and distributed throughout the town and the nearby communes, and relevant information was posted on MOPS website; social workers personally distributed information related to the project in their regions. Promotional activities included marking of the vehicle carrying the participants to CAS, with an inscription “SENIOR – BUS” and information on the source of financing. The Partner is also responsible for monitoring of the Project: preparing, distributing and analysis of assessment questionnaires, gathering photographs connected with the project implementation, collecting documents showing the effects (up to one year after concluding the project) and preparing reports based on assessment questionnaires and showing achieved results. The organizers intend to continue the activity after the project has been completed; therefore they are going to take effort to obtain funds to maintain the premises and include the initiatives in the town’s budget and Strategy.

Before the activities started the premises were equipped with basic furniture: tables, chairs, cabinets, hangers, couch (necessary in emergency, if a participant’s condition suddenly deteriorates). A TV set and a DVD player were purchased for educational needs and for watching television together. The employed personnel included an assistant for disabled persons and two animators experienced in initiating social activities; their task was to promote voluntary work among the project participants and initiate endeavours aimed at establishing Senior Citizens’ Association. It will provide support to and activate elderly people, promote active life styles, and will allow for ensuring durable effects of the project and its continuation, e.g. by helping create self-help and support group.

Group activities were designed to be organized 2 days a week, 6 hours per day, and constituted a series of 4 classes (conducted by experienced trainers and lecturers), 20 hours each, focusing on: art of floral decoration, photography, dancing – entitled “Creative treatment – dance therapy” as well as training aimed at restoring motor skills. Necessary equipment and materials were bought for the photography class (camera, and training materials, for outdoor classes from April to June 2013) and for florist class (flowers, decorative elements). There will also be classes in make-up and hair-styling, which will allow senior citizens to improve their mood and self-esteem and change their image and perception in the younger generations (so that advanced age is not associated with shabby looks). Each participant will receive a starter kit of cosmetics necessary for the workshops. After the classes the participants will keep the kits. The plans also included 40 hours of meetings with specialists providing advice related to medicine, law, social work, psychology, etc. whose timing will be adjusted to the needs reported by the project beneficiaries.

Additionally there will be meetings with persons known in the local community: the head of the district, the mayor, a businessman, representatives of the University of the Third Age, and non-governmental organizations, etc. Other activities will include cycling trips (designed for those physically fit), walks, study visits in the library (the elderly will read books to children), film sessions, performances of artistic groups existing at CKiP, concerts of music school students, etc. There will be intra-generational meetings with children and teenagers attending schools, PROMYK daycare centre at MOPS and with grandchildren of the project participants. Games and magazines were bought to allow for more free time attractions during breaks between the organized activities (participants can use the premises every day to meet for tea, to play games, watch TV, etc.). They can also borrow educational, documentary and feature films on DVD.

In December 2012 there was a Christmas event, and in March 2013 an Easter meeting. Those were attended by 30 senior citizens taking part in the project, 20 volunteers, including 9 young persons, and 10 guests – representatives of local authorities focusing on social assistance and working for elderly people. The meetings were organized to allow for inter- and intra-generational integration, making ties and contacts with local authorities and improving senior citizens' self-esteem.

From April to June 2013, there will be three-day trips to Zakopane and Białystok (destinations were chosen by the participants). The trips will

allow for greater integration within the group, for getting to know one another and for closer relationships between the participants. During those trips the organizer will ensure transport, accommodation, full board and support of caregivers (assistants of the elderly, and volunteers).

An additional benefit of the project is the fact that the rented premises can be used by senior citizens as a place for everyday meetings. Kraśnik does not have this kind of infrastructure and elderly people cannot organize such meetings in cafes or restaurants due to financial reasons. Additionally, CAS is a meeting place for individuals with varied physical and mental capacities, including those who cannot get involved in other organizations, e.g. the University of the Third Age. The organizing entity intends to continue the idea of CAS after the project has been completed. It will make effort to obtain funds for this purpose from the local authorities and by entering public competitions aimed at activating senior citizens. CAS is designed for permanent participation of 30 individuals but it does not exclude the possibility there will be a greater number of participants, so that everyone can spend their free time here. The Association will cover the costs of co-financing participation of such individuals, as required, from its own resources.

To ensure comprehensive activities aimed at changing senior citizens' position within the local community a series of eight programs was aired in local TV Kraśnik, entitled: *Słodkiego miłego życia...* (one episode per week in November and December 2012). The programs showed advantages of advanced age, positive opinions of young generation; senior citizens were depicted as leading active life and involved in community issues. Additionally the programs discussed problems faced by the elderly, methods of solving these and opportunities of support. A changed opinion of the local community concerning the elderly will allow for creating friendly atmosphere for them and raising public awareness related to the needs and values of advanced age.

Volunteers' Time Bank will function in the period from November 2012 to June 2013; participants will devote the minimum of 480 hours for work benefitting those in need, the number of hours may be increased, adequately to the needs. The Bank operates in such a way that an employed assistant or animator of community activities (present in CAS) collects data concerning individuals in need and those with free time and volunteering to provide service. The specialist for recruitment and voluntary work, providing logistics support, collects the same data and assigns volunteers according to needs. Volunteers are young individuals (mainly teenagers), and senior citizens (project participants). It was assumed that the senior volunteers will

at the beginning be paired with youngsters, to acquire experience. This activity aims at using one's free time to provide help to other people, which allows for two-way benefits: providing support to people in need allows the helper to gain the sense of both fulfilment and being useful. Senior citizens can meet and spend free time with other volunteers from the Centre for Voluntary Work in Kraśnik. The animator takes initiatives aimed at engaging senior citizens in social life and at participation of local governments in shaping active approach at the local level. The Bank of Volunteers can also provide assistance to older persons who due to their health cannot participate in the activities. Project participants, acting as volunteers, may accompany individuals staying at home. The Association of Senior Citizens, which is to be established in the future, will allow for achieving positive social changes supporting integration and activation of the elderly.

ASSUMED EFFECTS OF IMPLEMENTING THE PUBLIC TASK

1. Establishing the Centre for Social Activity as a durable effect;
2. Development of multigenerational voluntary services;
3. Establishment of Self-Help Group (up to 3 months after the end of the project);
4. Establishment of the first Association of Senior Citizens (up to 1 year after the end of the project);
5. Increased involvement of senior citizens in the life of the community;
6. Improved image of senior citizens in the community;
7. Changed attitude of the elderly to the process of aging.

The following part of the study shows opinions of the project participants, and is based on a survey.

OPINIONS OF THE SENIOR CITIZENS PARTICIPATING IN THE PROJECT

Participants were asked to express their opinions by answering a survey consisting of 38 open and semi-open questions, including 16 questions related to socio-demographic issues (pp. 23–38). The questions comprised 3 main topics:

- A – types of respondents' activity and their interests (pp. 1–6);
- B – opinions regarding the activities organized in CAS (pp. 7–13);
- C – social relations (pp. 14–22).

The survey was conducted from 28 March to 6 April 2013 with 27 participants. In the project there were 30 participants, including 28 females and 2 males,

living in Kraśnik. Due to the small size of the sample the results will be given in absolute numbers, with no division into genders.¹¹

Respondents' age: 60–64 years (N=12), 65–69 years (N=7), 75+ (N=3). Single persons accounted for N=17 (1 divorced, 16 widowed), the number of married persons was N=10. Those with secondary education accounted for (N=16), the others had higher (N=6), vocational (N=3) and elementary (N=2) education. Retirement pension is the main source of income, and majority of the subjects assess their financial situation as medium level (N=23). Majority of the respondents have their own flat (N=25), one person has a house; and the space used exclusively by them is in the following range: 41–60 m² (N=14), 20–40 m² (N=9), over 60 m² (N=3). The biggest number of subjects have been retired for 11–15 years (N=10); less than 5 years (N=5), the remaining for 6 to over 20 years.

No participants continue to work. Other forms of activity reported by subjects include: sport activities (N=10), gardening (N=9), travelling, tourism, (N=7), walking (N=6), classes at UTA, other pastimes were indicated by few respondents (N=1–2), e.g. reading books, social gatherings, mushroom hunting, taking photographs. 24 individuals reported having a hobby, yet only 10 admitted having time for it before retirement. The reported reasons for the lack of time included: child rearing, housekeeping (N=10) professional career (N=6), others mention additional training, volunteering, taking care of parents. 12 subjects report the ability to fulfil plans and dreams after having retired; these include: travelling, meetings with friends (N=6), reading books (N=3), others specify: embroidery, gardening, learning a foreign language, Nordic walking. The reported pastimes include: taking walks (N=16), meetings with family and friends (N=11), reading books (N=10), gardening (N=6).

The respondents found out about CAS from: acquaintances, friends (N=17), MOPS, UTA (N=8), and they were encouraged to participate by the opportunity to get busy in their free time (N=12) and meet people (N=10). All respondents admit the participation was a good choice because of the trips, classes, meetings (N=18), opportunity to meet interesting people, get out (N=14). Most respondents participate in physical exercise (N=17), make-up classes (N=12), florist and dancing classes (N=10), photography classes (N=9). All subjects admit the classes contributed new values to their lives by allowing them to learn new things, acquire new information and experiences (N=14), meet people

¹¹ The values may exceed the number of subjects since there were a few variants of responses provided by the same persons.

(N=8). According to the subjects the most popular activities included: exercise, aerobics (N=20), trips (N=10) and dancing (N=8), because they improve fitness (N=10), allow for having a good time (N=8). The participants favourably assess the organization of the activities (in 1–10 scale), 2/3 of the subjects assessed the activities as very good (9–10 points), the others as good (8 points). Most respondents reported they had known persons from the group before joining the program (N=24), and some of them had encouraged other persons to participate (N=18), and were successful with regard to acquaintances, friends or family members (N=16). Respondents admit they keep in touch with persons from the group outside the classes (N=26).

When asked about their functioning within their household and in family relationships the subjects reported they managed to run their home by themselves (N=16), the others with the help of their family. They assess their family relations as very good (N=17) and good (N=9), thanks to understanding, love, tolerance and respect (N=10) and mutual help, closeness, honesty, trust (N=9). Most respondents started their professional career in 1961–1970 (N=12), the others in 1950–1960 and 1971–1980 (N=6), most of them retired in 1991–2000 (N=12) and 2001–2010 (N=11); continued contacts with their former workplace was reported by only (N=8); these occur in the form of meetings, chats with friends, holidays organized for employees, occasional events.

Conclusions

Analysis of the survey results allowed for the following conclusions:

Most participants of the project have various interests, but only few of them could pursue them before retiring from work.

The participants most highly value recreational activities and those allowing to improve fitness and to meet new friends.

Some respondents successfully encouraged acquaintances and friends to participate and most of them had known persons from the group before joining the project.

It can be assumed that the project participants strive to have satisfying relationships because they meet members of the group outside the classes and most of them consider their family relationships as very good.

Few participants keep in touch with their former workplace, by means of meetings, occasional meetings and employee vacation.

Summary

The pace of life and changes resulting from globalization lead to an increased risk of exclusion faced by individuals/groups failing to keep up with the transformations, and these include elderly people who, because of their age, modest financial resources and poor health, need support and assistance in adjusting to new conditions. Yet, such solutions must not be designed for isolated cases but they must in a systematic way accommodate intellectual potential and experience of senior citizens. This is important not only for improved functioning of an older person in their personal life and for better health condition but it is beneficial for the entire society, in particular for the young generation which can gain knowledge and skills from experienced individuals as well as their support in practical activities, while preparing for the future social and professional roles. The project implemented by CAS should be continued and widely promoted in local communities, among all residents and local governments in order to show benefits in long-term perspective. Similar initiatives in the context of the country's economic profit can significantly decrease the cost of maintaining institutions providing social and medical assistance, while increasing the quality of the society's life.

The study shows a method for activating senior citizens in a small community therefore it does not allow for proposing thesis of global dimensions yet it can constitute a stimulus for other researchers to explore the subject.

Ryszard Majer

Activation of the elderly in rural environment: barriers and possibilities

Introduction

Life situation of persons in seigniorial age largely depends on place of residence. Urban areas residents having an easy access to institutions providing attractive activation forms are in a better position than country citizens, who have difficult access to cultural, sport and recreation institutions. In the following article I will try to define barriers based on analyses conducted in the Częstochowa district, what the barriers do to the people's motivation and what are the possibilities for this social group.

It is necessary to point that there are at least a few entities responsible for the implementation of the seigniorial policy in Poland: as from the public administration, responsible for law and finance form; through the local self-government diagnosing and programming local social policy; and non-governmental organizations, which carry out projects and programs; to finish on the commercial entities, which can join in a chosen action accomplishment for oldest residents. In the process of shaping the local social policy towards elder people it is very important to involve in it seniors, already at the stage of its formulation, so that the most important activation projects coincided with the elderly people's needs. A better use of the local potential is necessary, both personally (social services and social education leaders) as well as institutionally – e.g. Volunteer Fire Services.

It seems that only focus on all social partner activities, not excluding seniors, may cause a positive climate for elder people activation, also in the country environment.

The changing demographic panorama of reality, as much in a natural way, forces all participants in the social life to a new view of roles in the local environments by elder people. Social politicians perceive an ageing society in challenge categories, because social structure change brings implications of the social-economic nature. It forces a change in thinking about economy, economics, social benefits system as well as in the entire social security infrastructure and health care system. Extending life period is a sign of positive change, human life is prolonged, a man can achieve next degrees of personal development, unavailable to previous generations. Government administrative structures as well as local environment must prepare for the demographic change, not to treat it in terms of social issues, as undesirable phenomenon, but as challenges, particularly in the wider context of social policy and social work in local environment.¹

However, in order to take action in favor of elderly people the specificity of this social group nature, its as well as local environment possibilities must be considered and these will be different in the urbanized area and other in the country environment.

Numerous sociologists tried to define the entity role in changing reality, because in frames of this discipline not only undertakes to research above distinctive seniors generation features, their needs, but also the place and role which has an old person in the family and society, his situation on labor market, and finally values as well as social roles which perform withdrawal process from current roles and solitude problems.² Amongst sociological theories of ageing, the present article purposes two, which have special importance in redefining old people place in the local environment. Let us add the words of B. Synak that the catalogue of theoretical constructs isn't closed and there can arise next, which develops our view at the old age.³

Withdrawal Theory – included in the structuralistic mainstream – called also the non-alignment theory is a hypotheses team including entity ageing process in categories of its changing social activity. Decreasing activity means a reluctance to take new responsibilities as well as lack of more intensive involvement in the senior social or family reality. Withdrawal process is doubly conditioned, from one side changing elderly needs, on the other decreasing

¹ Szatur-Jaworska, B., (2009), Starzenie się ludności – zadania dla pracy socjalnej, [in:] K. Wódz, K. Faliszek (eds.), Aktywizacja – integracja – spójność społeczna. W poszukiwaniu rozwiązań w obszarze polityki społecznej i pracy socjalnej, Wydawnictwo Edukacyjne "Akapit", Toruń, p. 51.

² Kotlarska-Michalska, A., (2000), Starość w aspekcie socjologicznym, [in:] L. Leońska, Z. Woźniak (eds.), Profile starości, Wydawnictwo Miejskie, Poznań, p. 87.

³ Synak, B., (1999), Ludzie starzy, [in:] W. Kwaśniewicz (ed.), Encyklopedia socjologii, Vol. 2, Oficyna Wydawnicza, Warszawa, p. 146–147.

expectations.⁴ Limited interactions may with time cause isolation consisting in weakening family bonds and progressing living space limit. Theory established by William E. Henry and developed among others by Talcott Parsons met with criticism, showing that it is possible to treat the withdrawal process in selective categories, not-referring to the whole of elder people.⁵

Activity Theory is a group of views, which authors among others Ruth S. Cavan and Ernest W. Burgess state that well-being of ageing people depends on their physical, intellectual and social activity. In authors' perception old age is a period of tense accumulations related to their own redefined social role and non-approval of oneself in the senile age. The adaptation process to old age, which may overcome this condition, is just conditioned with triggering activity in row areas. This view became a base to the idea of optimum ageing.⁶

From the last assumption, in which an old age isn't treated as balance of losses, a positive ageing concept arose, assuming among other resources mobilization in order to deal with age-related worsen health condition. To make such choices concerning lifestyle in order to keep psychical welfare, flexibility in approach to surrounding reality and concentration on life advantages rather than on objective and subjective difficulties.⁷ A recalled flexibility is a break of caustic human life division into three parts: youth period, in which predominant activities associated with education, mature period when the career dominates, and an old age period – retirement pensions, when excess of free time dominates.⁸ Processes should guarantee the change, which a social policy and social work will be an animator, particularly elderly people activation process. Activation is most often defined as active participation of elderly people in the family, cultural, social as well as intellectual life, and is an emanation of the natural human need deciding about its survival in the natural environment.⁹ A.A. Zych in activity area of elder people distinguishes motor activity,

⁴ Niezabitowski, M., (2007), *Ludzie starsi w perspektywie socjologicznej. Problemy uczestnictwa społecznego*, Wydawnictwo Naukowe Śląsk, Katowice, p. 94.

⁵ Zych, A.A., (2007), *Leksykon gerontologii*, Oficyna Wydawnicza Impuls, Kraków, p. 183.

⁶ Ibidem, pp. 180–181

⁷ Czekanowski, P., (2012), *Společne aspekty starzenia się ludności w Polsce. Perspektywa socjologii starości*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk, pp. 174–176.

⁸ Synak, B., (1987), *Człowiek stary w rodzinie i społeczeństwie – niektóre aspekty przemian współczesnych*, "Zdrowie Publiczne" 4, p. 39.

⁹ Miszczak, E., (2010), *Aktywność seniorów sposobem przeciwdziałania negatywnym skutkom starzenia się*, [in:] D. Kałuża, P. Szukalski (eds.), *Jakość życia seniorów w XXI wieku z perspektywy polityki społecznej*, Wydawnictwo Biblioteka, Łódź, p. 27.

in frames of which educe recreational activity (active rest), preventive activity (motor exercises) and rehabilitation – healing activity (health treatments aimed to return to greater physical fitness state). Social activity author defines as active and conscious participation of older people in the social life, increasing their interaction with outside world and breaking solitude. Professional activity is above all a possibility to continue career in appropriate dimension to own possibilities.¹⁰ For the activity opposite a passivity resulting very often from worsened medical condition and disturbed interpersonal relationship is being accepted.¹¹ Unfortunately one of factors improving passivity, limiting initiative of elderly people are financial considerations, although how it seems the most important thing is attitude, initiative and idea to spend free time after work.¹²

Researchers pay attention that only concentration of the social politicians focused upon the longest keeping senior activity in a public environment through strengthening bonds with them as well as finding new developmental challenges – may bring satisfying effects, which will allow to overcome solitude and for a new view to perceive elder people in the society.¹³

Irrespective of environment – whether it's a city or country the senior activation process should be wide and diversified, carried out with participation of the most numerous social partners group. Amongst the most important impact areas ranked are social policy and social work:

- preparation (for old age, for work with seniors)
- development (offers for seniors, multigenerational forms)
- shape (appropriate image of old age, intergenerational bond)
- limitation (causes of social issues affecting elder people, effects of social issues affecting elder people).¹⁴

Activation forms of elderly people can accept the formal form (characterized by participation in associations, clubs, special interest groups) informal (con-

¹⁰ Zych, A.A., (2001), *Słownik gerontologii społecznej*, Wydawnictwo Akademickie "Żak", Warszawa, pp. 20–21.

¹¹ Miszczak, E., (2010), op. cit.

¹² Kluczyńska, U., (2011), *Czas wolny starszych mężczyzn*, [in:] J. Mucha, Ł. Krzyżanowski (eds.), *Ku socjologii starości. Starzenie się w biegu życia jednostki*, Wydawnictwo AGH, Kraków, p. 98.

¹³ Zralek, M., (2007), *Polityka społeczna wobec starości*, [in:] L. Frąckiewicz (ed.), *W obliczu starości. Praca zbiorowa*, Katowice, pp. 100–104.

¹⁴ Sobkowiak, U., (2008), *Przeciwko marginalizacji seniorów*, [in:] K. Marzec-Holka, A. Rutkowska, M. Joachimowska (eds.), *Praca socjalna i polityka społeczna. Obszary współdziałania wobec wykluczenia społecznego*, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz, p. 266.

tact inside the family, maintaining friendly bonds) and finally lone (individual interests, watching TV).¹⁵

In case of the physical activity, recent studies as part of PolSenior project showed that this activity type takes in a week less than 40 percent of elder people, in addition what is worthwhile to pay attention that respondent's higher percentage inhabits urban environment, peculiarly in case of activity undertaken occasionally due to persons living in urban environment takes it 12.8 percent and country only 8.3. Country residents asked about barriers limiting their mobility activity in a large degree than city residents indicated lack of time (10.1 percent to 7.4 percent) lack of such need (32.2 percent, to 29.1 percent) and finally lack of money (5.0 percent to 6.2 percent, in case of city residents) and convincement about surrounding opinions (5.4 percent to 6.0 percent, in case of city residents).¹⁶

Social, cultural, political activity of Silesian province residents was the research subject conducted by Regional Centre of the Social Policy in Katowice. In terms of social level involvement in individual undertakings – Polish actions, actions organized by neighbourly community, local government initiatives didn't exceed 13 percent, while participation in local initiatives was estimated at a low level. A little bit bigger percentage of seniors presented political activity through participation in presidential elections (65 percent) parliamentary (60 percent) and self-government (59 percent). In case of cultural activity most common is reading books (47 percent declared that read at least one book in the last year); in other leisure time forms most often indicated participation in festivities (19 percent), cinema (10 percent), theatre (9 percent). Only 3 percent of elder people pointed on professional activity continuation. Analyzing inhabitant's activity in urbanized areas, it is possible to notice differences in leisure time forms and social activities. In the case of the last one, country residents more willingly participate in local events; to a lesser degree their benefit from activities located away from their residence place – cinema, theatre.¹⁷

¹⁵ Dzięgiełwska, M., (2006), Aktywność społeczna i edukacyjna w fazie starości, [in:] B. Szatur-Jaworska, P. Błędowski, M. Dzięgiełwska (eds.), *Podstawy gerontologii społecznej*, Oficyna Wydawnicza Aspra-JR, Warszawa, p. 161.

¹⁶ Rowiński, R., Dąbrowski, A., (2012), Aktywność fizyczna Polaków w wieku podeszłym, [in:] M. Mossakowska, A. Więcek, P. Błędowski (eds.), *Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce*, Termedia Wydawnictwa Medyczne, Poznań, pp. 354–359.

¹⁷ Seniorzy w województwie śląskim. Raport z badania ilościowego zrealizowanego w 2012 roku, (2012), Regionalny Ośrodek Polityki Społecznej Województwa Śląskiego, Katowice, pp. 50–56.

Analyzing the role of individual social policy entities both the ones involved in it directly as well as indirectly, must indicate at least four responsibility levels for elderly people activation, which we present in the following statement.



Fig. 1. Entities having a fundamental impact on elder people activation. Source: own study

Government program of the Elderly People Social Activity for 2012–2013, which was developed based on Article 5c, Act from 24 April 2003 about public non-profit activities and voluntary services providing possibility to develop by the Minister departmental or Government programs promoting non-governmental organizations development under open competition procedure.¹⁸ The RPASOS's important aim became a life quality improvement of elderly people for dignified ageing through social activity. Amongst specific objectives indicated, inter alia, to increase diversity and improve education quality for people after 60 year of age, to create conditions for integration within and between generations, using existing infrastructure, to promote voluntary services and participation in shaping social policy, and finally to increase availability and improve the social services quality as well as promotion of self-help self-organization efforts.¹⁹

¹⁸ Ustawa z dnia 24 kwietnia 2003 r. o działalności pożytku publicznego i o wolontariacie, Dz.U. 2003 nr 96 poz. 873 z późniejszymi zmianami, art. 5c.

¹⁹ Rządowy Program na rzecz Aktywności Osób Starszych na lata 2012–2013, (2012), pp. 19–20.

Local self-government, as an institutional representative office of local community is the action animator motivating seniors in a natural way. Self-government is a form of satisfying collective needs and is carried out by definite community or its representatives. Its functionality usually refers to communities concentrated around the collective activity and relies most generally on handing over by the public administration of central competence rank to deal with matters of a given social group on the local level. Public affairs are a subject of government actions, however the subject is a determined community, having an own representation along with determined finances source.²⁰ Local self-government system developing in frames of last twenty years is based on a fundamental record – Article 16 Poland Constitutions from 2 April 1997, which provides that local self-government is a whole of residents, individuals of the fundamental administrative division, legislating from the self-governing community's law. Legislator also stated that "local self-government participates in the exercise of public authority. Essential part of public tasks is entitled within acts and self-government carries it on own and on own responsibility".²¹ Forming local self-government system causes that it can be a very expressive local social policy director, shaping cohesion and effectively counteract emerging social problems, among others help to the groups most threatened with permanent poverty, exclusion activation of individuals and social groups as well as local entities mobilization of the social policy for effective solving social issues, i.e. old age as a challenge, which in the nearest years should be an area of regional civil servants interest.

Natural self-government institutions partners in elderly people situation change should be non-governmental organizations, as representing seigniorial environment as well as lobbying in its business, but noticing the need for reality change able to introduce it into life. Non-governmental organizations support is developed as first so widely taking the activation problem of elderly people.

Self-government institutions on the local level are obliged to prepare local law acts, from which at least two prospects of increasing elder people activity have significant meaning. First one is a strategy of solving social issues.²²

²⁰ Piasecki, A., (2009), *Samorząd terytorialny i wspólnoty lokalne*, PWN, Warszawa, p. 30.

²¹ Constitution of Poland, Article 16, "Journal of Laws 1997", no. 78, pos. 483.

²² Act from 12 March 2004 about social assistance, "Journal of Laws" 2004, no. 64, pos. 593 with changes.

however second annual program is the cooperation with non-governmental organizations.²³

Strategy of solving social issues is often defined as generalized, and enough durable social intervention model²⁴, which essential objective is to change the social situation – solving a given issue, whether determined adverse phenomenon, among others through processes intensification such as integration, coordination, partnership and dialogue promotion among public and non-public institutions being able to cooperate for the social inclusion.²⁵ Establishing strategy, both the one adopted by self-government commune and district should consist of at least few stages finding with time expression in the document, the most important are: diagnosis, actual state of affairs determination, prediction i.e. determining long-term strategy in the general way, programming i.e. operationalization of indicated directions to priorities and actions, and finally implementation i.e. organizing institutional system in frames of which the strategy will be implemented, among others norms and operation principles through design that is individual activities indication within strategy, go to assessment stage of the effectiveness taken action.²⁶ With the strategy corresponds local co-operation programs with non-governmental organizations, which determine a role and place of extra-governmental entities in the local environment.²⁷

Before we will examine documents programming the social policy in Częstochowa District – on the example of which we want to identify basic barriers in elderly people activation, we will examine its demographic and social conditions. Located in the north part of Silesia province, on 152205 ha area it counts 135 630 residents. In the demographic structure typical is continuing negative natural increment over the last few years – on the level 2.3 and enough stable population of non-production 51.1 to 100 persons in a productive age.²⁸

²³ Act from 24 April 2003 about public nonprofit activities and about voluntary services, "Journal of Laws" 2003, no. 96, pos. 873 with changes.

²⁴ Frieske, K.W., Poławski, P., (1994), *Opieka i kontrola. Instytucje wobec problemów społecznych*, Agencja Praw Autorskich i Wydawnictwo INTERART, Warszawa, p. 15.

²⁵ Hryniewicz, A., Lipke, H., (2009), *Strategie rozwiązywania problemów społecznych – synteza z badań*, [in:] M. Grewiński, A. Karwacki (eds.), *Strategie w polityce społecznej*, Warszawa, p. 273.

²⁶ Grewiński, M., Karwacki, A., (2009), *Strategia – istota, reguły i wyzwania implementacji ze środowiska biznesu do polityki społecznej*, [in:] *ibidem*, pp. 19–21.

²⁷ *Roczny program współpracy Samorządu Miasta Częstochowy z organizacjami pozarządowymi "Partnerstwo dla Częstochowy"*, [in:] R. Kępa (ed.), *Partnerstwo dla Częstochowy. Diagnoza sytuacji częstochowskich organizacji pozarządowych*, Urząd Miasta Częstochowy, 2010, pp. 28–40.

²⁸ *Powiat Częstochowski – Statystyczne Vademecum Samorządowca*, (2012), www.stat.gov.pl/vademecum/vademecum_slaskie/portnerty_powiatow/powiat_czestochowa.pdf (date of access: 12.04.2013).

Elderly people participation in the population systematically grows and reaches a level of almost 20 percent after 60 year, which makes Częstochowa district, relating to other Silesian districts, one of the fastest ageing areas.²⁹ Under administrative account the district consists of 16, being one of the biggest districts in country. Communes under geographical account are located in such a way that part of them constitutes direct lagging urban agglomeration in Częstochowa, however part is much distant from the administrative center even up to 50 km.



Fig. 2. Administrative structure of the Częstochowa District. Source: website of District Office in Częstochowa

The fundamental document shaping local politics is the district Strategy of Solving Social Issues – fulfilled by special local authority's entity the Family Assistance District Centre. The document being in force refers above all to the tasks performed by the district self-government; therefore we won't find in it any environmental action with reference to elderly people from district

²⁹ Misiewicz, H., (2007), Proces starzenia się ludności w województwie śląskim jako wyzwanie dla regionalnej polityki społecznej, [in:] H. Misiewicz, D. Błasiak, S. Adamczyk (eds.), W obliczu starości. Opis projektu i dobrych praktyk, Regionalny Ośrodek Polityki Społecznej Województwa Śląskiego, Katowice, pp. 22–25.

area. District welfare structures representatives are able to indicate the most substantial problems hampering everyday lives and hence elderly people activation in the district, to most serious are ranked:

- solitude and ageism,
- poverty, disability, violence in the family,
- limited possibilities of spending free time,
- unsuited to the needs social care, limited contacts with the family,
- limited access to quality health services, e.g. rehabilitation,
- flat inadequacy to elderly people, resulting in their mobility and freedom limitation.

Reasons for these situations come from, above all:

- reduced financial means, allocated for welfare and health care system,
- social attitudes i.e. limited educational offer,
- insufficiently prepared staff of social services (social workers, care services directors),
- limited cultural and recreational institution offers provided for seniors,
- limited access to information about support and activation system function.³⁰

Due to social policy institution character, especially welfare entitles and community centers the broadest activation offer provided for elderly people should appear on the commune level. Meanwhile, from conducted analysis concerning communes position towards seniors activation, and carried out for this study purposes results that elderly people's problems in the programming documents appear marginally, and if contain generalities, most often in the disability context.

³⁰ Questionnaire interview "Barriers and limitations in seniors lives in the country environment" conversation from 14.07.2012.

Table 1: Strategy content of solving social problems in Częstochowa district with reference to elderly people activation issue

	Dąbrowa Zielona	Janów	Kamienica Polska	Kłomnice	Konopiska	Kruszyna	Leńów	Mstów	Mykanów	Olsztyn	Poczesna	Przyrów	Rędziny	Starcza
Period of validity	2006- 13	2009- 13	2006- 13	2011- 17	2006- 13	2006- 13	2007- 13	2006- 13	2006- 13	2006- 13	2006- 13	2006- 13	2011- 15	2006- 13
Evaluation of health situation	0	2	2	2	0	1	0	0	1	1	0	0	2	1
Old age – evaluation of the demographic situation	0	0	2	2	0	2	0	0	0	0	0	0	0	0
List of identified problems, among others old age issue	2	2	2	2	1	2	2	2	2	2	2	2	2	1
Non-governmental organizations – diagnosis source	2	0	0	2	2	2	2	2	0	0	2	2	2	0
Estimation of future needs kind	2	2	0	2	2	2	2	2	0	0	2	2	0	0
Estimation of future needs scale	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Postulating the appropriate action in order to satisfy the needs	2	2	0	0	2	2	2	2	0	0	2	2	0	0
Program Actions concerning an old age	2	2	0	2	2	2	2	2	0	0	2	2	2	2
Ngo's – cooperation declarations	1	0	0	0	1	2	1	0	0	0	1	1	1	0
Ngo's – organization list	2	0	0	2	2	2	0	2	0	0	2	2	2	0
Ngo's – appointment of a role or inclusion in action	2	0	0	1	2	0	0	2	0	0	2	2	2	2
Sum of maximum points 22	15	10	6	15	14	17	11	13	3	3	15	15	13	6

Source: own study

In statement the strategies documents of 14 communes were an evaluation subjected to which strategy obtained access. Built matrices consisting of several elements should be included in documents so that it was possible to say that they prepare their environment to demographic changes. In places where factor was strongly accepted two points were granted, in case of factor appearing partially one point was granted, and where factor didn't appear at all, a null value was granted. As can be seen from statement the level of strategies documents is diversified. In terms of problem diagnosis, situation changes prediction in the near future as well as non-governmental organizations role. In the larger degree to seniors activation needs of country environment corresponds with a document prepared by communes, which obtained the most points. It is worthwhile to notice that none of the documents obtained an optimum value i.e. 22 points. A number of entities approached to 12–15 level, but there were also with 10 points. In any common didn't prepare a separate programming document, concerning elderly people's activation and support.

The conducted analysis of action amongst self-government commune shows that sixteen Social Welfare Centers carried out only protective and emergency actions, not proposing any practical activation. Culture Center offers on the discussed area in only a minimal level are provided for seniors, proposals are predominantly provided for children and young people. Indeed, if there are initiatives provided for elderly people, they are carried out on the occasion of activities for other age groups.³¹

The most serious and most natural subject motivating seniors in every environment should be non-governmental organizations. Thanks to them an expansion of active citizenship and increase of network community connections occurs, as well as local environment are educated for the mutual aid and experiences exchange.³² Non-governmental organizations in a natural way are determined to overcome existing barriers and outside limitations, which in the current reality due to social-economic and liberal market situation isn't simplest.³³

³¹ Seigniorial Initiatives Bank. Seniors activity research report in the Silesian province in 2011 yr. carried out by Social Work Association in Częstochowa – typescript, in the author's possession.

³² Faliszek, K., (2005), Sektor pozarządowy w lokalnej polityce społecznej w Polsce, [in:] B. Kromolicka (ed.), *Praca socjalna w organizacjach pozarządowych. Z problemów działania i kształcenia*, Wydawnictwo Edukacyjne Akapit, Toruń, p. 66.

³³ Piątek, K., (2005), *Organizacje pozarządowe jako podmioty polityki społecznej*, [in:] *ibidem*, p. 29.

In Częstochowa district operates a total of 186 associations registered in the National Court Register, 5 local entities having central authorities, 2 associations often not-registered, 52 student sports clubs recorded to the district administrator register, 21 sports clubs recorded to the district administrator register, in total majority of them focused primarily on children and young people needs. Volunteer Fire Services offer is only partly provided for elderly people – as far as fun and folk festivals we treat in terms of events aimed to all age groups. In some communes the Polish Associations of Retired Pensioners and Disabled Persons are functioning, but their activity in comparison with existing needs is firmly limited, similarly to several farmer's wives associations activities.

In Częstochowa district operate three Local Action Groups: "Together on heights", "Partnership of the Northern Jury" and "Brotherhood of Smithies", although in their offer quite a lot of attention is attached to promotion of local identity as well as historical trend, which natural depository should be elderly people.³⁴ This activation form provided for seniors is not much really, although interesting plans appear, for example an organization of handicraft workshops in Rędzinach³⁵ or felting wool workshops in Konopiska commune.³⁶

A chance for a situation change in rural communes may constitute non-governmental organizations projects carried out in the entire district area animating local communities for action, just as it was in case of project carried out by Auxilio Venire Social Work Association under the name "Jurassic seniors in action" and financed by ASOS. Within the project it was established that group of 45 persons in age 60+ will take part in the workshop block "Academy of Leaders 60+", through which will know issues concerning establishing the team up, voluntary services as well as organizing and developing the local community. Computer workshops will complete the training block. Workshop's result will be a creation of volunteers group, which pursuant to signed agreements will carry out in their local community's different voluntary initiatives. Additionally planned is that a group of 45 persons made both from elderly people as well as invited local government representatives in the training form will deal with establishing local partnerships for elder people, will meet issues regarding an old age problem, creating local coalitions and partnerships for elder people as well as creating local social policy for elderly

³⁴ Echa historii, Partnerstwo Północnej Jury, www.jura-ppj.pl (date of access: 22.04.2013).

³⁵ Razem na wyżyny, www.razemnawyzyny.pl (date of access: 22.04.2013).

³⁶ Bractwo Kuźnic, www.bractwokuznic.pl (date of access: 22.04.2013).

people, in the form of local law documents. To accompany the educational activities the competition “Seniors-friendly Place in Częstochowa District” was planned. It promoted local initiative and institutions supporting seniors group. As a project part assumed also to draw and publish the Guide “Jurassic seniors in action” as well as conference organization “Local strategies of solving elderly people problems – a chance to establish partnerships and initiate local action for the elderly”. One part of project work forms was a computer course called “Senior online”.³⁷

Although in the course of this work the project still going on, from the partial report results that through project “Jurassic seniors in action” implementations it was possible to achieve general objective consisting on diversified forms of social activity development among the elderly (60+), including popularizing voluntary and non-governmental organizations activities as well as their participation in decision-making processes, shaping local policies and strategies through participation in workshop blocks, as well as publication.

The following specific objectives were reached:

- awakening motivation and aspirations to actively participate in the local community life as well as taking action to its benefit, through participation in trainings;
- raising knowledge and ability level from the civil action scope, through participation in trainings;
- raising knowledge from the computer service scope and Internet use, through IT workshops organization;
- developing basis for local support programs creation and seniors activation, through participation in trainings;
- enforcing self-assessment, raising group and its members possibility in decision making as well as solving local problems, through participation in trainings;
- breaking stereotypes and social barriers towards the elderly thanks to promoting initiatives action, animated by elderly people through information leaflets and guides for active environment acting for elderly people;
- raising knowledge and awareness with regard to relevant activation and care principles of senior amongst self-government representatives, thanks to their involvement in trainings; disseminating of elderly

³⁷ “Jurassic seniors in action” Agreement No. 385/II/2012/ASOS, concluded on 2012-12-04, among the Labor Department and Social Policy, and Auxilio Venire Social Work Association – typescript in the author’s possession.

knowledge with regard to activation and possibilities to take local action, thanks to the Guide publication;

- creating local leaders amongst elder people thanks to workshop work during both block trainings.³⁸

It seems that correctly implemented project has a lot of chances to revive local community toward thinking about seigniorial age of both decision-makers and residents, and seniors for the activation with thought about own development.

Summing up, it is necessary to define title activation barriers of elderly people in the country environment among which the most important include:

- gaps in the local social policy programming process – from inability to draft realistic problems diagnosis and social challenges, through limited knowledge of directors about strategy management process and local partnerships establish possibilities, which should elaborate programming documents;
- infrastructure shortages both in care as well as activation area;
- limited number of extra-governmental entities being able to perform chosen assignments on the seigniorial politics scope;
- small number of social workers in social welfare centers – as entities creating the local social policy, causes a specialization impossibility in this professional group in gerontology and gerogogy.

Certain possibilities for seigniorial politics in the country environment create in my belief:

- projects carried out in the country environment by non-governmental organizations from ASOS financial means, although in view of existing disproportions the seniors activation from country environment should be conducted in frameworks of program treated as a priority;
- self-government trainings and education (including social workers) as well as seigniorial towards local programs creation to support seniors;
- training local leaders towards public animation, gerogogy and voluntary services;
- broader participation of commercial entities in the seigniorial policy implementation – within carried out competition Seniors-friendly Place for 13 distinctions, two coincided as commercial entities;

³⁸ “Jurassic seniors in action” Substance report from the agreement implementation No. 385/II/2012/ASOS concluded on 2012-12-04, among the Labor Department and Social Policy, and Auxilio Venire Social Work Association, typescript in the author’s possession.

- greater use of Volunteer Fire Services base for projects implementation connected with elderly people.

Increasing number of elderly people in the local environment should force us already today to think about them, not only as social policy system recipients – slowly excluded from the public life – but rather as the co-originators of system solutions, created by an individual country environment entities in order to the longest remained as active participants in the social, cultural and political life.

Anna Stawecka

Artistic creativity and art therapy as a form of activation of senior citizens

Introduction

Each person's life consists of a series of inevitable changes. Besides progress, which is specific for human development, there occur various obstacles and crises. It refers to all stages, from birth to the end of life. Apart from physical changes, also psychological and social functions undergo certain transformations. How these changes are accepted by an individual person depends on many factors, the most important is coming to terms with the passing of time. This aspect becomes particularly important in adult and old age, to some extent it conditions the quality of living. Positive functioning, at all stages of development, depends also on the satisfaction of constantly growing needs. For the youngest children the most dominant is the satisfaction of physiological and safety needs. At school age, apart from the two needs mentioned above, the need for affiliation plays a central role. The need for affiliation is still vital for teenagers and adults, though growth needs (cognitive, aesthetic and self-actualization and at times self – transcendence) are becoming increasingly important.

Fulfillment of aesthetic needs is achieved by contacts with nature and arts. People are sensitive to beauty since early childhood. However, proper education is necessary if people are to fully experience beauty. In case of visual arts, the education involves a development of visual perception and artistic awareness, which affect personality shaping. The education also prepares to "a participation in culture as a means of living among humans."¹ Thus, educa-

¹ Hohensee-Ciszewska, H., (1988), *ABC wiedzy o plastyce*, Wydawnictwa Szkolne i Pedagogiczne, Warszawa, p. 112.

tion plays an essential role in the simulation of aesthetic sensitivity and creative activity. The scope of education cannot be limited only to children and teenagers. In case of elderly people it is facilitated by various activation programmes organised by educational and cultural institutions.

During childhood there appears an innate need for expression, which is at first noticeable in free artistic creativity, later it also refers to other arts: music, dance, literature. The need is extremely strong and reveals itself in spontaneous activities. Early school-age children, occasionally even younger, start showing their special skills e.g. in music or visual arts. If correctly stimulated, the children may develop creative activity in the future. Adolescence marks the crisis in plastic arts creativity, nonetheless, if children are taken care of, they may go through it smoothly. In consequence, only the most talented and unique individuals become professional artists, others may be amateurs, treating art as a hobby or a form of activity, in particular those people who have retired. Making children and teenagers sensitive to the beauty of nature and the material world, including a work of art, has a positive impact on them, developing the aesthetic sense and the need for contacts with arts. It may enable creative activity in adult life. Contacts with art, both active and passive, are valuable for general human condition, fostering cognitive and personality development, in particular the sphere of emotions, motivations and social interactions. They also provide relaxation and allow the elderly to spend their free time in an interesting way. Due to the beneficial aspects of creation and creativity, it is important that the elderly who are keen on visual arts develop or awaken an interest in this field.

1. Late adulthood in the physical, psychological and social aspect

The stage of life referred to as 'late adulthood,' similarly to other stages of development, has its own characteristics. It seems very distant for young people, who bothered by everyday matters do not realise that one day old age will also affect them. People entering old age have various attitudes and reactions to the new changes. For some of them it is an extremely hard time, full of pain and physical suffering resulting from health deterioration. It is frequently accompanied by psychological suffering, which occurs among people who cannot come to terms with the inevitable passing of time, they regret the time that passed by, their strength and vitality. At times old age fills people with fear, they reject it, wishing to show that the problem of 'getting old' is not theirs. Unfortunately, the lack of self-acceptance and rejection of the changes and the attempts to stay young at all costs (eg. through a lifestyle typical to younger people or

plastic surgery) become a source of disillusionment, and for the society they are incomprehensible, if not ridiculous. For other people, old age is the time of looking back on their lives. Yet another group of the elderly, which is still numerous in Poland, focuses their activity on helping their adult children and grandchildren. There also happen to be people who have time on their hands and spend it doing things they could not do in the past due to previous professional or family duties. Consequently, they want to satisfy spiritual, cognitive and aesthetic needs and realise their passions or interests.

It is undeniable that contemporary attitudes towards old age reflect the loss of its value in the modern world.² Numerous demographic analyses indicate that societies have been aging, this process is accompanied by various medical, social and mental problems. What is more, scientists have not paid much attention to human development in old age. As noticed by Janiszewska-Rein³ “western civilisation valuing above all consumption and entertainment does not create too many fields in which the values originating from life wisdom and experience would be highly appreciated. The image of an elderly person is the image of exclusion, the image of somebody who cannot fully participate in ‘true’ life. It is often the case because of illness or senility. Another sphere of suffering is the ending or a serious limitation of professional career which sometimes results in a decline of social contacts. And finally the third area of loss: even if we live long, we will see our friends and loved ones die. This way the number of people who are dear to us and understand us is getting smaller and smaller.”⁴

It should be noted that not every elderly person experiences all mentioned losses of health, activity or social relations. There are people who, if healthy, eagerly undertake certain forms of professional activity or participate in social life. If the losses mentioned before occur due to ill health or after the death of a dear person, elderly people, in particular those who have developed psychological resistance, may despite their problems enjoy life and sometimes support others in difficult situations.

Among reasons for society aging there can be mentioned medical progress, which prolongs the life of terminally ill people. Yet some other diseases, e.g.

² Olszewski, H., (1998), *Starość i starzenie się*, [in:] W. Szewczuk (ed.), *Encyklopedia psychologii*, Fundacja Innowacyjna, Warszawa, p. 855.

³ Janiszewska-Rein, J., (2005), *Okres późnej dorosłości. Jak rozpoznać potencjał ludzi w wieku podeszłym*, [in:] A.I. Brzezińska, *Psychologiczne portrety człowieka*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk, p. 591.

⁴ Ibidem, p. 592.

arteriosclerosis or osteoarthritis are still hard to overcome and frequently they cause senility. A disadvantageous phenomenon is also the change of a traditional family model and the widely propagated cult of youth.⁵ The aforementioned problems also encompass well-established pension schemes, growing interference of the state, and institutionalised social care.⁶ Along with longevity there grows the number of pensioners who cannot keep certain standard of living due to very low pensions they get.⁷ The suggested problems have become the scope of interest of various disciplines of science, including psychology and pedagogy. It is vital to understand the biopsychosocial changes of old age in order to study this period of life. Undoubtedly, one of its characteristics is the on-going deterioration of life functions which can be balanced by a proper adaptation of the organism. In the situations when such an adaptation cannot take place, e.g. due to ill somatic and mental health, the process of aging is disturbed.

Changes in physical functions

Deterioration of physical functions can be clearly observed in older people: they are not as fit and physically capable as they used to be. It is accompanied with the decline of the senses: eye-sight, smell, hearing; a lower speed of neural impulses, a loss of muscular strength, joints and tissue changes. All these factors unfavorably affect everyday life.⁸ Elderly people are easily exposed to such diseases as: osteoporosis, arthritis, cancer, circulatory system problems, hypertension, brain strokes and others.

Changes in psycho-social functions

Contrary to popular opinions, many older people, despite the deterioration of the senses and physical capacity, are still capable of good intellectual functioning.⁹ Their reaction time may slow down and memory may suffer, yet it is possible to improve memory by means of various exercises on condition that there are no pathological changes. The lifetime of experience behind elderly people

⁵ Olszewski, H., (1998), op. cit.

⁶ Ibidem.

⁷ Janiszewska-Rein, J., (2005), op. cit., p. 591.

⁸ Olszewski, H., (1998), op. cit., p. 856; Janiszewska-Rein, J., (2005), op. cit., p. 596.

⁹ Turner, S., Helms, D.B., (1999), *Rozwój człowieka*, Wydawnictwa Szkolne i Pedagogiczne, Warszawa, p. 544.

and the amount of knowledge they have acquired are associated with the following characteristics: intuition, experience, introspection, empathy, understanding, patience and sensitivity may counterweight the weakness of the body.¹⁰ Consequently, "majority of older people is capable of functioning in a satisfying way, which is the most practical criterion of their adaptive abilities."¹¹ The same refers to seniors' creative skills. Old age does not deprive people of their talents, at times this stage of life enables a development of potential creative abilities. Some experts maintain that older people may employ their creative insight and personal strategies in order to compensate for the losses resulting from the process of aging. The creative activity can bring them joy and a sense of life.¹²

Old age does not prevent people from negative unpleasant emotions. Stress and negative feelings may be caused by the realisation of one own age and its physical consequences (changes in appearance and bodily functions), looking back on one's life, loneliness and the feeling of approaching death.¹³ Fortunately, many older people are able to distance themselves from these problems even if faced by them. A key to such a state is social and emotional maturity and a positive life balance.¹⁴

There have been formed numerous theories concerning the changes in older people's personality functions. According to the counterparts theory, the features that reveal themselves in old age result from the people's early development. Due to the coincidence theory the changes in elderly people's personality come from various, not linked to each other, life facts.¹⁵ Another theory, "the activity theory, refers to the relation between one's own perception of the Self and maintaining social roles (changes in these roles). Depending on how people assess themselves and how they are assessed by others, a certain social activity is to be propagated. This theory points to the importance of spending time in an active way, to the need of previous job continuation, even if it may take a form of a substitute. Being active is the most crucial feature of an elderly person if compared only to one's place in social interactions.¹⁶ There should be also mentioned the disengagement theory which claims that aging individuals and society mutually with-

¹⁰ Birch, A., Malim, T., (2002), *Psychologia rozwojowa w zarysie. Od niemowlęctwa do dorosłości*, trans. J. Łuszczyński, M. Olejnik, PWN, Warszawa, p. 148.

¹¹ Turner, J.S., Helms, D.B., (1999), *op. cit.*, p. 544.

¹² *Ibidem*, p. 545.

¹³ Janiszewska-Rein, J., (2005), p. 605.

¹⁴ *Ibidem*.

¹⁵ Olszewski, (1998), *op. cit.*

¹⁶ *Ibidem*.

draw from a normal interaction. This process is understood to be characterised with co-dependence (with social norms), inevitability (against one's own needs and intents) and ubiquity (all social systems in order to maintain equilibrium have to take actions to prevent older people's activity).¹⁷

One of the most important problems faced by old people is self-evaluation. It is during old age when people evaluate their successes and failures. "During such an evaluation of the past and the attempts to deal with the present issues, an older person encounters the task of adjusting oneself to the future."¹⁸

E. Erikson assumed that aging is a stage of development, and the harmonious development during old age is possible due to the ability to resolve the crisis described as ego integrity or despair. A person with integrated ego can treat life with satisfaction and contentment. It positively affect relationships with other people and productivity, both factors give the feeling of well-being and a purposeful life.¹⁹ Conversely, despair is a result of the negative resolution or lack of resolution of the final life crisis. This negative resolution manifests itself as a fear of death, a sense that life is too short, and depression.²⁰

It is worth noticing that "numerous researches enable the insight into the idea of optimal aging and highlighted such elements as: self-evaluation, adaptation to the role, flexibility, personal control over one's life."²¹ Optimal aging shows both psychological and social aspects: subjective feeling of well-being, positive self-evaluation, positive adaptation to the role, buoyancy, and the feeling of self-control over one's life.

Old age is commonly linked with loneliness and isolation. On the one hand, the society is responsible for such a state: focusing on productivity and efficiency, it highly values young, fit and healthy people. On the other hand, some old people are also responsible for such an image of old age: because of health or a narrowing of cognitive horizon, some older people withdraw from contacts with other people, either forced by the circumstances or purposefully.²²

From the perspective of optimal ageing, the role of old people's activity is extremely important. The mentioned above activity theory states that an essential condition for "a positive adaptation to old age is to remain productive

¹⁷ Ibidem.

¹⁸ Turner, S., Helms, D.B., (1999), p. 547.

¹⁹ Ibidem, (1999), p. 549; Birch, A., Malim, T., (2002), op. cit.

²⁰ Ibidem, p. 552.

²¹ Ibidem, p. 587.

²² Olszewski, H., (1998), p. 857.

and active. In order to achieve well-being, it is necessary to find a replacement for past activities, when one cannot do the things he used to. The activity theory has found little support in research, it has also been criticised for assuming a simplified point of view..."²³ Nonetheless, old people's activation may play a positive role in their adaptation to a new situation. They may spend their free time in an active way, e.g. being involved in artistic creativity.

Artistic creativity improves all human functions, it makes people physically active, exercises fine motor skills, has a beneficial impact on the mind (enabling perception, memory, concentration training) and emotional sphere. It also helps start new relationships with people.

It is vital to notice the problems of older people. The social model of old age based on stereotypes should be changed, and a proper system of health and social care should be implemented in order to provide the elderly with a life full of dignity until the last moments. It is important to "discover for senior citizens some spheres of activity so as to include them back into social life."²⁴

2. Positive value of artistic creativity and art therapy vs. seniors' psychosocial functions

Older people should be offered proper medical and social care, however their psychological needs should not be forgotten and both therapeutic and prophylactic actions should be focused on the satisfaction of these needs. "An elderly person intensely feels the need of acceptance, psychological safety, kindness, friendship, self and world affirmation, belonging to a group and having an established position in it, being in a community."²⁵ As Chabior states: "old age is accompanied with two needs: for development and care. When people get older and face the threat of functional incapacity, the latter needs prevail."²⁶ In order to meet the needs, people who take care of the elderly (members of their families as well as professional caregivers) should be supportive. They should awaken in senior citizens the need for activity which can be understood as "a tendency towards intensive actions, taking initiatives and participation in something"²⁷ and also provide conditions

²³ Birch, A., Malim, T., (2002), op. cit., p. 150.

²⁴ Janiszewska-Rein, J., (2005), op. cit., p. 622.

²⁵ Małecka, B.Z., q.a. Chabior, A., (2011), *Aktywizacja i aktywność ludzi w okresie późnej dorosłości*, Wszechnica Świętokrzyska, Kielce, p. 32.

²⁶ Chabior, A., (2011), op. cit., p. 35.

²⁷ *Słownik języka polskiego*, (1996); p. 25; Chabior, A., (2011), p. 63.

in which the activity may originate and be fulfilled. It requires explanation that older people can take part in various forms of activity, e.g. physical, recreational, social and cultural. The form of depends on one's own individual preferences. Consequently, it is important to take into consideration their needs and interests. Remaining active in old age "gives the possibility of broadening old interpersonal contacts and starting new ones, it enriches active people with new experience, facilitating their participation in social life."²⁸ Such activity fosters further development and helps maintain broadly understood psychological and physical capacity, so it may slow down the process of ageing or enable a better adaptation to occurring changes. It also gives older people a chance to maintain somatic and mental health, an adequate and positive self- evaluation, and to keep satisfying social relations. Senior citizens should " enjoy the beauty of life and the remaining time of their old age."²⁹ A means of achieving it may be different actions carried out by Seniors' Clubs and other educational and cultural institutions. It is crucial because it has been observed that " creative activity has been replaced by perceptual activity (...)."³⁰ Older people frequently use the mass-media, television, radio, press and keep social contacts with their peers, it is less usual for them to devote themselves to their hobbies or interests. As proved by research, seniors' creative activity contributes to their better adaptation to old age and brings joy of life.³¹ A. Chabior clearly defines the purposes of cultural education addressed at elderly people. These are:

- Creation of platforms of social interaction for the elderly and other age groups which will promote generational, inter-generational and social integration. The platforms should facilitate exchange of experiences and opinions.
- Inspiration, formation and development of amateur and hobbyist activity.
- Formation of aesthetic sensitivity and the ability to integrate artistic experience into everyday human life.
- Creation of a new manner of self-perception and one's old age and having positive and open attitudes towards other people.³²

²⁸ Chabior, A., (2011), op. cit., p. 63.

²⁹ Ibidem, p. 65.

³⁰ Ibidem, p. 70.

³¹ Cf. Pufal-Struzik, I., (1997), *Aktywność twórcza sposobem na dobrą starość*, [in:] M. Dzięgielewska (ed.), *Przygotowanie do starości. Materiały z konferencji gerontologicznej*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź; Chabior, A., (2001), *Kierunki działalności kulturalno-oświatowej z ludźmi starszymi*, [in:] A.A. Zych (ed.), *Demograficzne i indywidualne starzenie się*, Wydawnictwo Akademii Świętokrzyskiej, Kielce, p. 96.

³² Chabior, A., (2001), op. cit., p. 104.

A great form of older people's activation, especially those who are interested in plastic arts plastic and art therapeutic activities. The beneficial purposes of these activities are the same as the ones formulated by geragogic and old age pedagogy. These are "taking care to keep mental and physical capacity, renew vital life forces, achieve satisfaction in old age, understand oneself, the world and the society, have control over one's own life and remain active."³³ It is still possible for the elderly to be creative. As results from research, people who have always been intellectually active remain such until late old age.³⁴ The same refers to creative activity. Certainly, the mind needs to be constantly stimulated, and seniors should take up intellectual activities, e.g. reading or enjoying a creative hobby. It may be possible to return to the passions and hobbies which were neglected in the past due to professional or family duties. Physical and mental activity realised through plastic arts fosters seniors' health, gives them joy and makes the transition into old age much easier. "Old age may be a particularly favourable period for the development of different intellectual, artistic, religious and social interests because at this stage people generally have more spare time, they withdraw from former activities and are able to concentrate on themselves and these disciplines which bring them satisfaction."³⁵

Artistic creation is beneficial for elderly people's personal development, yet its artistic merits cannot be forgotten. Some seniors who possess a talent for plastic arts may be creative individuals and achieve success in the field of visual arts. Thus, by means of their activity, the people can enrich the cultural heritage. Another group of intensely creative people are those who possess the so called life wisdom: a huge amount of information and experience gathered throughout their life, accompanied by balanced behaviour, inquisitiveness and an interest in comprehending events rather than participating in them.³⁶

A development of artistic skills should also be present in older people's lives. It is essential to direct the development properly, hence seniors interested in plastic arts ought to be activated by means of these arts. There should be implemented right forms and methods of work with the elderly, so as the activities could cor-

³³ Zych, A.A., (2009), *Przekroczyć smugę cienia. Szkice z gerontologii i tanatologii*, Wydawnictwo Naukowe Śląsk, Katowice, p. 59.

³⁴ Cf. Kieszowska, A., (2001), *Przegląd badań nad aktywnością ludzi starzejących się i starych*, [in:] A.A. Zych (ed.), *Demograficzne i indywidualne starzenie się*, Wydawnictwo Akademii Świętokrzyskiej, Kielce, p. 41.

³⁵ Cf. Pufal-Struzik, I., (2001), *Możliwości twórcze osób w różnym wieku*, [in:] *Demograficzne i indywidualne starzenie się*, Wydawnictwo Akademii Świętokrzyskiej, Kielce, p. 111.

³⁶ *Ibidem*, p. 112.

respond with their needs and abilities, stimulate their manual and intellectual skills and have a positive impact on emotional and social spheres. These aspects of plastic creativity may serve the purpose of improving seniors quality of living, developing new passions and preventing life monotony. Older people may achieve success, meet peers and other age groups. Seniors' Clubs and other institutions should provide senior citizens with comfortable conditions for creative activities. The seniors ought to be encouraged to carry on with creative passions also at home. Elderly people need not only a place to create, and good quality tools and materials but also somebody to advise them in a professional way. The artists or instructors should also support creative searches of the seniors, inspire them with other art disciplines or the natural or social environment. Their aim is also to organise seniors' arts exhibitions and visits to museums. Studies in art history and art theory may play a crucial role in the work with elderly people as they activate their cognitive processes: observation, memory, thinking, concentration, creative thinking and reflection upon their own work and the works of art created by other people, including professional artists.

The seniors' works require honest appreciation, though constructive criticism is also welcome.

Plastic arts activities for seniors should be enriched by certain aspects of art therapy which is defined as the therapeutic use of art.³⁷ This form of psychotherapy employs various aspects of plastic arts and it is addressed to people with psychological problems as well as to the healthy ones as a preventive treatment.³⁸ Art therapy, apart from artistic techniques may employ relaxation techniques, bringing peace and relief from unpleasant memories or emotions. The atmosphere during such activities ought to be calm and kind, so as some of the needs of the participants might be satisfied, e.g. the need for safety, acceptance or understanding. People who organise and supervise such activities should concentrate on providing the participants with positive reinforcement which may be the source of self-acceptance and constitute the basis for a positive self-evaluation.³⁹ One of the main purposes of art therapy is to help in the externalization of thoughts, desires and fantasies, and to react to unpleasant experiences

³⁷ Cf. Borowska-Beszta, B., (2008), *Echa ekspresji. Kulturoterapia w andragogice specjalnej*, Oficyna Wydawnicza Impuls, Kraków, p. 65.

³⁸ This article assumes the narrow meaning of the term "art therapy." Here it refers to therapeutic function of plastic arts.

³⁹ Cf. Kordzińska-Grabowska, A., (2012), *Arteterapia. Wykorzystanie technik plastycznych w pracy z uczniem przejawiającym zaburzone zachowania*, Wydawnictwo Verlag Dashofer, Warszawa, p. 9.

and negative emotions. Art therapy enables also a communication without words, making it possible to understand oneself and other people and to develop creativity and social contacts.

Plastic arts and art therapy activities can stimulate manual abilities. It is particularly important in case of elderly people who are very prone to various diseases and impairments, e.g. arthritis or paresis and observe a deterioration of fine motor skills. Drawing, painting, cutting out, sculpting, all of which involve hand and fingers exercises, may be a perfect way to overcome these problems or at least to delay them. It is essential for the elderly to maintain manual dexterity as long as possible, it helps to remain independent in everyday situations. Besides the benefits mentioned before, plastic arts creation has a positive influence on movement coordination.

Plastic arts and art therapy activities activate cognitive processes in elderly participants. Inspiring seniors to create, it is possible to stimulate their perception and imagination, direct their attention towards different elements of the reality and initiate its observation. It is worth to encourage the seniors to search for colour and formal differences, to acknowledge distinctive textures and to notice the changes in the intensity of colours and light. The participants become sensitive to the form and composition, they develop the sense of colour and space. Apart from the works based on nature studies: portraits, landscapes and still life, old people should be encouraged to create from memory or imagination.

Plastic arts creativity, as mentioned before may have a beneficial impact on older people's emotional functions. Through artistic activities seniors may give vent to their emotions, both presently experienced and those felt in the past.

The creation in the field of plastic arts contributes to the development of creative activity. As observed by Popek "a creative attitude is a formed (genetically and by previous experience) cognitive and characterological attribute indicating the tendency, attitude or readiness to transform objects and phenomena, but also one's own personality. Thus, it is an active human approach to the world and life, expressing the need of knowing, experiencing and a conscious (of the aim, not the process) processing of the reality and the individual sense of 'self-identity'.⁴⁰ A creative attitude makes people open to new experience, show interest in oneself and the world and have a positive approach towards the reality. Such people "become brave in their searches, full of faith in their positive outcome. They feel free from external pressures and also their own weaknesses, complexes and fears.

⁴⁰ Cf. Popek, S., (1988), *Zdolności i uzdolnienia twórcze – podstawy teoretyczne*, [in:] S. Popek (ed.), *Aktywność twórcza dzieci i młodzieży*, Wydawnictwa Szkolne i Pedagogiczne, Warszawa, p. 27.

A creative person does not avoid experiments with new behaviour, copes very well with everyday problems and demonstrates interest, not fear, when faced with new situations.”⁴¹ It appears that a creative attitude in old age may be the way to come to terms with obstacles we may encounter at this stage of life, to accept oneself and on-going changes and to deal with stress. Plastic arts and art therapeutic activities enable forming emotional bonds with other people, relieving emotional tension and negative emotions. Creation and perception of other people’s works lead to positive emotions such as joy and pride. Older people may use plastic arts in order to share their experiences and observations and to communicate directly and indirectly (through the works) with other people. The possibility of higher feeling development (cognitive or aesthetic) and the discovery of individual passions contributes to the beneficial character of these activities.

Conclusions

Old age is commonly considered to be a period of life inevitably connected with weakness, illness, and older people are frequently perceived as unhappy. However, a proper adjustment to this stage of life and overcoming many obstacles do not have to be associated with the lack of joy and satisfaction. If one remains intellectually active and their somatic and mental state has not seriously deteriorated, it is possible for such a person to feel emotional fulfilment. Contemporary stereotypes concerning older people ought to be reviewed. Instead of facing rejection and isolation, old people should be met with appreciation, being individuals who are still able to offer much to the society.⁴² For such a situation to happen, older people should come to terms with themselves and accept their age and the changes resulting from it. As suggested in this article, distinct forms of activation, including plastic arts creative activity, may facilitate such a transition.

⁴¹ Gładyszewska-Cylulko, J., (2011), *Miejsce arteterapii w pracy pedagoga specjalnego*, [in:] W. Karolak, B. Kaczorowska (eds.), *Arteterapia. Od rozważań nad teorią do zastosowań praktycznych*, Akademia Humanistyczno-Ekonomiczna w Łodzi, Łódź.

⁴² Turner, S., Helms, D.B., (1999), *op. cit.*, p. 526.

Małgorzata Porąbaniec

Family nursing house as the new institution implementing outreach activities for the elderly and disabled

Introduction

Aging is the characteristic phenomenon of the modern world. It is caused by the lengthening of the average human life expectancy and the decrease in birth rates. Aging population is a trend observed in Europe at the level of the EU Member States, regions and cities. Poland does not yet belong to the demographically oldest countries, but the regularly occurring phenomena are causing its systematic approach to that group. According to the forecasts of the Central Statistical Office, in the oncoming years, more and more people will live into old age and ripe old age, which is characterised by significant deterioration in health, requiring care due to lack of self-satisfaction of needs. The rapid changes taking place in the everyday life of society pose a number of challenges to institutions, organisations and other entities involved in the support and assistance for the elderly.

In Poland, similarly to other European countries, the age structure of the population is changing, and the number of people above the age of 60 is growing, whereas the number of children and young people is decreasing. The increase in population at the post-working age may result in various changes in the society.

The scale of old age in Poland

Aging of the Polish society “was marked for the first time in the late fifties and sixties. The factors affecting the scale and spatial variability of the phenomenon were the post-war internal migrations and the changes in the age

pyramid of the following high and low age groups, as well as the ‘gaps’ caused by the disasters caused by the world wars.”¹

The following chart presents the vital statistics of Poland in 1990–2008, and the forecast of the Central Statistical Office for the period 2008–2035.

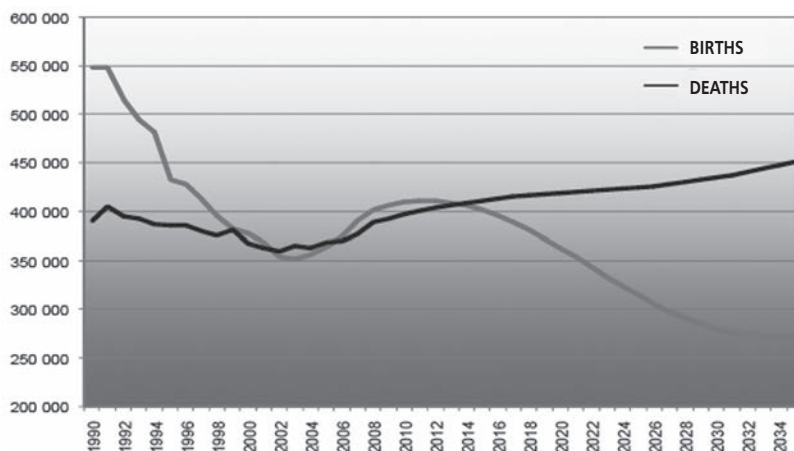


Fig. 1. Vital statistics in the years 1990–2007 and the prognosis for the years 2008–2035. Source: Informational note. *The population prognosis for the period 2008–2035*, www.stat.gov.pl, p. 7.

It is evident that throughout twenty years the number of births was reduced by half. The so-called “generation replacement level” is ensured by “the coefficient of 2.1–2.15, which means that on average, on 10 women in a given year at the age of 15–49, there should fall 21 births of children, now it is 14 children. In Poland, this level was achieved for the last time in 1988, since then, it gradually decreased to the lowest current value of 1.22 achieved in 2003. Since 2003, the birth rate started to slightly increase in Poland, and in 2008, it equaled 1.39 point, but we are far from overcoming the so-called “demographic depression.”²

According to the Central Statistical Office, “the direct cause of the decline in the Polish population was the decrease in the number of births recorded

¹ Długosz, Z., Kurek, S., (2005), *Starzenie się ludności w Polsce na tle regionów Unii Europejskiej*, “Konspekt” 4(24).

² Podstawowe informacje o rozwoju demograficznym Polski w latach 2000–2009, published by the Central Statistical Office, Warszawa 2010, p. 5.

in the years 1984–2003, with almost insignificant changes in the number of deaths. As presented in figure 1, since 1993, births are at the level of less than 500 thousand, and since 1998, less than 400 thousand”.³ Still, we are in the “demographic depression”. However, since 2004, a gradual increase in the number of births is observed. In 2008, for the first within 11 years, a positive growth in the population was noted and it amounted to 0.05%. The largest decline in the number of citizens was recorded in 2006, where the population decreased by 32 thousand within the year, the rate of the decline was minus 0.08%.

In the forecast by the Central Statistical Office for the period 2008–2035 it is predicted that “an increase in the birth rate will continue to occur until 2011, to about 411 thousand. In the following years, the negative natural increase is expected, which will deepen each next year. In 2035, it will reach to approximately 272.5 thousand, therefore, nearly 30% less than in the initial year of the forecast”.⁴

The development of new medical technologies and modern diagnostic methods, as well as the improvement in the health of Polish people due to the implement of a healthy lifestyle and changes in the educational structure of the population have considerable influence on the lengthening of the average life expectancy.

Table 1. The average life expectancy in Poland

Years	Men						Women					
	According to age											
	0	15	30	45	60	75	0	15	30	45	60	75
1950	56.0	51.0	38.1	25.4	14.5	6.9	61.6	55.6	42.3	29.2	17.0	7.8
1960	64.9	54.9	41.1	27.7	15.8	7.5	70.6	59.8	45.5	31.5	18.7	8.5
1970	66.6	54.8	40.8	27.4	15.6	7.6	73.3	61.0	46.4	32.2	19.2	8.9
1980	66.0	53.1	39.2	26.1	15.1	6.9	74.4	61.1	46.5	32.3	19.3	8.7
1990	66.2	53.1	39.1	26.1	15.3	7.5	75.2	61.8	47.2	33.0	20.0	9.5
2000	69.7	55.6	41.4	27.9	16.7	8.6	78.0	63.8	49.0	34.7	21.5	10.4

³ Demographic situation in Poland, www.stat.gov.pl, p. 1.

⁴ Prognoza ludności na lata 2008–2035, (2009), M. Waligórska (ed.), Główny Urząd Statystyczny – Departament Badań Demograficznych, Warszawa, p. 150.

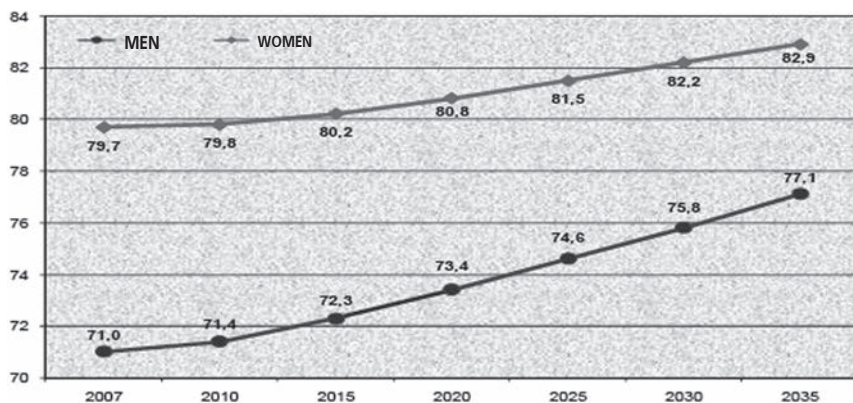
2007	71.0	56.6	42.3	28.8	17.6	9.1	79.7	5.3	50.6	36.1	22.9	11.4
2008	71.3	56.9	42.6	29.1	17.9	9.2	80.0	65.5	50.8	36.3	23.1	11.5
2009	71.5	57.1	42.9	29.3	17.9	9.2	80.1	65.6	50.9	36.4	32.2	11.6
2010	72.1	57.6	43.3	29.7	18.3	9.5	80.6	66.1	53.3	36.8	23.5	11.9
2011	72.4	58.0	43.7	30.0	18.5	9.7	80.9	66.4	51.6	37.1	23.8	12.1

Source: Nowak, L., *Trwanie życia w 2008 r.*, published by the Central Statistical Office, Warszawa 2009, p. 13., Rutkowska, L., *Trwanie życia w 2011 r.* published by the Central Statistical Office, Warszawa 2012, p. 11.

As can be seen from the data presented in Table 1, the statistical Polish citizen lives longer and longer. There is a significant difference between the life expectancy of men and women. Women live longer. In 2011, the life expectancy in Poland at birth for women was 80.9 years, that is 25.3 years more than in 1950.

Life expectancy at birth for males in 2011 was 72.4 years, which is almost 16.6 years more than in 1950.

Fig. 2. The average life expectancy, the prognosis until 2035



Source: Informational note. *The population prognosis for the period 2008–2035*, www.stat.gov.pl, p. 9.

In the assumptions of the population prognosis for the period 2008–2035, the average life expectancy will continue to be prolonged, reaching in 2035 the values of six years higher for men and three for women from the currently listed. In the cities, men will live up to the age of 77.5, women 82.8, whereas

in the rural areas, it will be respectively 76.7 and 83 years. Still, as at present, men in cities will live almost one year longer than in the countryside. However, the average life expectancy will be equalized for women, with only a slight advantage for the residents of rural areas. At the same time, the difference in the average life expectancy of men and women will significantly lower to about six years. Men will live for approximately 77.1 years and women 82.9 years, which means less overmortality of men”.⁵

In Poland, due to changes in the patterns of the family formation, attitudes and behaviors of procreation, the lengthening of the human life is observed, and due to the decreasing fertility, the process of aging is accelerated. Throughout the period mentioned in the forecast, the structure of the population will significantly change according to age. This will contribute to the process of aging. “The mentioned changes will result in the rapid deterioration and aging of the labour force and, consequently, the deterioration of the labour supplies in the Polish market”.⁶

It is expected that if the negative demographic trends still persist, by 2050 Poland will have to employ foreigners. Today, this vision seems incredible, especially in the light of unemployment, which exceeded 14% in March 2013.⁷

The demographic situation in Poland is similar to that of other European countries and it should be taken into account that the number of elderly people will increase each year. The effects of the ongoing process of aging will affect not only those who are directly related to this issue, but it will also include young and adult people. Not only the family of an aging person, but also the people in the country and region. This results in the perception of aging as a general matter of the society. The progressive aging processes of the Polish population pose new challenges to social welfare and social policy. This will require planning and organising such activities that will secure diverse needs of that age group.

The institutional forms of support for the elderly and disabled

The formation of the institutional forms of care is a natural consequence of the development of culture and civilisation. A breakthrough in the development of these forms of care occurred as early as in the Middle Ages – the period

⁵ Prognoza ludności na lata 2008–2035, (2009), op. cit., p. 152.

⁶ The population prognosis for the period 2008–2035 – informational note: www.stat.gov.pl, p. 3.

⁷ The unemployment rate in Poland: www.stat.gov.pl.

in which Christian associations, hospitals as basic aid institutions appeared. Hospitals, orphanages and workhouses are the prototypes of contemporary social and welfare institutions. The development of institutional aid continues up to these days, although the tradition has outlined the main directions of the process, that is the inclusion of more and more groups of people, as well as the improvement of methods and forms of work with those under care. Besides the traditional day care centres, such as community self-help houses, occupational therapy workshops, fountain houses, senior clubs, centres for people with Alzheimer's disease and Parkinson, there are also full-time care facilities. These include nursing homes, medical care facilities, palliative care wards, hospices, and increasingly more common family nursing houses. I would like to further develop the functioning of this institution on the example of *Family Nursing House "Hotelik" in Pierzchnica*.

The organisational structure of the facility

The Family Nursing House in Pierzchnica is managed and represented by the director. The activities of this institution are divided into five main departments that cooperate and are interdependent:

- Healthcare Department,
- Department of Rehabilitation,
- Department of Occupational Therapy,
- Department of Nutrition,
- Administration Department.

The leading and very important department in the operation of the facility is the first department of medical healthcare, which includes nurses, paramedics, care assistants and an occupational therapist. Its mission is to provide full time healthcare with the help of nurses and care assistants, the support in the basic activities of daily living such as bathing, dressing, feeding. Their duties also include making medical appointments for their wards and taking care of the medical transport, ordering drugs and medical supplies, preparing orders for orthopaedic instrumentation; moreover, they represent their residents in dealing with the National Health Fund. People who work in this department have continuous contact with the inhabitants of the Family Nursing House, they are familiar with those people's needs, tastes, desires, character, temperament, they have an image of each their ward, since they manifest a very individual approach. They care about their wards' health, well-being, hygiene, contact with other human beings and with the outside world, they

talk to them, help with problems. The department of medical healthcare also includes the family physician who visits the residents once a week or more often, depending on need. The persons employed in the department of medical healthcare, besides good qualifications, must have certain predispositions. In fulfilling their duties, they must demonstrate reliability, patience and consistency, but on the other hand, they need to manifest warm feelings, kindness and empathy, which in this type of work are absolutely necessary.

Another department is the department of rehabilitation, which is the provider of rehabilitative services and treatment that is intended for the residents, as well as outpatients. The people who work in this department include the manager of rehabilitation, physiotherapy coordinator and physiotherapists. Overall, the department aims at improving their residents' fitness. It provides treatments such as: the whirlpool massage of upper and lower limbs, classic and vibrational massage, electrotherapy, ultrasounds, magnetic therapy, laser therapy, local cryotherapy, Sollux lamp irradiation, various exercises and inhalations.⁸

Department of nutrition aims at providing the residents with full board in the form of four meals a day (breakfast, dinner, supper, afternoon snack). People involved in the food preparation take into account possible diets of the residents.

Occupational therapy department organises activities for the wards in their leisure time. These are mainly technical work, music therapy, outdoor painting, meetings with interesting people, parties, bonfires, barbecues, dances, tours, performances, recreational trips. The occupational therapist cooperates with the residents in manual works, he reads books, organises meetings and going out to theatres or cinemas, helps with shopping. Duties of the occupational therapist employed in the Family Nursing House also involve the creation of the care programme, tailored to the capabilities of the residents, and supervising the residents during the therapy.

An important issue is the maintenance of the facility in a cleanness and efficiency, which is the task for the administration department, whose employees include the director of administration and personnel, administrative staff, conservator of the facility and laundry service. The duties of employees in this department are also the maintenance and care for the garden.

A completely separate department of the organisational structure of employment is the office. The people working in the office deal with the issues

⁸ As cited by: Rehabilitation – The Family Nursing House in Pierzchnica, informational brochure (own archive), p. 2.

connected with employment, redundancies, they are involved in the employee documentation, documentation connected with the facility, they perform inspections, are engaged in the maintenance issues, they sign agreements with the residents, deal with matters related to a registration of the people under care. Their duties also include making current payments, making reservations and scheduling the accommodation in the facility. The office workers represent the institution in dealings with the organs of control, they plan investments, marketing activities, they take care of advertising and client acquisition, sign agreements with contractors etc. The department is managed by the director of the institution who coordinates the work of individual departments.

The location of the building and housing conditions

The area of the building covers approximately 1700 square meters, whereas the area of the land on which the facility is located is more than 6000 square meters.⁹ The two-storey building has about 50 places for the residents, rooms for rent for the families visiting residents and the guests of temporary rehabilitation camps. On the ground floor there is a reception, management room, kitchen with a modern-fitted dining area, rehabilitation equipment and room, as well as the residents' rooms. On the first floor, there are also rooms for the residents, there is also a common room, a library and a winter garden with a fireplace. The second floor is an integral part of the Family Nursing House, there are comfortable guest rooms. Around the building, there is a park and garden plots for the use of the residents according to their own needs, fireplace and barbecue place.¹⁰

The house is modern in design, there is an elevator, the rooms are occupied by maximum two people, each room has a bathroom, telephone, radio and a TV set. The house provides comfortable accommodation in single or double rooms. Interestingly, every resident has an impact on the arrangement and furnishing of their own room in such a way that they would feel comfortable and safe as much as possible, just like home.

The kitchen combined with dining area serves home-made food that is tailored to the needs of the residents, such as vegetarian diets. The dining room also functions as a restaurant, open for general use. In the modern-equipped

⁹ Own elaboration on the basis of internal documents of the Family Nursing House in Pierzchnica.

¹⁰ Running of the Family Nursing House in Pierzchnica, unpublished text, (own archive) p. 1.

room, the Family Nursing House provides rehabilitative treatments contracted with the National Health Fund for the residents of the House and outpatients (from outside). These are, among others, massages, radiation, fitness, exercises, inhalation and whirlpool baths. The common room performs both the function of a place for meetings and chats of residents, as well as the room where the sessions of occupational therapy take place. If one needs peace and quiet, they can immerse in a book in the library, where they can find a collection of books on various subjects. An interesting and ingenious space in the building is the so-called winter garden – the glazed room located on the first floor. There is a fireplace and plenty of flowers, moreover, one can sit at the table and enjoy the beautiful landscape which spreads around. This is also a place for therapeutic activities. A good facilitation for the people with mobility problems is the elevator.

The characteristics of the “Hotelik” Family Nursing House residents

The Family Nursing Home residents are very different people, with various temperaments, needs, different illnesses and ailments. In the House, there are between 50 to 60 people who for some reason have decided to leave their homes and live in the private facility providing care, therapy and rehabilitation services. The health status of the residents is differentiated. There are people who are physically and mentally fit, but there are also patients who had strokes, Alzheimer’s disease, atherosclerosis, senile dementia, or with locomotor disabilities (amputation of the lower limb).

Financing of the “Hotelik” Family Nursing House

Since the Family Nursing House in Pierzchnica is a private institution, the residents must pay for their stay. The costs of their living at the House are paid by the charges made by the residents. The financial management of the Family Nursing House is based on the principles of accounting on the basis of the simplified single entry accounting. The Family Nursing House offers permanent residence and short-term stay of the limited duration up to one month. The price of permanent residence in a single room is 2700 zł per month, and a double room – 2200 zł per month. When it comes to a short-term stay, the price for one day amounts 95 zł for a single room and 80 zł for a double room. This amount is payable in advance until 10th day of a given month. In the case of changing the sum of the charge, the residents must be informed about this in writing

one month in advance.¹¹ If the resident is delayed with payment for the stay, he or she receives a written request for payment, with the additional payment deadline, that is seven days from the date of serving the summons. If no payment is made, the management of the facility terminates the contract without notice with immediate effect and brings the matter before the court in order to execute the debt.¹² The rooms for rent for visitors of the residents and for people who benefit from rehabilitation camps are as comfortable and large as the room for the residing people. The cost of renting such a room is 60 zł per person for the duration of one day. The price does not include meals, which are separately charged, the cost of three meals per day is 35 zł.¹³ These amounts shall be payable in cash to the service provider or to the bank account of the Family Nursing House. Within the payment, the institution provides the accessibility to a living room with a bathroom and a toilet equipped with furniture and basic equipment to the residents. They are also provided with food, basic personal hygiene and cleaning supplies, day care, contact the family doctor and participation in various events of the cultural and educational nature. The provider is also responsible for cleaning the residents' room at least once a day, laundry, clothing, underwear and bedding, organisation of rehabilitative and therapeutic activities taking into account the level of physical and mental condition of the person, and the provision of basic pharmacological supplies. In the absence of a given resident, it is not possible to refund or partially refund the payment, although there are exceptions, e.g. when the resident is in hospital, sanatorium or other specialised centre, as a result of a referral from a physician.¹⁴

Forms of activation of the residents

OCCUPATIONAL THERAPY

Alongside the care activity, the Family Nursing House also serves as a therapeutic and rehabilitation facility. The occupational therapy is conducted in a wide range. This form of rehabilitation in the Family Nursing House takes place primarily in the common room and the winter garden, and in summer,

¹¹ The "Hotelik" Family Nursing House, www.dor.com.pl.

¹² The contract for the provision of care services. The contract for the provision of care services with accommodation at the Family Nursing House in Pierzchnica (unpublished text), p. 2.

¹³ The "Hotelik" Family Nursing House, www.dor.com.pl, p. 3.

¹⁴ As cited by: The contract for the provision of care services, op. cit., p. 2.

in the outside of the building. This mainly involves manual activities, using materials such as paper, plasticine, modeling clay, salt dough; art classes including cut-outs, the collage, they can also be board games and table-top games. An interesting activity is the ikebana, that is arranging bouquets of flowers, or macramé – the old art of binding strings without the use of needles or wires, they are the so-called bracelets with embroidery floss. In the open air, recreational activities using balls, small balls and discus are organised, it is sometimes also mini gymnastics, listening to music- music therapy. An extremely popular pastime for the elderly people is growing and cultivation of an allotment. The Family Nursing House provides this ability – there are garden plots for the use of residents, according to their own preferences, so they have their own garden, about which they care, grow flowers, sow vegetables, etc.

DEVELOPING THE NEEDS AND CULTURAL INTERESTS OF THE RESIDENTS

The Family Nursing House provides the development and promotion of the cultural interests of its residents. It is important to cultivate and maintain tradition, especially visible during the Christmas and the Easter. As a part of preparation for Christmas, the residents gather together in the winter garden or the common room and get engaged in the preparation of Easter baskets, painted eggs, they recall their previous holidays and discuss the Easter traditions.

Conclusions

Family Nursing House is a much better solution for elderly people than the welfare home or residential medical care facility. Residents of the family nursing house are provided a continuous personal care, which requires empathy, understanding and consistency from its workers. Such a facility is a new institution and, in contrast with other institutions, provides its residents with a sense of security, stability and a notion of having their own place. Workers of the institution actively cooperate with the families of the elderly people who live there. Frequently, family members of a resident have a sense of guilt that such a close person, for various reasons, does not live with them. The purpose of the care assistants is to ensure the family that it is very often the best solution, because all the needs of residents are satisfied in such a place, whereas they are very often impossible to be met at their homes, such as the needs connected with living, care, rehabilitation and support.

Chapter IV

Activation through education – examples of good practices

Aleksandra Lubczyńska

Libraries and senior members – with the use of an example of the Regional Public Library in Kielce

The society of the 21st century is said to be the society of young and dynamic individuals who manage modern challenges with confidence. At the same time, according to statistics, the number of the elderly, that is 50 and 60-year-olds, has increased. Many demographic conditions influence such a situation. On the one hand, the birth rate is decreasing and on the other hand an average human life span is increasing. Admittedly, professional activity of these individuals virtually stopped when they went into retirement or state pension but their energetic attitude to life did not.

Therefore, a particular emphasis has been placed on the issue of the elderly integration with the environment and prevention of exclusion of this social group. Cultural institutions, including libraries, are of great importance here. They focus on this particular readers group more often. Recently, the library has been undergoing changes and apart from playing a role of free books “provider” and a reading promoter it has also become cultural life centre, a meeting place and a place where various social groups can integrate and share their views.

According to research, within the last 10 years in Poland 10,6% of members have given up attending libraries. The highest decline of registered library users has been noticed among children and teenagers below 15 years old and age 16 to 19 (by 40% in comparison with 1999). There is more than 9% drop of users age 20–24. Whereas, within the remaining age groups an increase in reading has been observed (age 25 to 44 – by 26,9%, age 45 to 59 by 36,8%, and within a group of 60-year-olds and over – there was the highest increase by 39%).¹

¹ Biblioteki Publiczne w liczbach 2009, (2011), M. Jezierska, B. Budyńska, D. Stępniewska (eds.), Biblioteka Narodowa, Warszawa, pp. 37–39.

Due to the fact that the members' age has shifted and senior citizens have become a very active group, libraries devote a lot of attention to them offering many attractive forms of spending free time and educational opportunities. Especially public libraries, by virtue of their accessibility, free service provision and location are particularly marked out to take care of senior citizens.

Among library members, senior citizens are a particular group because they require more individual approach and interest. Quite often, within such a group there are individuals with health problems and dysfunctions, resulting from their advanced age. Thinking about senior citizens libraries take interesting initiatives, thanks to which the elderly can keep physical and mental fitness. Senior citizens treat the library they used to attend while being professionally active and now when retired or drawing an allowance, in a particular and personal manner – not only as a place where books can be borrowed from but also where they can encounter kindness and interest, where their problems are listened to and understood.²

The Witold Gombrowicz Regional Public Library in Kielce (referred to as RPL), making an effort to meet new challenges, has taken actions for senior

² See: Augustyn, R., Fijał, M., (2008), Senior buszujący w bibliotece, "EBIB" 7; Dobrowolska, M., (2008), Działania aktywizujące seniorów (na przykładzie bibliotek publicznych na warszawskiej Ochocie), "Poradnik Bibliotekarza" 1, pp. 10–14; Gorczyńska, M., (2008), Projekt "Akademia e-Seniora" UPC i inne działania w zakresie edukacji komputerowej w Miejskiej Bibliotece Publicznej we Wrocławiu, "EBIB" 7; Kozub-Kulik, K., (2008), Senior w wirtualnej przestrzeni informacyjnej, [in:] E. Pancer-Cybulska (ed.), *Gospodarka społeczna w Europie*, Wrocław, pp. 182–190; Nowak, P., (2008), Nowe technologie a biblioteka. Niepokoje czytelników trzeciego wieku, "Przegląd Biblioteczny" 3, pp. 418–428; Polus, A., (2009), Miejsce biblioteki w życiu seniorów, potrzeby i zainteresowania kulturalne, "Bibliotekarz Lubuski" 2, pp. 2–16; Tarnowska, B., (2009), Seniorzy w Dolnośląskiej Bibliotece Publicznej we Wrocławiu, czyli o bibliotekarskiej umiejętności rozpoznawania potrzeb czytelników, "Książka i Czytelnik" 1, pp. 25–27; Tomczyk, Ł., (2009), E-edukacja seniorów jako element budowy społeczeństwa informacyjnego, "E-Mentor" 3, pp. 68–72; Wenta, U., (2009), Biblioteka dla seniora, "Bibliotekarz Zachodniopomorski" 2, pp. 31–37; Aleksandrowicz, R., (2010), Senior w wielkim mieście. Kontakt z książką i biblioteką słuchaczy Uniwersytetu Trzeciego Wieku, [in:] B. Bieńkowska et al. (eds.), *Książka zawsze obecna, prace ofiarowane profesorowi Krzysztofowi Migonowi*, Wrocław, pp. 125–135; Czerwińska, M., (2010) Książka w rehabilitacji niewiedzących seniorów, uwagi o biblioterapii reminiscencyjnej, [in:] A. Nowicka (ed.), *Wybrane problemy osób starszych*, Oficyna Wydawnicza Impuls, Kraków, pp. 239–251; Haber, G., (2010), Opolska Akademia e-Seniora jako przykład efektywnego zmniejszania nierówności społecznych w zakresie wykluczenia cyfrowego osób w podeszłym wieku, [in:] J. Jaroński (ed.), *II Świętokrzyskie Spotkania Naukowe Młoda Politologia*, Kielce, pp. 257–264; Mendyk, K., (2011) Aktywny senior w bibliotece XXI wieku, *Dolnośląska Biblioteka Publiczna im. Tadeusza Mikulskiego*, Wrocław, pp. 24–25; Czarnota-Bajorek, A., (2012), Biblioteka dla seniora, czyli co senior w bibliotece i dla biblioteki może, "Poradnik Bibliotekarza" 5, pp. 30–32.

citizens – performed for them and by them, integrating their community. The library pays attention to the needs of the elderly members and makes an attempt to meet their expectations. All undertakings help to keep senior citizens active and allow them to lead an active life within the local community.

The area where social exclusion of individuals 50+ poses a threat is new technologies, computers and the Internet. At the same time, currently, the Internet provides lots of opportunities for acquiring knowledge from various sources and very quick access to the required information. It is a resource without which – we assume – it would be difficult to live in the world of knowledge. Internet, in accordance with the needs, can play the role of school, a shop or a place by means of which we can make new acquaintance. Thanks to modern messengers and the Internet people can contact their families or friends who live scattered all around the world, check their library and bank account, transfer money, make gas or phone payments.³

Therefore, thinking of senior citizens the RPL of Kielce has joined the European campaign called *A week with Internet* coordinated by Telecentra–Europe – a non-government organization – an association of telecentres networks from various countries. Its aim is to encourage the use of the Internet and opportunities it provides us with. In Poland, this campaign is coordinated by the Information Society Development Foundation (referred to as FRSI).

The first Polish edition of the campaign took place from 28th February until 5th May 2011. Employees of the Common Reading Room from the RPL of Kielce were responsible for its conduct. According to a programme draw-up by FRSI, they prepared and conducted a computer course for individuals over 50 years old. Participants of the course – 16 individuals – had an opportunity to learn computer basics: how to switch it on, what a computer monitor is for, how to use a computer keyboard and a mouse. Librarians and volunteers showed the assembled individuals the Internet opportunities and methods of information search. At the end of the course educational-entertainment meeting entitled: *Listeners' choice* was arranged. It was a kind of check on acquired skills during which each participant could search for a favourite song independently and then find the related information about the song and its performer. The main attraction of the meeting was karaoke during which some Polish songs were performed together, among others: *Małgośka, Tyle słońca w całym mieście, Dmuchawce, latawce, wiatr*. An honourable guest of the meeting was

³ Szybka, B., (2007), *Seniorzy online, czyli warsztaty internetowe w bibliotece*, "Bibliotekarz" 10, p. 20–21.

Ms. Magdalena Smożewska-Wójcikiewicz – a journalist from the Polish Radio Kielce who talked about her first experience of computer work. At the end of the meeting, the slogan of which was: *Ferret around in a library*, all participants were given occasional certificates.⁴

The second edition of *A week with Internet* in the RPL of Kielce took place from 26th to 30th March 2012. The conclusion of the computer course was also of entertainment-educational nature. Its title was *Around the World in Eighty Minutes*. During a virtual journey in the Internet, the participants could admire tourist attractions of individual countries. This time, apart from librarians, volunteers from the 29th Scouts Pack of Kielce offered their help and shared their knowledge during the computer and the Net challenge. At the end of the meeting, participants registered themselves on FRISI website, which provided patronage for the campaign.⁵

Since computer courses aroused considerable interest the RPL of Kielce decided to arrange one more meeting in 2012. It was similar to the previous ones organized as part of *A week with Internet*. The course took place in November and at the end of it on 22nd November the meeting entitled: *Plant a tree on Internet* was organized. Its aim was to use skills acquired during the computer course in practice. Participants had a chance to find out, among others, what genealogy is about. Using information found on the Internet they learnt the etymology and meaning of their names and they took part in an “Aunt’s quiz” – a kind of a game, based on searching for information concerning relations between family members belonging to various generations. Finally, they registered on community portal My Heritage and they created their own family tree.⁶

Together with *A week with Internet* campaign, the RPL of Kielce joined an all-Poland programme “e-Senior Academy” which has been a response to a considerable interest of the Internet among the elderly and an attempt to eliminate technological exclusion of individuals 50+.

“e-Senior Academy” is a computer and Internet education programme for the elderly prepared and conducted by UPC Polska⁷ which was introduced

⁴ Tydzień z Internetem 2011 w Wojewódzkiej Bibliotece Publicznej w Kielcach http://www.biblioteki.org/pl/_biuletyn_?ctype=regionalny&cid=737 (date of access: 13.04.2013).

⁵ Sprawozdanie z realizacji zadań Działu Udostępniania Zbiorów za I kwartał 2012 r., p. 7.

⁶ Sprawozdanie z realizacji zadań Działu Udostępniania Zbiorów za IV kwartał 2012 r., p. 8.

⁷ UPC Polska Sp. z o.o. – the Polish branch of Liberty Global, the international supplier of cable television, broadband Access to Internet and telephone services.

in June 2007. Social partner that supports this campaign and acts as a go-between centres conducting courses and UPC Polska is the Academy of Charity Development. The program developed to continue and extend popular computer courses which were conducted by UPC Polska in 2006 in the biggest Polish cities (in some cities, there were even 10 people for one place). The basic idea of such courses, conducted as part of this program, is to prevent the elderly from technological exclusion and propagate equal opportunities for everybody and the accessibility to the latest technologies and its benefits – that is actions being part of the international project “W jednej społeczności” – “In the community” of Liberty Global group – mother company of UPC Polska. Classes being part of “e-Senior Academy” are conducted in ten cities: Warszawa, Kraków, Szczecin, Gdańsk, Wrocław, Kielce, Katowice, Opole, Lublin and Bydgoszcz. The classes take place in computer labs, established and equipped by UPC. Complete course lasts 960 minutes and it is conducted by coaches (a librarian and an IT specialist) prepared to work with the elderly. Participants of such courses are given a specially designed textbook containing exercises and useful additional information. During the course they learn, among others, methods and strategies towards searching for information on the Internet, how to use Instant messengers (Gadu-Gadu, Skype) and e-mail. When the class is over, the participants can use terms, such as: chat, forum, a discussion group, multimedia.

The programme of the course has been designed especially for the elderly and is constantly monitored and modified, according to comments of participants and coaches. Within the project development the following website: http://www.upclive.pl/Akademia_e_Seniora/ has started. The website is for all senior citizens interested in new technologies and self-study of the Internet skills. Website visitors can find there virtual lessons, mini dictionary, interesting articles and information about UPC courses.⁸

Within “e-Senior Academy” program, employees of Common Reading Room of the RPL of Kielce prepared and conducted a computer workshop for individuals 50+. During the classes (there were 11 meetings from 18th October to 24th November, 2011 – twice a week) ten participants familiarized themselves with basic issues concerning, among others, computer and Internet skills, word processing program, creating WWW websites, using Internet browsers, creating own e-mail.

⁸ Augustyn, R., Fijał, M., (2008), op. cit.; M. Gorczyńska, Project “Akademia e-Seniora” UPC and other activities to provide computer education of senior citizens in Miejska Biblioteka Publiczna in Wrocław, “EBIB” 7.

At the end of the course, all participants had a chance to consult Reading Room librarians.⁹ Obviously, senior citizens are allowed to use computer terminals available in the Library and consolidate all the knowledge they have acquired not only during workshops. There is no problem with enrolment on consecutive courses. The number of applicants willing to participate in “e-Senior Academy” – is always much higher than organizational opportunities of the Library.

The following year, the RPL of Kielce started to arrange computer courses for senior citizens independently, without UPC patronage. Subject scope of a workshop was extended and it was given a different name: “E-excluded in a Library” The reason for this change was the fact that this time the workshop was aimed at a wider range of audience: all individuals, regardless of age, who would like to learn basic computer skills and how to use the Internet. As it turned out, people interested in the courses were individuals over 50, most often not working professionally, willing to develop and acquire new skills. The subject matter of a workshop for ten participants included the following issues: basic knowledge of computer skills, basic knowledge of word processor, creating a WWW website, methods of using Internet browsers, creating and using e-mail, rules for using Internet messengers, shopping via Internet, e-banking, network security.

In 2012, there were two editions of “E-excluded in a Library” workshop: the first one took place in spring from 8th to 27th March, and the second one took place in autumn – from 5th to 20th November. Each edition consisted of 10 three-hour-meetings, which took place four times a week. The conclusion of the first edition coincided with the ending of *A week with Internet 2012* and the above-mentioned meeting *Around the World in Eighty Minutes*; the autumn edition was concluded with the meeting entitled *Plant a tree on the Internet*.¹⁰

Since there was a huge interest of senior-users, three editions of a computer course have been planned in 2013. It was decided to change the name-motto of the course from: “E-excluded in a Library” to “E-active in a Library”, because it is more appropriate and can be used to emphasise that first computer meetings in a library can be the beginning of the new and exciting experience in the virtual world.

⁹ Sprawozdanie z realizacji zadań Działu Udostępniania Zbiorów za IV kwartał 2011 r., p. 8.

¹⁰ Sorys, H., Kosno, D., (2012), Senior na czacie, Sprawozdania i Materiały za rok 2011 / Wojewódzka Biblioteka Publiczna im. W. Gombrowicza w Kielcach” 24, pp. 112–116; Sprawozdanie z realizacji zadań Działu Udostępniania Zbiorów za I kwartał 2012 r., p; 7; Sprawozdanie z realizacji zadań Działu Udostępniania Zbiorów za IV kwartał 2012 r., p. 8.

This year, the first edition has taken place from 4th to 19th March, under the slogan *Health advisory*. Its aim – apart from the one related to teaching basic computer skills and the use of the Internet – has been to get participants acquainted with websites containing information regarding health within the broad meaning: disease entities, medicines, healthy diet, healthy lifestyle, etc. By means of a messenger, interested participants could ask an expert for advice and when the meeting was over they could register as participants on the website regarding Libraries Development Program.¹¹

The next course edition took place between 8th and 25th April. Participants (as usual 10 individuals) during eleven free meetings were instructed how to use the laptop, Word programme, Google browser and e-mail, do shopping and make bank payments via Internet. They also got familiarized with community services (Facebook and Our class) and the Gadu-Gadu messenger. This course edition ended with entertainment-educational meeting *Around the World in Eighty Minutes*.¹²

The assumption of a computer workshop was to encourage the elderly to use computer and the Internet and present a library as a friendly place, open to people. It was significant that the workshop was free and it was conducted by librarians themselves who shared their knowledge and experience. Classes were to help all those individuals who would like to learn about the latest technologies and acquire basic computer skills. The workshop was conducted in the RPL of Kielce and its aim was to overcome barriers related to the use of computers and communication skills, creativity development of the elderly and using all the acquired knowledge in practice. In a word: it helped senior citizens to pull themselves together in the new world of technology. Planning various activities aiming at e-integration of mature Poles we should remember that using new technologies should not be the goal in itself but a means used to activate 50+ generation and improve the quality of life concerning many aspects: from the career, through interests to social life.

It is also worth noticing that some course participants who have rarely visited a library so far, are more willing to attend right now, mainly to use the Internet, to check something in encyclopaedias or dictionaries – essential while doing crosswords.

Among initiatives related to the promotion of the elderly activity Discussion Book Clubs should also be mentioned. The audience of such clubs is everybody

¹¹ Sprawozdanie z realizacji zadań Działu Udostępniania Zbiorów za I kwartał 2013 r., p. 8.

¹² Information acquired from course participants.

who likes reading and talking about books. However, in practice, these are predominantly the elderly, mainly women, who believe it is a very interesting form of spending free time and being among other people. Since 2008, these meetings have taken place regularly. Currently, the Club at the RPL has 14 regular members, but much more people participate in meetings, good point of which is a quick access to book novelties (sometimes they are available earlier than in a library). Ten copies of a given title are distributed among club members. During one meeting usually two titles are discussed, unless a book is of “ambitious” kind. Then, more time is devoted. Quite often, guests are invited to take part in meetings. Recently, Club members have had an opportunity to meet, among others, professor Józef Rurawski and Stanisław Żak, a traveller Andrzej Kołaczkowski-Bochenek and Krzysztof Nawrot – a region expert.

The Club is very popular. Every year the number of meetings and participants¹³ taking part in many other ventures in the Library, increases. It can be noticed that the elderly find it very important to take part in such meetings.¹⁴ The meetings conducted as part of the Discussion Book Club are often an occasion for reflection and exchange of views, impressions and information.

Additionally, the RPL of Kielce is a coordinator of Discussion Book Club programme within the area of the Świętokrzyskie Province. Thanks to financial resources of the Warsaw Book Institute¹⁵ and own resources of the RPL mobile book collection is being created (in 2012, there were over 500 titles at clubs’ disposal: novels, Polish and foreign authors, memoirs, biographies, etc.), clubs are provided with promotional materials, author’s meetings are arranged. In 2012, there were 50 clubs, including 7 youth ones in 46 public libraries of the province. Among them, there are typical senior clubs acting at the RPL of Kielce and the Municipal Public Library of Kielce – branches No. 4 and No. 8. Altogether in 2012, 464 club meetings took place in which 3700 people took part.¹⁶

Motivating actions of the Kielce RPL towards senior citizens do not concern books only. Since 2010, the Library has made its seat available to members

¹³ In 2007, 7 meetings took place, In 2008 – 12 meetings, In 2009 – 16 (138 participants), In 2010 – 18 (171 participants), In 2011 – 18 meetings (151 participants) and In 2012 – 19 meetings (200 participants).

¹⁴ Information from an employee of the Collection Availability Department M. Michota.

¹⁵ Discussion Book Club Project has become part of all-Poland Reading promotion program of the Book Institute – national culture institution established In 2004. Its aim is books and reading popularization and promotion of Polish language and literature in the world.

¹⁶ About the project <http://www.wbp.kielce.pl/dyskusyjne-kluby-ksiazki/o-projekcie> (date of access: 16.04.2012).

of the Świętokrzyski University of the Third Age. Every Tuesday, film lectures or workshops, which often use the RPL film library collection, take place there.¹⁷

Making an effort to meet needs of visually and hearing-impaired individuals – but also the elderly – the RPL of Kielce started the cooperation with the Polish Association of Blind People. It includes, among others, trips during which these individuals learn the library lay-out and to use its collection. In 2013, the cooperation has extended and thanks to audio-visual equipment screenings of films with audio-description can be organized. These are usually travel, tourist and biography films. Visually-impaired individuals and the elderly can use General and Audio Library where they can order audio-books, among which the most famous titles of Polish and foreign literature can be found. They are available in the form of audio cassettes and CDs, MP3 format and DAISY standard. Currently, the collection of the RPL includes approx. 2 500 titles recorded on audio cassettes and approx. 1600 audio-books.

The library is also furnished with special type of equipment which enables visually-impaired individuals and the elderly to use its collection. These are two multi-lectors and an enlarger. Multi-lector is a device which reads in a text after scanning it, and then, thanks to the modern technology, recognizes printed matter and reads the text out with a clear voice, i.e. changes a given text into artificial speech. Scanned documents can be recorded on a CD. The device is easy to operate. It has simple menu and big buttons. The pace and volume of reading can be adjusted to own needs. An enlarger can be used by library members with poor eyesight. Thanks to this device a piece of text can be enlarged even 72 times. The enlarged image is focused and detailed and a user can change its focus, text and background colour.

Additionally, General Reading Room provides its blind and visually-impaired individuals with a computer terminal adjusted to their needs. The computer is equipped with a scanning device, Braille printer Everest and, so called, Braille edge which converts text and graphic information appearing on a screen into Braille alphabet.

The library of Kielce has been equipped with the above-mentioned devices thanks to the financial support of the Ministry of Culture and National Heritage within the scope of "Library of equal opportunities" project, the aim of which is to adapt library institutions to the needs of the blind and visually-impaired individuals – including the elderly.¹⁸

¹⁷ Information from J. Zielińska, the deputy director of the RPL of Kielce.

¹⁸ "Sprawozdania i Materiały za rok 2011 / Wojewódzka Biblioteka Publiczna im. W. Gombrowicza w Kielcach" 24 (2012), p. 51. More information about the project: http://www.mkidn.gov.pl/media/docs/2012/20121022_uchwalaRM_kult_plus_txt.pdf (date of access: 20.04.2013).

Since the RPL of Kielce opened to the needs of the disabled and the elderly, librarians have taken part in training courses and workshops aiming at giving professional support these groups of members. From 7th to 9th January 2011, Halina Sorys from the Collection Availability Department participated in a three-day-training *Place without barriers: facilities for senior citizens and the disabled*. The meeting took place in the Public Library of Warsaw. It was conducted by Piotr Todys, the President of TUS Foundation, which is a non-government organization the aim of which is to stimulate social and professional activation of disabled people, and Dominika Rymer – a fencer, living in a wheelchair, the press spoke-person of “Helpful hand” Foundation for the disabled. There were 18 individuals from various libraries in Poland taking part in training courses. During meetings the following issues, among others, were discussed: adaptation of the building and library offer to the needs of the disabled, the elderly activation, problem of stereotypes and anxiety about individuality. The training course included a workshop during which participants had an opportunity to learn about difficulties which the disabled and the elderly have to face – they tried, e.g.: to move with their eyes covered (like the blind) and to use a wheelchair. The following conclusion was reached at the end of the workshop: contemporary libraries should be widely available institutions where the disabled and the elderly will be able to find suitable materials and will not have difficulties with getting to a given branch to participate therapy, education and integration meetings.¹⁹

In May 2011, H. Sorys took part in a two-week-training for instructors of “e-Senior Academy” organized in Kraków. Apart from librarians, coaches from 14 Universities of the Third Age all over Poland participated in this training. The following problems were discussed: Internet security problems, including methods, tools and mechanisms of computer and its users protection against Internet crime. Part of the workshop was devoted to formal and practical issues concerning the courses for senior citizens. The individuals who have already conducted such classes shared their knowledge in this regard.²⁰

In July, H. Sorys prepared the project concerning digital education of the 50+ for the all-Poland competition entitled “M@turity in the Net. Good practice”, held under the patronage of the President of the Republic of Poland Mr Bronisław Komorowski. The competition was organized by the Information

¹⁹ Sorys, H., (2011), *Miejsce bez barier. Usługi dla seniorów i osób niepełnosprawnych*, “Sprawozdania i Materiały za rok 2010 / Wojewódzka Biblioteka Publiczna im. W. Gombrowicza w Kielcach” 23 (2012), pp. 106–108.

²⁰ Internal documentation of the Collection Availability Department.

Society Development Foundation as part of the coalition for the Digital Inclusion of 50+ Generation "M@turity in the Net".²¹

On 16th May 2012 two librarians: Żaneta Żarnowiec and Dariusz Kosno from the Collection Availability Department participated in a workshop devoted to digital exclusion of Partnership for e-Development (SPINeR) Project organized together with the RPL in its seat in Kielce. During the meeting the following issues were discussed: introducing the world of the Internet to adults, electronic communication and digital environment of life and work. "Digital Poland of Equal Opportunities" program was also discussed there. The aim of this initiative, developed within a group of a dozen or so all-Poland, non-governmental organizations is providing support to activities which develop digital competence of adult Poles of 50+ generation and within their local communities. "<Digital Poland of Equal Opportunities> assumes that <lamplighters> – digital education providers – will reach every administrative district in Poland. They will be responsible for providing assistance to inhabitants of villages and small towns in acquiring Internet skills and various forms of electronic communication."²²

Next day, on 17th May 2012, in the seat of the RPL of Kielce, a workshop was arranged as part of "Library +" programme²³ *Place without barriers* – the same name like the one arranged in Warsaw the year before. The workshop was conducted by P. Todys and D. Rymer, as previously. Participants could learn how to plan a library space to provide the disabled, the deaf and the elderly with safety while moving around within the building. Discussion included the following issues: how to encourage the elderly and the disabled to visit the library. Coaches gave examples of good practice within the range of these groups of members. There were 30 librarians from public libraries of the Świętokrzyskie Province taking part in the workshop.²⁴

Moreover, the RPL of Kielce is not the only public library within the region that is involved in activities for various members groups, including the disabled and the elderly. Taking into consideration the needs of the above-mentioned

²¹ Sprawozdanie Działu Udostępniania za rok 2011, p. 10.

²² XXII warsztat Konsultacja Programu Edukacji Cyfrowej Dorosłych, <http://spiner.org.pl/warsztaty/xxii-warsztat.html> (date of access: 20.04.2013).

²³ "Library +" program was established many years ago by the Minister of Culture and National Heritage. The Book Institute was responsible for development and implementation of "Library +" program. This program is a response to the need of radical improvement of public libraries situation in Poland. Main beneficiaries of the program are district public libraries, particularly country, city and municipal libraries (up to 50 thousand inhabitants).

²⁴ Pierwsze szkolenia Biblioteki+ w Kielcach, http://www.bibliotekaplus.pl/82/pierwsze-szkolenia_biblioteki_w_kielcach_fotorelacja.html (date of access: 22.04.2013).

groups, municipal libraries in Kielce, Skarżysko-Kamienna and Ostrowiec Świętokrzyski and district libraries in Bodzechów, Fałków, Iwaniska, Kije, Kluczewsko, Lipnik, Łopuszno, Obrazów, Radoszyce, Śzydłów, Tarłów and Złota – started the service called: *A book over the phone*. A dozen or so libraries have co-operated with the University of the Third Age and Senior Clubs. As part of this cooperation, the following meetings are organized (e.g.: to exchange Christmas greetings, to celebrate Grandmother's and Grandfather's Day), trips, shared reading with grandchildren, training courses concerning application forms and various types of formal letters and computer courses for senior citizens. An Active Senior Cafe has been established at the public library in Chęciny, Creative Women Club in Kunów and Cheerful People Association in Klimontów. Senior readers are active members of Discussion Book Clubs.²⁵

As can be seen, the Regional Public Library in Kielce is a thoroughly modern branch, visited by various types of individuals. It succeeds in meeting their needs and expectations. It has become a place of action and creation of new reality. It serves people and helps to create better, more aware and educated society. Thanks to the Kielce library activity senior citizens feel accepted and needed. Approval, friendly attitude and interest of librarians are very important, they play therapeutic role and help to reinforce interpersonal relations of this local community. Based on suitable computer knowledge, they acquired, thanks to various courses arranged by the library, they can use the Internet and, if required, gain access to health advice, do shopping, order books by means of library computer system or send mails – all the above mentioned issues help to improve the quality of their lives.

To sum up, libraries, especially public ones, play a significant role in the activation of senior citizens. Their modern character means not only introduction of technological innovations but also noticing problems the members may face, giving support to overcome barriers, educating the elderly so that they can live within information society. Libraries have been perceived as friendly meeting places, which provide favourable conditions are created for acquiring knowledge as well as making new acquaintance, in case of senior-members.

²⁵ "Sprawozdania i Materiały za rok 2011 / Wojewódzka Biblioteka Publiczna im. W. Gombrowicza w Kielcach" 24 (2012), p. 50.

Joanna Górna

Encouraging social life of seniors – a practical example as demonstrated by The University of the Third Age at the Jan Długosz University in Częstochowa

People all over the world are getting older. The largest population of elderly people is in Europe. Poland, which for many years had one of the youngest populations in the world, is now approaching the same demographic as Western Europe. In 1950 Poland, the elderly above 65 years of age accounted for 5.3 percent of the total population and in 2011 the figure is 13.6 percent. According to the forecasts by the CSO (Central Statistical Office) the population of Poland in 2020 will reach 37.8 million whilst in 2035 it will decrease to 36 million, i.e. by 1.8 million, and the rate of decline will get higher. In addition, to the systemic decrease in the population, progressive aging of the population is expected. This means a significant shift in the structure of the population by age, i.e. an increase in the number of retirees and decrease in the percentage of children and adolescents.¹ In 2011 in Poland, there were more than 6.5 million people over 60 years of age. In 2035, the number of people of retirement age will reach almost 9.6 million, i.e. 26.7 percent of the population and compared with 2011 this is a 100 percent increase. Currently in Poland, people over 60 years of age represent 17.7 percent of the population and if this is added to the 14.9 percent of people in the 51 to 59 age group, it accounts for one third of the population of Poland. This number will steadily increase until 2030 (according to the CSO) as there is a decrease in mortality and increase in life expectancy. An increasing number of people in this age group, who have now more free time and a steady source of income, are expressing interest in the Universities of the Third Age, which allow them to fulfill their needs for further education and training, participation

¹ www.stat.gov.pl.

in cultural activities, sports and tourism. These leisure activities help to enrich the personality of the individual by gaining new experiences skills and knowledge. These leisure activities should therefore be classified as an investment in human capital, increasing knowledge, skills, better health and vital energy which significantly increases its value. Properly used free time also extends the period of physical and mental health thus reducing medical expenses.

The best example of institutions providing on-going education and also allowing people in retirement to meet other needs are the Universities of the Third Age (UTA). In Poland, the first such university was founded in Warsaw in 1975 by Professor Halina Szwarc. Today in our country, there are about 300 such centres bringing together tens of thousands of students. The number of UTA's in the country increases every year as students demonstrate the purpose and need for these institutions. In Poland there are two categories of Universities of the Third Age. The first is represented by institutions which are an integral part of higher education headed by the appointed dean of the university. The second type is loosely associated with institutions of higher learning established often by a community for the purpose of promoting popular cultural and recreational studies and this category is also often associated with public institutions such as libraries, community centres and nursing homes.

The main objectives of these institutions are:

- to involve the elderly into a programme of lifelong learning and to gain new experiences and skills,
- intellectual, mental and physical stimulation,
- to promote the science of healthy living and an awareness of gerontological problems,
- to encourage fitness and rehabilitation classes and group activities and tours,
- to provide advice on independent living and stimulate cultural and other types of activities such as participating in a choir, cabaret, painting and weaving, workshop, learning a new language and group leisure time.

The UTA students themselves are responsible for attending classes and taking part in the activities. By planning their own time and choosing their own particular activity give them a greater sense of well-being. Newfound interests encourage both mental and physical activity which leads to a longer life. The UTA performs certain social functions:

- integration – by encouraging people to help one another and spend time together,

- therapy – by allowing people to free themselves from social isolation and the feeling of abandonment and alienation,
- education – by creating opportunities for students to increase their knowledge by further studies in various disciplines.²

The University of the Third Age at the Jan Długosz University (JDA) was established in 1994. The main objectives that inspired the establishment of the University were:

- the inclusion of the elderly into the system of lifelong learning,
- intellectual, mental and physical stimulation,
- scientific research,
- development of methods for further education of the elderly and the implementation of a preventative approach to geriatric illnesses.

In the first year, 215 students enrolled: 180 women and 35 men aged 30 to 86 years old. The range of education of the students varied from primary to higher and to professional. The basic form of learning were lectures that took place once a week. These included medical and biological sciences and the humanities. The lecturers were mostly academics from the Pedagogical University of Częstochowa, the Częstochowa University of Technology, Jagiellonian University and the University of Warsaw. Cultural activities were mainly in the three categories of literature, choral music and the arts. Students also learnt foreign languages, French, English, German, Esperanto and Latin. Physical recreation consisted of group walks and tours. Students also participated in art exhibitions, attended concerts and plays. They participated in activities in the gym, table tennis, swimming and learnt relaxation techniques. The student body also organized get togethers and parties on St Andrew's Day, Thanksgiving, Christmas, Easter and Women's Day. And so it is still today. In the last twenty years the number of students has increased to 800. The number of potential students is much greater but the facilities just cannot cope with anymore. 80% of the students attending UTA are women. The average age is 70 years old, the youngest 53 years old, the oldest 90 years old. One third of the students have a higher education degree and 57% secondary education. The level of education is not an issue for enrollment to the University. The only criterion is the age and status of the retiree or the pensioner. The classes offered by the UTA in Częstochowa are very diverse, i.e. various scientific classes, computer classes and foreign languages, the most popular being English, Italian,

² Chabior A., (2000), *Rola aktywności kulturalno-oświatowej w adaptacji do starości*, Ośrodek Kształcenia i Doskonalenia Kadr, Radom–Kielce.

German, French and Russian. Speakers include both people from the workforce and invited guests. Invited guests amongst others included the Prime Minister Jerzy Buzek, Prof. Leszek Balcerowicz, General Miroslaw Hermaszewski, MPs and MEPs from the region. The most popular physical activities are yoga, gymnastics, swimming and weight training. Students can also develop an interest in astronomy, bridge, health issues and manual crafts. At the University there is also a choir “Uniwerek”, a department of fine arts and a poet’s corner. The self-governed student body prepares the entire programme of cultural activities, tours, workshops and other additional leisure activities.

All information pertaining to the UTA can be found on the website of UTA, <http://www.utw.ajd.czest.pl/>, which was created by the students themselves. There, one can see the courses offered by the UTA, current events, look at photos and pictures and familiarize oneself with the interests of our students. In 2008, the first edition of their newsletter “OUR UNIVERSITY” was published which presented the history and activities of our UTA. The newsletter is prepared and edited by the students with support of the academic staff. It appears regularly once a year and this year will be its fifth year. For the last 5 years, our students have taken part in the National Student Olympics organized by “Get Ready for the Third Age” at which medals are awarded. In 2011, the games were hosted for the first time in Częstochowa in cooperation with the City of Częstochowa, the City Sports and Recreation Department and the UTA Seniors Sports Olympic Committee of Częstochowa “Senioriada”.

The UTA together with JDA are involved in various projects financed by funds from European Sources. The first of these was the project “University for Health” which promoted healthy lifestyles. In addition to the lectures, students have the opportunity to participate in relaxation and yoga exercises. Today, this is attended by almost 150 people. Currently, our school participates in the multilateral project “*QEduSen* – An evaluation tool kit for seniors to improve their quality of life “ which is also funded by the European Union. The goal of this project is to prepare a tool for assessing seniors in order to be able to improve the quality of teaching in this age group. *Project QEduSen is supported by the Lifelong Learning Programme – (Grundtvig) of the European Commission).*

It is implemented by 7 partner institutions from 7 European countries: Spain, Finland, Italy, Latvia, Poland, Hungary and Bulgaria. It started on 1st Nov 2011 and will end on 30 the Oct 2013.

Project aims are:

- to show the relation of education and quality of life (QL) in a qualitative way, and to expose which methodologies and models of education are

the most suitable depending on the specific needs of learners, institution and the context;

- to create a tool that could be used for the institution and the trainer that want to create, redesign or evaluate a senior citizens education program;
- to offer an introduction to European models of education for seniors, to contextualize the seniors' requirements and to show the best practices of the international policy;
- to offer a scientific background for researchers to continue developing new tools and pedagogies to increase the QL of the elderly;
- to produce an impact on institutions, decision-makers and associations in order to use education as a tool in favour of seniors and society in general.

Education for seniors is very different from education for younger people. Unlike younger students, senior citizens (over 65 or retired) do not study to improve their career expectations; their aims are more to do with personal interests, increasing sociability, adapting and integrating in today's society, participatory active citizenship, and essentially improving their quality of life through a lifelong learning process. Education therefore becomes a way to improve seniors' quality of life.

Senior education institutions should not apply the methodology used to teach to younger students. Methods, strategies and objectives need to be re-designed to maximize the efficiency and impact of the socio-educational activity offered to older people. In consequence, educational institutions should be given some kind of support in this task. In this project we will create two different but complementary products. The first one will be a guide to the fundamentals of senior education and a range of strategies to optimize the performance of the educational institution that applies these concepts. The second product is a quality evaluation toolkit to measure the quality of the education process and provide recommendations to increase the quality levels. The guide is designed for institutions (managers, staff) and trainers (teachers) to help them use strategies specifically aimed at seniors. The toolkit will enable any educational institution to meet its evaluation needs (internal or external) and will contain recommendations to improve any weak points identified. The project also aims to influence decision makers and academia (researchers).³

In 2012, in the framework of the European project "The Active Senior – Male and Female", students participated in yoga classes, learnt Spanish, organized meetings with tourists, familiarized themselves with the concept of volunteer-

³ <http://www.edusenior.eu> (date of access: 23.04.2013).

ing and took part in guided group hikes on the trail path between Krakow and Częstochowa. This project was continued in 2013. In 2012, free computer classes were initiated under the “Light House” programme, i.e. “Digital Poland – Equal Opportunities”. The purpose was to help seniors 50+ from being excluded from the technological world. This was administered by the community “Internet Cities” programme and by the Ministry of Administration and Technology. These classes are still functioning. This year, the bilateral research project “Measuring Competence, professional Interests and the need for educational and vocational counselling for the elderly” has been initiated. The two groups involved in this extensive research are the Higher School of Public Administration in Mannheim and the Jan Długosz University, the funding being provided by the German side. This involves extending the retirement age and the need to increase economic activity by keeping older people in the labour market. The progressive aging of the population creates a significant need for extension of the working life of Poles. This is justified further by a study that the health of Polish seniors is relatively good (i.e. the number of years spent in poor health in Poland is among the lowest in the EU) and will further improve in the future. Life expectancy for Polish men is 70.9 years and for women 79.6 years.

Representatives of our UTA also take part in various nationwide meetings and conferences. As an example our students took part in the Congress of Universities of the Third Age during the 2012 European Year for Active Aging. They also attended the Polish National Conference of Universities of the Third Age organized by the National Federation of Universities of the Third Age in Gdansk. In 2011, the students participated in the workshop “Seniors in Action” organized by the Polish – American Freedom Foundation. Our UTA is a member of the Polish National Alliance of Universities of the Third Age based in Warsaw.

Its statement mission is to:

- represent the UTA environment and advocate their interests,
- promote the exchange of experiences and good practices,
- promote the flow of and advice on how to compete for grants,
- promote training in order to raise the standards of performance of UTAs,
- assist newly founded UTAs,
- organize and integrate members of UTAs,
- undertake joint publishing projects.

Our senior students of the UTA and the full time students at the JDA are encouraged to associate and mix with one another. In 2012, for the second time, our students in collaboration with the students of the Faculty of Polish studies

organized the competition “Dictation for Seniors”. Also in 2012, for the third time, with the assistance of the student body, there was held the Department of Education Ball which students of all ages attended and enjoyed themselves. Students of the JDA conduct interviews with the students of the UTA and carry out surveys in the different areas of life and activities of senior citizens. Of great significance for the UTA students are the local meetings and events organized for Christmas and Easter, and the many picnics, dances and excursions to celebrate various carnivals and festivals.

An important role in the life of the UTA is the association with a number of cultural institutions in our city. In addition to their hospitality, they organize exhibitions and event and invite our students to participate in the cultural life of Częstochowa by offering discounts on tickets to the theatre, cinema and concerts etc. Lectures given by Częstochowa theatres to our students have now become a tradition in the city. The importance of our UTA and the respect it has earned is evidenced by the presence of the Mayor at important celebrations and meetings. Also, there is a constantly increasing number of cultural institutions in the city and members and friends of the UTA wanting to participate in the activities and life of the UTA. This demonstrates the popularity of our university and the public demand for “lifelong learning”.

Public authorities and other public figures, as part of their mandate, should improve the social status, personal safety, health, welfare and quality of life of older people and ensure the full participation of seniors in our culture and society. This would allow the older generation to lead an active and independent life. A low level of activity in the elderly decreases their quality of life, enhances their marginalization and makes them more demanding and needy thus perpetuating the negative image of old age. The experience and skills of older people should be recognized and used to benefit society. No one can afford to underestimate that capital as people are living longer and are more healthily. As an example, UTAs have demonstrated that old age does not mean necessarily staying at home and missing out on activities. Longer life and early retirement has allowed people to have more free time. It is a time to realize those “kept in a drawer” dreams and ideas. The UTA helps the seniors in developing his or her interests and also in doing something for others. It helps them realize their passions and in the process strengthens their self-esteem and increases the awareness of their rights and place in society.

The UTA has confirmed that there is a huge demand and interest in the cultural and social life of seniors and also its positive impact on their quality of life.

Renata Brzezińska

Educational requirements of seniors. From the research upon the activity of the Cuiavian – Dobrzyński University of the Third Age in Włocławek

Introduction

Human activeness has been always connected with the realization of needs. According to Okoń, a requirement is 'a state when an individual feels a strong need of fulfilment (...) The process is accompanied by a strong motivation, sometimes associated with a motive, in some cases with an instinct or drive.'¹

Our requirements determine direction and the dynamics of each human activity. The above statement is supported by A. Maslow, creator of the desires' hierarchy, starting from the most basic ones – physiological that arise from our life functions (i.e. hunger, water and dreaming), through more advanced needs also known as psychological or social ones. These are: safety (of stability, support, care, avoiding fear, dread and chaos, structure, order, law and limitations, stable protector), the needs of belonging and love (of social relations, contacts with other people, love relationships with people), respect (of high self-esteem, a great sense of self-value and respect from other people), self-realization (fulfilment of life-long ambitions, achieving one's goals, creativity and doing good things), cognitive (those satisfying our curiosity, knowledge gain, explanation and comprehension) and aesthetic (of order, symmetry and completing actions). In accordance with the above idea, it is not until we satisfy our basic needs that can realize those belonging to the high level.²

¹ Okoń, W., (2007), *Nowy Słownik Pedagogiczny*, Wydawnictwo Akademickie ŻAK, Warszawa, p. 234.

² Maslow, A.H., (2006), *Motywacja i osobowość*, PWN, Warszawa, pp. 62–71.

Active retirement period regards many senior members of society who take up different types of activities in order to satisfy their needs. The basic ones are that of:

- home and family activeness (household keeping, taking care of the family);
- cultural activeness (reading, television, taking an active part in cultural events);
- professional activeness (as the continuation of previously performed service in lower working time);
- social activeness (voluntary work, helping others);
- religious activeness (life of the parish community, attending services, pilgrimages).³

In connection with deteriorating health condition, a lot of seniors develop their health – preventive activeness, that can be explained by a growing number of appointments, medical surgeries and stays in sanatorium facilities.

Among different forms of activeness, the vital position is taken by educational activeness as the factor that can ease the adaptation process for getting elderly.

Many elderly people do want to indulge their taste for education and being active that can be fulfilled by attending several classes organized by numerous institutions. One of these is the University of the 3rd Age that takes up the following functions for the seniors:

- educational, providing seniors with suitable knowledge of different subjects and popularizing the principles of gerontological prevention;
- of psychotherapy that will wipe the feeling of loneliness out and increase the self-confidence by taking part in classes;
- of integration that will satisfy the social needs, i.e. making new contacts and socializing with peer group.⁴

The activity of the UTA gives an opportunity to prepare the elderly people for performing new roles in their lives in connection with changing their social status and finding themselves in their new roles.

The activity of the Cuiavian – Dobrzyński University of the Third Age in Włocławek

The subject of the following research is the University of the Third Age that is functioning at the Humanistic and Economical College of Włocławek. It was

³ Orzechowska, G., (2002), Samoocena aktywności osób starszych zamieszkujących różne środowiska, "Zeszyty Naukowe" 7, WSHE, Łódź, p. 42.

⁴ Nowicka, A., (2012), Znaczenie Uniwersytetów Trzeciego Wieku w życiu seniorów, [in:] A.A. Zych (ed.), Poznać, zrozumieć i zaakceptować starość, Over Group, Łask, pp. 136–137.

founded by the decision of the WSHE Senate from July the 16th 2009 (decision no. 44/2009) and in November the 5th 2009 there took place the first inauguration of the academic year. In the University internal regulations one clearly stated that the institution is outside the school system educational unit of cultural – educational social activity (chapter 1 & 1, p. 1). The institution's activeness is entirely based on various organizational – programmed forms. One of them are theoretical academic forms, that are organized in forms of lectures and take place every Thursday, providing the senior students with knowledge of different subjects, such as medicine, law, economics, pedagogy, psychology, history, geography and religion. The lectures are conducted by academic teachers of WSHE, but also outer lecturers, often prominent ones.

Several social clubs are functioning robustly, as well as music and hobby groups, so that senior students could develop their interests, train their skills and expand knowledge within. Several examples are:

- A discussion club that assembles twice a month in one of the local cafes where seniors can share their views and opinions of interesting books, recently watched movies or plays, or organize several cultural going outs;
- Manual skills circle including knitting, crocheting, producing jewelry every week and before Christmas, people affiliated in the circle share recipes and helping each other home-made baking. Female students present their artistic productions during exhibitions and prepare gifts for friends and relatives afterwards;
- The bridge club 'Wist', assembling 3 times a week and except playing cards the members share all news regarding new tricks taken from papers and the Internet;
- Music club 'Melody', developing vocal and verbal skills and preparing its members for several public events connected with the activity of the University;
- Touristic circle organizing dozens of trips during the year. Last year there took place 3 excursions to Warsaw, 7 trips to Bydgoszcz including the visit in the opera, 2 times the seniors had been to Łódź and its musical theatre and then to Inowrocław, Żelazowa Wola, Mazuria District, Lithuania and Czech Republic. Each excursion was in huge demand and high frequency;
- Nordic Walking Club organizing frequent walks;
- Photo shooting circle that has been functioning until recently, but already planned to organize its photographic exhibitions.

The program of CDUTA also embraces attending different types of courses and trainings, i.e. computer programming, English course and aerobics.

The university offers meetings with notable figures, cultural festivals and dance evenings. The members take part in scientific conferences, conventions and symposiums. They also had a chance to visit the Euro Parliament in Brussels and the Houses of Parliament in Warsaw.

Currently, CDUTA affiliates more than 300 members. Since 2010 new sections have started to join the University, such as: Aleksandrów Kujawski, Ciechocinek, and recently Lipno. Altogether, the University of the Third Age affiliates more than 900 students.

Methodological principles of self-research

The aim of the research was to present the functioning of the Cuiavian – Dobrzyński University of The Third Age in Włocławek and the diagnosis of educational requirements for the senior students in the background of its activity. In connection with the set aim, the main research problem assumed the following content:

What are the expectations (needs) of senior students towards the educational model offered by the Cuiavian – Dobrzyński University of the Third Age in Włocławek?

From the above problem there follow a few detailed hypotheses such as:

1. What life needs do the senior students of UTA develop?
2. What motives pushed the students to take up their studies at the University?
3. What kind of positive effects deriving from the studies at the University do the students observe?

The research was carried out by a diagnostic survey. Among the research techniques, one used the survey for the whole group and the interview with the manager of UTA and protectors of the following circles, clubs and groups.

The research was carried out in March 2013, on the premises of WSHE in Włocławek. One collected 120 survey papers and 7 interview papers. The results were coded for the reasons of highlighted variables of the research.

The results analysis of self-research

CHARACTERISTICS OF THE GROUP

In the overall research there took part 120 senior students of CDUTA, among whom 85.8% are women.

Table 1. The demographic – social structure of the group (N=120)

No.	Characteristic features of the group	Total	Value %
1.	Gender a) women b) men	103 17	85,8 14,2
2.	Age a) up to 59 b) 60–65 c) 66–70 d) 71–75 e) 76–80 f) above 80	9 52 34 16 7 2	7,5 43,4 28,3 13,3 5,8 1,7
3.	Current marital status a) married b) widow – widower c) single	52 51 17	43,3 42,5 14,2
4.	Education a) university education b) after –secondary school c) secondary school d) vocational school e) primary school	29 29 49 11 2	24,2 24,2 40,8 9,2 1,6
5.	Financial situation a) very good b) good c) enough for basic needs d) not enough even for basic needs	4 61 51 4	3,3 50,9 42,5 3,3
6.	Before retirement profession a) clerk b) own service provider c) economist, accountant d) physical worker e) scientific – exploring f) health care worker f) unemployed	43 20 17 14 11 9 6	35,8 16,7 14,2 11,7 9,2 7,5 5,0

From the facts set in the above table, the age is the figure that mostly deserves to be noted. The biggest category, that is above 65% respondents, is created by 60–65-year-old-people and nearly 30% are between 66 and 70. Supposing we match these options with the category of 59-year-old-people, that is 7.5% of the group, then

it turns out that the vast majority of the University population (80%) is dominated by senior students characterized by their full life energy and activeness.

According to the experts of World Health Organization (WHO) who divided the process of aging to four stages, between 60 and 74 there is a stage of an early aging and people belonging to the group are known as 'young-old' ones.⁵ Z. Wiatrowski claims that this is the life stage that can still be regarded as full of life activeness, especially in the age of our society getting older.⁶

Among the respondents, 43.3% are married, but no less than 0.8% declare being widows or widowers. Above 14% stay single. It is worth noticing that more than a half of the seniors, that is 57%, are lonely. Such people usually seek contacts and new relations, as J. Bruhn explains:

Relationships with other people are point of reference to the cycle of human life, That order our experiences. We are deep into the network of unique social boundaries.

Which are the solid base for our lives. People need other people to survive and develop.⁷

Worth noticing is also the education of the respondents. Above 40% of seniors declare their high school education. In the second place there come 24.2% people with university education and the same amount with high school diploma. Vocational and primary education belongs merely to 11% of the students. We can make a statement then, that UTA is an elite college which brings together people who claim higher education than their peers.

The profession that the senior students performed during their active life, is strictly bound with educational level. As it follows from the figures, nearly 36% of the respondents were employed as blue – collar workers (among them there are 17 teachers). 16.7% performed private services. Economists and accountants comprise 14.2% of all professions. Less than 12% were employed as physical workers. 9.2% of the respondents declare certain connections with scientific profession (i.e. 7 engineers). Jobs concentrated within health care were

⁵ Psychologia rozwoju człowieka. Charakterystyka okresów życia człowieka, (2003), B. Harwas-Napierała, J. Trempała (eds.), PWN, Warszawa, p. 251.

⁶ Wiatrowski, Z., (2009), Dorastanie, dorosłość i starość człowieka w kontekście działalności i kariery zawodowej, Instytut Technologii Eksploatacji – PIB, Radom, p. 144.

⁷ Bruhn, J., (2011), Efekt grupy. Spójność społeczna i jej konsekwencje dla zdrowia, Wydawnictwo Szkoły Wyższej Psychologii Społecznej, Warszawa, p. 15.

performed by 7.5% people (5 nurses, 3 medical analytics and 1 pharmacist). 5% respondents admitted that they never worked.

The financial status of the students is varied. More than half of them have a decent financial situation. However, nearly half, that is 42.2% complain that retirement benefits are enough for basic needs only. 3.3% of the elderly claim that they do not have enough sources for decent living, but then again the same amount of the respondents assure that their living conditions are very good.

It also appears that the above facts regarding the students' age – which indicates their prolonged life activeness as well as better education than their peers accomplished, and relatively decent financial status – can be decisive as for the uniqueness of this particular elderly group.

VITAL NEEDS OF THE RESPONDENTS

One of the reasons of participating in the activities of the UTA, might be too much spare time that the elderly want to fill. It follows from the research that as many as 68.3% respondents have much leisure time, although it does not indicate in any way that they are going to fill it in an active way. Only 31.7% of them are lacking of free time due to an overload of various activities. They were asked what other interests and free time activities except the University classes they really have. The problem was also pointed by 92.5% of the respondents. Therefore, several ways of using their leisure time were examined. Most of the students selected even a few types of free time use.

Table 2. Types of interests and ways of spending leisure time by the seniors

Category	Total answers	Value %
1. reading	71	59.2
2. watching TV	64	53.3
3. gardening	54	45.0
4. sports	46	38.3
5. arts and crafts	29	24.2
6. parish	10	8.3
7. other	9	7.5

The respondents were allowed to select more than one option, so the data included does not accomplish 100%.

The result regarding the first option, where nearly 60% of the respondents chose reading (books, magazines) as the most popular and preferred way of spending their free time, is really worth noticing. This type of intellectual activeness has assumingly certain connections with taking up studies at the UTA. Reading as a popular free time activity describes people who want to indulge their taste of knowledge and curiosity. The above result is even more promising, since the nationwide research on reading is not very optimistic. The research conducted by the National Library in 2008 showed that 62% of adults have not read a single book during the whole year.⁸

By reading, the seniors from the UTA are given the chance to share their reflections about the books they have read during meetings held by the debate club. In recent months several discussions were held on Stephen King's fiction (*Dark Starless Night*), Hannah Arendt's *Totalitarian Roots* and Jodi Picoult's *For The Name of Love*. More than half of the respondents are still focused on watching television, which probably helps them to fill their leisure time.

Many persons take up recreational activity in a form of gardening which was selected by 45% students, and practicing sports as a favorite category of almost 40% of the respondents. Both activities are a great example of pro-health activeness. Additionally, gardening as a hobby can also provide some financial benefits due to own fruit and vegetables and serve as an area of spending free time together (with children, grandchildren or mates).

Among the artistic employments that appear by 24% of the students, knitting and sewing of the most popular ones, apart from painting, music (singing and playing instruments), stained glass making.

Above 8% of people take an active part in church activity, helping their parish and attending pilgrimages. The reason of being religious might be here a 'fear factor of soon death', but it can also be a strong desire for social contacts or growing conservatism of the elderly people.⁹

In the category 'other', marked by 7.5% respondents, family care seems to be predominant (grandchildren, sick family members), but also participating in social work or associations, trips, surfing the Internet, hunting, attending the game shows and cultural events, learning foreign languages or even dealing with alternative medicine.

⁸ Koźmińska, Olszewska, (2010), *Wychowanie przez czytanie, Świat Książki*, Warszawa, p. 7.

⁹ Zych, A., (2000), *Religijność ludzi starzejących się i starych*, [in:] *Trzeci wiek bez starości*, A. Jopkiewicz, E. Trafialek (eds.), *Wszechnica Świętokrzyska*, Kielce, p. 100.

All the above leisure time activities forms and interests prove that most of the seniors prefer to spend their free time in active ways. They also indicate that after quitting their professional career, the students are able to fill the time loop in their lives by choosing quite involving and interesting employments.

Considering the Maslow's theory of one's desires, we are possible to explain the existence of certain features typical for the UTA students. That is why the seniors were asked about their vital needs.

The answers provided by the respondents have been classified into four groups of needs:

- intellectual desires, cognitive, for instance studying and personal development, attending cultural events, trips, purchasing books;
- social desires among which are: socializing, helping children;
- health desires represented by: a trip to sanatorium, purchase of costly medicines or rehabilitation equipment;
- financial desires: house renovation, purchase of household equipment.

The respondents were also given the possibility to select the 'other' answer, but no one marked this option on the answer sheet.

Table 3. Vital needs represented by the seniors

Answer sheet	Selection number	Score Value	Average of choice	Rank
1. Socializing	108	975	9,03	I
2. Helping children	68	539	7,93	V
3. Lust for education and Development	84	717	8,54	II
4. Attending cultural events	85	718	8,45	III
5. Trips	88	708	8,05	IV
6. Purchase of books	47	297	6,32	VIII
7. Trip to sanatorium	51	372	7,29	VI
8. Purchase of costly medicines and rehabilitation equipment	19	110	5,79	IX
9. House renovation	31	198	6,39	VII
10. Purchase of household equipment	22	102	4,64	X

One adjusted the value scale of 1–10 points, where 10 points takes the 1st position of selection, 1 point – 10th position. The total number of respondents

is always variable, as some of the respondents selected answers of the same rank or did not select particular options at all.

The research results unambiguously indicate the priority of social desires in the category 'socializing' that achieved the highest rank among all options included. The need of bounds and relations with other people is the most essential one among all others in the Maslow's hierarchy. We should also take into consideration the results from table 1, regarding the actual marital status of the respondents, where nearly 57% of the seniors remarked that they live in loneliness or stay single. Such situation could be a source of feeling desolated, or even cause social isolation and losing the sense of existence for an old person. Hence, there is a strong desire for making contacts and socializing.

We should also highlight the results regarding the intellectual desires of the respondents. It seems obvious that within this group 'the desire for learning and development' achieved high, second rank of all options, ahead of 'attending cultural events' – third position and 'trips' were placed in the fourth. Cognitive skills are then the essential part of the seniors' lives. They prove their educational awareness and strong motivation to achieve it.

The set of health desires, included in a category of 'trip to sanatorium', took a distant, sixth position and the one regarding purchase of expensive medicines or rehabilitation equipment, was as distant as in the ninth place. It can indicate quite that decent health condition among the seniors.

The least important need for the seniors turned out to have been that of financial desires. They took far distant position with such option as 'house renovation' (seventh) and the last position as for 'buying household equipment'.

The above illustrated results indicate how important is it for the UTA students the realization of social and cognitive desires. It follows from the above that their participation in the University classes seems to be accurate and reasonable. The UTA serves as a sort of 'window on the world', offering the seniors a possibility to satisfy those vital needs in numerous ways.

THE REASON FOR ATTENDING THE UTA CLASSES

In terms of vital needs of the elderly, that were obtained through the research, the analysis of the reasons for enrolling in the classes of UTA may be quite interesting. Most of the respondents marked a few answers.

Table 4. The reasons for taking up studies At the UTA in view of the respondents

Answer category	Total answers	Value (%)
1. Meeting new people	91	75,8
2. Expanding knowledge	77	64,2
3. Developing one's interests	58	48,3
4. Filling free time	57	47,5
5. Learning New skills	40	33,3
6. Sharing one's experience	23	19,2
7. Curiosity	20	16,7
8. Other	1	0,8

The respondents could mark more than one option. That is why the data do not balance.

From the table figures it follows that above 3 /4 of the seniors signed up for their studies at the UTA to meet new people. The above showed desire of making contacts and relationships with other people found its proof in this case as well.

Cognitive needs are quite similar, as the options of: gaining new knowledge and developing one's interests placed upon the second and third position.

For 47.5% respondents, the University classes are a good way to fill their time in active way. Let us remind that nearly 70% of the seniors stressed an excess of their free time. As it seems, these are the people who certainly do not apply the 'rocking chair' attitude that prefers watching life from the distance with total resignation from social contacts and staying aside of different affairs (the backing of life theory by E. Cunnis and E.W. Henry).¹⁰ They are rather focused on high activeness and the proper use of leisure time. In addition, the seniors' need of affiliation with the student group has been fulfilled, which makes it possible to make new contacts and keep the old acquaintances and that in turn leads to diminishing the feeling of loneliness.

Acquiring new knowledge and developing one's interests determine the gain of new skills which are also reasons for 33.3% of the respondents' decision to join the UTA.

¹⁰ Czerniawska, O., (2000), *Drogi i bezdroża andragogiki i gerontologii. Szkice i rozprawy*, Wydawnictwo Wyższej Szkoły Humanistyczno-Ekonomicznej, Łódź, p. 127.

Other options were selected by less respondents, though the number was not marginal.

It can be easily observed that the above results are coherent with those coming out of examining the respondent's vital needs. Both of them prove that the seniors do possess a strong motivation for participating in social and intellectual activeness.

The effects of participating in activities of the UTA in view of the respondents

Taking the vital needs and the reasons for joining the UTA into consideration, one decided to examine if the institution gathering the seniors meets their expectations.

The respondents were questioned about overall attractiveness of the classes at UTA.

Table 5. Attractiveness of the classes at the UTA in view of the respondents

Answer Category	Total respondents	Value %
1. Certainly attractive	69	57,5
2. Rather attractive	35	29,2
3. Of medium attractiveness	15	12,5
4. Are not attractive	1	0,8
Total	120	100,0

The figures show that for more than half of the respondents, that is 57.5%, the activity of the UTA is undoubtedly attractive and for 29.2% rather attractive. Supposing we match the two positive categories, there will be 87% of satisfied students.

Still, 12,5% of the respondents assess the classes as of medium attractiveness and for one person the activity of the UTA is not interesting at all.

Such a high result of those satisfied and almost satisfied by the UTA activities can only probe their strong affiliation with the institution.

In order to verify the above results, mainly in the aspect of answers given by those of medium or no satisfaction of the University, one examined what are the students' true expectations about the UTA activity.

Table 6. Expectations of students about the activity of the UTA

Answer category	Total respondents	Value %
1. Nothing should be changed	50	41,7
2. More interesting lectures	19	15,8
3. Wider variety of classes	9	7,5
4. More lectures	4	3,4
5. Other ideas	4	3,4
6. No answer	34	28,3
Total	120	100,0

Nearly half of the respondents, that is 41.7%, do not want to change anything in the activity of the University. These people are satisfied with the offered syllabus and agree that it meets their expectations. However, almost 16% of the seniors remind that the level of lectures should be upgraded. According to their opinion, the subject matter of lectures should vary more. Some of them expect more lectures on particular subjects, i.e. history, literature, medicine or politics. We should also point out that all respondents from the group, do represent university or at least high-school degree. The above result could be essential for those who care about organizational and educational offer of the University. They highly focus on choosing the subject matter of the lectures thoroughly, so that it could satisfy various needs of the students. We should take into account, though, that it is difficult to meet every interest of each student, especially the one with lower educational level, as the new – applied formula might appear too boring for them.

5.7% of the respondents wish they received wider variety of classes. Some of them give different ideas such as: swimming pool, ambulance service classes. 3.4% students opt for bigger number of lectures. The same amount of the respondents suggest different types of changes within the UTA activity: more meetings with notable people, all classes free of charge, bigger lecture hall and better communication between the students and the board.

As many as 28,3% of the respondents did not give any answer. This can be explained by the fact that it was an open question, demanding one's self – reflection or simply that the respondents did not have any ideas for changes so they probably accepted the current state of things.

The above results point out that the students are satisfied with the educational offer of the University and only very few of them would actually introduce some changes.

In the aspect of the research on vital needs of the seniors and their motives determining their participation in the UTA, it was reasonable to check what particular form of classes organized by the UTA were mostly praised by the students.

Table 7. Most preferable types of classes At the UTA in view of the seniors

Answer category	Total answers	Value %
1. Trips	87	72,5
2. Lectures	86	71,7
3. Cultural festivals	65	54,2
4. Classes within circles	28	23,2
5. Physical activities	15	12,5
6. All	15	12,5

The respondents could mark more than one option. That is why the data do not balance.

Many seniors listed a few of their favorite forms. The most popular of these are certainly trips which were marked by 72,5% of the respondents, then lectures chosen by 71,7% and finally cultural festivals preferred by 54,2% of the students. Analyzing the above figures, one can notice that cognitive activeness makes a priority factor for the seniors. It can also provide a useful suggestion for teaching organization in order to include all the forms that satisfy the respondent's needs and are most attractive to them.

To examine the overall effects of participating in the UTA activity, one asked the respondents about there were any changes in their lives and if yes, what kind of changes their attending the UTA classes provided.

Table 8. Amount of life changes by the seniors as a result of attending the UTA classes

Answer category	Number of respondents	Value %
1. Extremely big amount of changes	9	7,5
2. Big amount of changes	45	37,5
3. Medium amount of changes	44	36,7
4. Low amount of changes	22	18,3
Total	120	100

As it follows from the research, the largest senior group, that is 37.5%, claimed that they experienced profound changes in their lives the very moment they joined the UTA. Not less than that – 36.7%, stress the medium amount of changes. 7.5% of the respondents believe that joining the UTA started a revolution in their lives. Only 18.3% claim that their existence has not undergone remarkable changes.

To get to know what particular changes appeared in the students' lives after they signed up for the studies at the UTA, they were asked to answer that enquiry in a form of open question.

Table 9. Certain changes in seniors' lives as an effect of attending the UTA classes

Answer Category	Total answers	Value %
1. Meeting new, interesting people	47	40,8
2. Expanding knowlegde	36	30,0
3. Filling leisure time	20	16,7
4. Closeness to people and the world	17	14,2
5. Developing one's interests	10	8,3
6. Possibility of participating in culture	7	5,8
7. Not much or nothing	7	5,8
8. Expelling the feeling of loneliness	5	4,2
9. Boost one's confidence	4	3,3
No answer given	12	10,0

The respondents very often marked a few changes. That is why the results do not balance.

Some of the seniors do notice several changes in themselves after they sign up for the University. Above 40% of them are pleased that they meet new, interesting people. They point out the intensity of social contacts, which is the source of happiness for them. It proves the proper fulfilment of the integrating tasks by the University.

For 30% of students expanding knowledge is a crucial change of life. The result is also a confirmation of one basic function of the UTA, that is the seniors' education. It is deeply connected with developing one's interests which remains so vital for 8.3% of the respondents, and a chance to participate in cultural life selected by 5.8%.

Many of the above results can only prove that the University suitably performs its psycho-therapeutic function which diminishes the feeling of loneliness and isolation. Fulfilment of leisure time is considered a notable change for 17% people, while 14% of the seniors declare their being open on other people and the environment. Above 4% managed to expel the feeling of loneliness and above 3% have acquired higher self-esteem. For these people their desires of respect and affiliation were satisfied.

Merely 5.8% do not notice any noteworthy changes in their lives once they enrolled into the UTA. Additionally, the researched proved that these were the same people who would like to introduce some changes into the functioning of the University.

The confirmation of the vital role of the UTA in its members' lives is the result of the last question for the seniors. The respondents were supposed to give an answer on what kind of hints they would offer their peers who are currently entering the retiring age.

Table 10. Useful hints that the seniors would offer their retiring peer

Answer category	Total respondents number	Value %
1. Signing up for the UTA	65	54,2
2. Being active	26	21,7
3. Meeting with people	14	11,7
4. Other	12	10,0
5. No answer provided	3	2,5
Total	120	100,0

It follows from the research that above half of the respondents would suggest their peers joining the UTA. In this group the following answers were provided:

Don't stay at home. The UTA is an ideal remedy for loneliness, ageing and boredom.

(female student, university degree, former teacher)

You should answer the UTA offer. It's a big deal to delay getting elderly.

(male student, university degree, retiring pedagogue)

It's great news that the University of The Third Age is here. Anyone who feels lonely should join it.

(female student, high school degree, before the retiring age, private business owner)

Nearly 22% would suggest being active, especially in the field of intellectual tasks, such as: taking part in lectures, taking up courses, participating in cultural life – all these allow to stay in good condition of mind till the late age. Most of them are convinced that it can be obtained through participation in the UTA activities.

About 12% of the respondents would suggest their peers meeting with other people, since staying at home causes too rapid process of ageing losing the overall sense of life. Within the category of 'other' there were suggestions about finding a hobby, being an optimist, health care and proper nourishing.

In general we can observe that the examined group are generally people of accurate attitude to life, of serenity, focused on activeness and full integration with their university environment, which can be beneficial for them from medical and social point of view. Except that, it is clear that most of them do really identify with their institution.

Conclusions

The research results clearly indicate that the Cuiavian – Dobrzyński University of the Third Age meets the set requirements in the field of realization of the students's desires. Nearly 87% of the respondents are pleased with the UTA activity, claiming that the educational and organizational offer of the University is attractive or quite attractive.

Almost 42% of the senior members of the UTA do not want anything to be changed within its activity, as it satisfies their needs in its current shape. 30%

of them, though, would like to introduce some changes, by organizing more stimulating lectures, wide variety of classes, or more lectures.

Among the favorite types of activities there are such of cognitive character: trips, lectures and cultural festivals.

As many as 45% of the respondents notice a wide or even huge amount of changes in their lives, as a result of attending the UTA classes. For more than 36% these changes were of medium size. The majority of the respondents explain that the reason of change is meeting new people, expanding knowledge or filling their free time.

Over half of the respondents do suggest that their peers should sign up for the UTA.

The figures clearly show that the essential desires for the students are that of **social context, especially the need of affiliation and cognitive ones – gaining knowledge on the top**. Financial desires among the group have been placed in the background.

Summing up, we may conclude that the Cuiavian – Dobrzyński University of the Third Age, functioning in accordance with its set functions, gives a real opportunity for its students to meet their educational requirements.

The research conduction and its results generated a set of practical conclusions about organization of the UTA. One could use the need of expanding one's knowledge to far greater extent, as this kind of requirements is simply placed as the prior one for the students as far as the needs and motivation for attending classes are concerned. Therefore, stimulating the students to educate themselves and seek creativity in individual work might be conducive. Apart from taking part in scheduled lectures, the University members could prepare this form of classes on their own or in small groups and then present their exploration results to the public. Professions that the seniors used to perform before having retired, as well as their educational level and interests, all these can prove that they were appreciated experts in their field, who acquired much skills and suitable knowledge which could be shared.

Quite crucial seems to be the issue of financing the institution of the Universities of the Third Age that are functioning by colleges and do not obtain any donations for their activity. Lectures are then conducted without financial benefits, usually by the college teachers and trips or cultural events are financed by fees. Half of the seniors declared their decent financial status, admittedly, but above 40% of them describe their financial sources as merely acceptable and 3% as insufficient. Such people have to resign from trips or cultural offers, which might be harmful for their further development. The state should support such institutions by even minor donations to let them function and fully encourage their members to further participation in the society.

Katarzyna Jas

The role of the Cieszyn University of the Third Age and the Daily Senior Activity Centre in activating persons at the age of late adulthood

Introduction

The following article concentrates on presenting the role of the Cieszyn University of the Third Age and the Daily Senior Activity Centre, operating in Cieszyn, in activating persons at the age of late adulthood. The theoretic basis of the undertaken study are theories of aging and a theory of activity. In the research the following methods were used: action research and covert participant observation. As the coordinator of the Daily Senior Activity Centre and simultaneously a research worker the author of the article has had very good bases for this. "Action research is based on a thesis that the research cannot be completed after recording the events and their explanation but the researcher concurrently becomes a subject engaged in the action. The primary model of research proceedings, having the character of action research, is a spiral composed of three recurrent phases: observation, reflection and action".¹

A characteristic of old age

Within many years a person at the age of late adulthood² was perceived as weak, encumbered by diseases and a lack of physical fitness. It was assumed that along

¹ Wyka, A., (1993), *Badacz społeczny wobec doświadczenia*, IFiS PAN, Warszawa, p. 46.

² According to E.H. Erikson, persons at the age of late adulthood are in the last phase of psychosocial development. A basic and specific developmental task of this phase is overcoming an emotional conflict (crisis). "The phase of late adulthood is characterised by the need of solving

with age a decrease in intellectual capacity occurs, an older adult loses the ease of learning and quickness of knowledge and skills acquisition. That was premised because, as mentioned before, the biological process of organism aging is inseparably connected with psychological changes in the organism. It was assumed that along with cell decay the brain functioning may be subjected to retardation or disorder, which results in an abnormality of memory, intelligence and attention functioning and also disturbs thought processes. Psychological theories of aging explain the phenomenon of aging in terms of changes occurring in human personality in the period of late adulthood. Human personality decides on perceiving oneself and others, the skill of managing problems and gratifying one's desires and needs. It was supposed that a person in the period of late adulthood has a disordered personality due to occurring changes, which has an impact on their mental activity.

"Nevertheless, in time psychological theories proved that constant self-training and enriching personality take place on every stage of development. Among these the most famous is a theory of the School of Bonn. Hans Thomae and his collaborators stipulated that aging is not just a result of the years lived through but mainly the formed image of oneself together with the health condition, personality features and life activity. They also stated that there is a possibility of changes through learning. On the ground of gerontopsychology a theory of equivalents is distinguished which assumes that features revealed in the late period of life are the results of early development. A theory of coincidence states that the older person's psychic is the result of the influence of different life circumstances."³ Among theories which embrace human development in terms of psychological changes there are the following listed:

- "a theory of deprivation or a deficiency model,
- concepts of activity,
- a theory of disengagement/detachment,
- a theory of modernization".⁴

the dilemma between despair evoked by the awareness of oncoming life's end and integrity. Integrity is defined by E. H. Erikson as a state of mind concentrated on achieving the feeling of harmony and sense. Achieving integrity means that a person accepts their life path, finds the sense of present life and is able to reconcile themselves with death. A successful solution to the conflict "equips" the person with a new quality and allows them for further proper functioning." Cf.: Erikson, E.H., (2002), *Dopełniony cykl życia*, Dom Wydawniczy REBIS, Poznań, pp. 75, 77.

³ Leszczyńska-Rejchert, A., *Człowiek starszy i jego wspomaganie – w stronę pedagogiki starości*, Wydawnictwo Uniwersytetu Warmińsko-Mazurskiego w Olsztynie, Olsztyn, p. 48.

⁴ Zych, A.A., (1999), *Człowiek wobec starości. Szkice z gerontologii społecznej*, Katowice, pp. 36–40.

By bringing these theories together it may be stated that human psyche in the period of late adulthood is formed under the influence of various life circumstances, both positive and negative. The methods of management which an older person used in particular years of their childhood, youth and adulthood to deal with problems and success were also used in later years of their life.

A similar sense is found in a theory named by its author, Stanisław Kowalik, a theory of historical orientation. "According to this theory the biopsychosocial state of an older person is greatly dependent on the earlier periods of their life (i.e. on physical fitness, intellectual level, life experience and social competence gathered in youth and adulthood)."⁵ Adequate resources of knowledge, skills and mental behaviour gained before the period of old age help in the development of mechanisms defending from regress and allowing for progress in self-improvement.

Intellectual level of older persons depends on their lifestyle, life pacing, the location of living, education, intellectual and physical activeness. People better educated and intellectually more active do not show large memory deficits as people intellectually passive. "After 60 years of age a decrease in intelligence quotient is revealed which is particularly observable in the field of psychomotor, attention, memory, inductive reasoning and time of reaction skills".⁶

In the period of late adulthood memory is also subject to impairment, which is the result of greater susceptibility to distractive factors and it is more difficult for an older adult to deliver memorized information. "Immediate memory, which is recalling the content located in the current focus field, diminishes its scope".⁷

"Among factors modifying the deficit changes image in the field of intellectual processes are the following included: an education level, a character of activity, a type of solved problems, a type of personality, and particularly an aspiration level and a type of life targets".⁸ Persons in the period of late adulthood also have difficulties in recalling the content that was not frequently used by them, which is defined as intermediate memory.

"In the cognition strategy quality changes in the field of cognitive processes also occur. At old age these changes are basically the continuation of the process

⁵ Leszczyńska-Rejchert, A., (2010), *Człowiek starszy i jego wspomaganie – w stronę pedagogiki starości*, Wydawnictwo Uniwersytetu Warmińsko-Mazurskiego w Olsztynie, Olsztyn, p. 48.

⁶ Birch, A., Malim, T., (1998), *Developmental psychology*, PWN, Warszawa, p. 147.

⁷ Ibidem, p. 147.

⁸ *Psychologia rozwoju człowieka. Charakterystyka okresów życia człowieka*, (2003), B. Harwas-Napierała, J. Trempała (eds.), PWN, Warszawa, p. 273.

of transformation initiated in adulthood and consist in an increase of the use of relativistic and contextual-dialectical thought in problem solving. Relativistic thought allows for subjective selection of information and making choices in the face of logically inconsistent knowledge systems which are separately coherent. On the other hand, dialectical operations lead to a synthesis of opposition, understanding on a metaconceptual level and noticing the sense in senseless, from the rational point of view, circumstances. The integration of mental structures leads to the appearance of the highest cognitive form named, by J. Pascal-Leone, transcendental cognition. Its essence is the ability to disregard the context of life, its material and memory structure and achieving pure conceptualization and superabstraction”.⁹ It is a state in which a person is able to perceive the world through releasing themselves from traditional schemes and personal beliefs. The period of late adulthood has a positive impact on achieving superabstraction because this is a behaviour of fully mature people, perceived as wisemen. It should be emphasized that defects in mental and physical functions are retrieved by life wisdom which develops from obtained experience and great knowledge of older persons.

The following question is also under discussion: does personality undergo changes along with age? This question cannot be answered unequivocally. Representatives of the cognitive movement believe that personality undergoes evolution. A different standpoint is presented by representatives who perceive personality as an organization of features. They claim that personality is stable and in the period of late adulthood does not change. Cases of people whose personality underwent radical changes are justified by mental disorder.

Changes also occur in the emotional field as it becomes more difficult for older persons to demonstrate emotions, they become less empathic, more detached from the world, “emotions, as K. Uzar writes, are not demonstrated instantly but they also have characteristics showing their dynamism and significant influence on remaining dimensions of older persons functioning. Characteristic for older persons are fluidity and changeability of emotions and monotonous emotional effort may be tiring for them. It may lead to negative behavior which includes senile egoism. Senile egoism takes various forms, frequently it is demonstrated in excessive emphasizing the material dimension of existence”.¹⁰ It is often connected with hypochondria, greediness

⁹ Psychologia rozwoju człowieka. Charakterystyka okresów życia człowieka, (2003), op. cit., p. 275.

¹⁰ Uzar, K., (2011), Wychowanie w perspektywie starości. Personalistyczne podstawy geragogiki, Wydawnictwo KUL, Lublin, p. 33.

or possessing a certain quantity of material goods. The background of such types of behavior can be found in the fear of losing property or material goods, the intention to draw the attention to themselves. Older persons often take a demanding attitude, they assume that because of their age special attention is due to them.

“All older persons are unique; intensification of earlier formed character features may be observed, which is demonstrated in e.g. meanness, suspiciousness, stubbornness, argumentativeness, philosophizing, aversion to changes, tendency to reminiscences, affection, etc. In the period of old age self-perception may decrease, which is the result of a bad health condition, worsening the situation or existing of negative old age stereotypes but not passage of time. M. Susułowska believes that it is not the negative self-perception of older persons that should be discussed but the difference between the ideal and real self-perception image. This difference may indicate insufficient adjustment to current life situation”.¹¹

Simultaneously, despite the decrease of intellectual and physical activity persons at the age of late adulthood show great efficiency in numerous fields of life. “Experience enlarged along with age becomes counterbalance for impaired physical functions. Physical work performed by older persons in comparison with work performed by young people is often more efficient. The efficiency increase is connected with knowing the work and having experience on the one hand, and on the other hand with mental features such as balance, stability, greater concision, orderliness and greater love for work”.¹² Larger engagement of persons at the age of late adulthood, discipline, firmness in making decisions and also solid realization of tasks allow for perceiving this age group as valuable workers and specialists in a given field.

An older person has to adjust to new situations resulting from changes occurring in their development. The adaptation process to new conditions in experienced with more difficulties by men than by women. Retiring is more difficult to experience for men, however, preparation to accept the stage of retirement is individual for every person. This state is conditioned by earlier lifestyle, mental and physical fitness, character features, social relations, and also the attitude towards oneself. The stage of adaptation is positively experienced by people who are in a good state of health, have had an active social and professional lives,

¹¹ Leszczyńska-Rejchert, A., (2010), op. cit., p. 52.

¹² Bugajska, B., (2012), *Tożsamość człowieka starości*. Studium socjopedagogiczne, Wydawnictwo Uniwersytetu Szczecińskiego, Szczecin, p. 21.

their relations with family and acquaintances are based on friendship, mutual respect, trust and support. People who encounter difficulties with adaptation to old age are characterised by abrasiveness, hostility, fears, argumentativeness, tendency to depression, dissatisfaction, anthropophobia, resignation from maintaining contacts with people. The types of behavior listed are reflected in attitudes of adaptation to old age.

“Generally, a typology of adaptation attitudes to old age defined by D. B. Bromley is assumed. The author numbers five types of attitudes:

1. A constructive attitude – a person who shows it, accepts their old age, has an optimistic attitude towards life and future, is internally balanced, cheerful, happy, as active as possible, has satisfactory contacts with other people;
2. A dependence attitude (a dependent attitude) – it is characteristic for dependent and passive people who need other people’s support; whose sense of security is provided by family environment. These persons willingly resign from their professional work;
3. A defensive attitude (“the armoured type”) – it is shown by people inflexible in their habits, retiring, absorbed with professional activity (which they resign unwillingly and under other people’s pressure), valuing self-sufficiency. These people fear death and decrepitude which they try to deafen by intensive physical activity and becoming absorbed by external factors;
4. A hostile attitude towards the environment (known as angry old men) – it is characteristic for people who have a tendency for competitiveness, aggression, suspiciousness, impulsiveness and isolation. They are characterized by the lack of realism. These people do not trust others and want to be independent from them. They tend to attribute guilt for their failure to others. They do not accept their old age, reject the thought about retiring, have suicidal ideation, and they ease their tensions through intensive activity;
5. A hostile attitude towards oneself – it is characteristic for passive people, unresourceful, without interests, tending to fatalism and depression, having a clearly adverse life balance. They avoid reminiscing, are critical towards themselves, attribute guilt for all failure to themselves. They feel lonely and unneeded, and tend to suicidal ideation. They do not defy their old age, do not fear it and treat death as release from miserable existence”.¹³

Each from the attitudes described above is characterized by great individuality dependent on family and material situation, a state of health, gender,

¹³ Leszczyńska-Rejchert, A., (2010), op. cit., pp. 53–54.

age, education, location of living, experienced emotions. None of the attitudes is constant and attributed to one person, they can change. Depending on the situation which an older adult is currently in during their development, they can change their adaptation attitudes towards the aging process.

A person entering the age of late adulthood should consider the process of aging at the level of biological, psychological as well as social factors. Aging of a person also largely depends on local society, richness of cultural offer in the living or neighbouring location.

The theory of activity mentioned above deserves the attention because its representatives i.e. Richard Cavan, Robert Havighurst and Ruth Albrecht "treat the activity as "a mental and social need of people at every age. However, individual differences between people are taken into consideration".¹⁴ According to the assumptions of this theory a person should be active until late years of their life. In the period of late adulthood one should not resign from their present passions and interests and it is worth to compensate lost social roles with new ones. Resignation is not treated as an escape but it can be a return to former interests as well as it is a time favourable for developing new passions and skills. It should be emphasized that qualifying particular people for the theory of activity is connected with individual personality features, their engagement with their professional life and developing their interests beyond work. It is easier to retire for a person who can skillfully use their free time developing their passions or can undertake an alternative activity within this scope. By mentioning the theory of activity it should be assumed that a person at the age of late adulthood actively participates in a varied offer directed to this age group on a regional level. These institutions activate older persons, offering various forms of spending their free time and developing interests, including social life. Special attention should be paid to the University of the Third Age operating in Cieszyn¹⁵ and the Daily Senior Activity Centre also operating in Cieszyn.

¹⁴ Szatur-Jaworska, B., Błędowski, P., Dzięgielewska, M., (2006), *Podstawy gerontologii społecznej*, Oficyna Wydawnicza ASPRA-JR, Warszawa, p. 56–57.

¹⁵ "The town of Cieszyn belongs to the geographical land named Ziemia Cieszyńska (Cieszyn Land). It is located on Pogórze Beskidzkie (Beskid Foothills) in the Olza river valley and its right-bank tributaries: Puńcówka and Bobrówka".

According to the legend the town was established in 810 when the three sons of king Leszek III, Bolko, Leszek and Cieszek, met after long absence. Being glad about their reunion, they established Cieszyn. Cf.: Sosnowiec E., Sosnowiec, W., (1974), *Ziemia Cieszyńska. Przewodnik turystyczno-krajoznawczy*, Wojewódzki Ośrodek Informacji Turystycznej, Katowice, p. 39.

A description of the University of the Third Age and the Daily Senior Activity Centre functioning

The Cieszyn University of the Third Age has been promoting a form of recurrent education through the whole life but also it has been making a contribution to intellectual and social activity and physical fitness of older adults. Participation of seniors in the Cieszyn University of the Third Age is conducive to establishing interpersonal relations, developing passions and interests. Participation in classes at the University is an alternative to acting the role of an employee, which is adjusting to changing social roles and which entails adaptation to retirement and decreased income.

The inauguration at the Cieszyn University of the Third Age took place on 16th December 2004 in the Branch of the Silesian University in Cieszyn. The University is an Association with legal personality operating on the basis of articles of incorporation. The basic form of classes are plenary lectures conducted twice a month (on Thursdays). Within the confines of the University the following sections also function:

- a cultural-tourist section,
- a geographical-historical and amateur section,
- an IT section,
- a language section (the English and German languages),
- a gymnastic section,
- a yoga section,
- a swimming section,
- an art section (painting, ceramics),
- a photography section,
- a film section,
- a dancing section.

Functioning of the University is financed mainly by students' fees. A yearly fee amounted to 60 zloty for the academic year 2012/2013. Obtaining a student card is conditioned by achieving 55 years of age.

All sections are very popular and the students' attendance is high; in September 2012 the number of listed members of the University of the Third Age reached 785 persons¹⁶.

Participation of the residents of Cieszyn and the neighbouring localities in activities at the University of the Third Age is aimed at "including older

¹⁶ The information about the Cieszyn University of the Third Age can be found in a guidebook annually issued and updated by the Association and on the website of the University <http://cutw.xt.pl>.

persons in the recurrent education system, which entails mental and physical activating of students and teaching them the art of life at the third age. The University intends to create a possibility for participation of older persons (regardless of educational level) in an educational process within different fields of knowledge, realization of personal interests, operations of sections functioning at the UTA and familiarization with cultural and social life”.¹⁷

An institution also operating in aid of Cieszyn seniors is the Association for Family Support “SILOE IN NOBIS”.

The association was established on 4th November 2010. It was created on the initiative of workers from the Sisters of Mercy of St. Borromeo Care and Treatment Institution in Cieszyn.

“The aim of the association is operating within the following scope:

- initiating activities popularizing generally understood promotion of mental and physical health;
- improvement of life quality of people with different health problems through rehabilitation;
- supporting older persons, the disabled and remaining in a difficult life situation, especially guests of the Care and Treatment Institution;
- supporting families in realization of their various functions;
- therapy and education”.¹⁸

The Association organises exercises for women at 50 plus years of age and also a school of birth within the framework of its operation. A huge undertaking of the Association are activating workshops for seniors of Cieszyn Commune. The workshops are partly financed by Cieszyn Commune budget and are organised within the Daily Senior Activity Centre operating. Several such projects have been realized so far.¹⁹

Every project is devoted to persons from 60 years of age having the status of a retiree or a pensioner – the inhabitants of Cieszyn Commune. Among

¹⁷ Informator CUTW 2012/2013.

¹⁸ Statut Stowarzyszenia.

¹⁹ Since 4th November 2010 I have been a member of the Association for Family Support SILOE IN NOBIS and a coordinator of the following projects:

- “Integrating Workshops for Persons at Retiring Age” from 1st June 2011 till 17th June 2011;
- “The Daily Senior Activity Centre” from 2nd February 2012 till 29th June 2012;
- “The Autumn Yearly Senior Carnival – activating workshops for Seniors” from 15th September 2012 till 30th December 2012;
- “The Active Senior” from 1st February 2013 till 30th November 2013.

The projects mentioned above were partly financed by Cieszyn Commune.

people qualifying for participation in projects are also those under the Social Welfare Centre in Cieszyn charge – people with low benefits who are selected by social workers. Meetings are held on appointed days between 8:00 a.m. and 3:00 p.m. Offered forms of spending free time are adjusted to individual needs and abilities of participants.

Within the confines of every realised task participants can enjoy meals and take part in the following classes: music therapy, dog therapy, image building with a hairdresser and a beautician, developing plastic skills, sharing opinions after watching interesting films in the film library and learning the steps of ballroom dancing with a professional dance instructor. Participants of the classes also have an opportunity to hear interesting lectures as well as take part in excursions which aim to familiarize them with the tradition of the local environment. Physiotherapy treatment and generally improving exercises have a positive influence on participants physical fitness. Participants are under the supervision of qualified personnel: a nurse, a physiotherapist and a medical worker. A psychologist is also at participants disposal; individual consultation is available for every willing person. An occupational therapist takes care of participants manual improvement, teaches the newest plastic and relaxation techniques.

The participants of the Daily Senior Activity Centre are retirees and pensioners who disengaged from the role of an employee and without difficulty entered the role of a grandmother or a grandfather, however, looking for additional facilities and ways to fill in their free time they enter the role of a social group participant. It can be definitely stated that the workshops within the confines of the Daily Senior Activity Centre are conducive to establishment of new contacts and integration with a peer group – often constituting a local community. It can be observed that among class participants new friendships have begun and these people maintain the contact beyond the Centre as well.

In conversation they claim that the time spent together at the workshops provides them with great satisfaction and ensures alternative forms of spending their free time comparing to other forms which participants already knew and preferred. It can be supposed that entering the role of a free time user, Cieszyn seniors develop their passions and interests at the workshops. Referring to the theory of activity mentioned before, it can be stated that both students of the Cieszyn University of the Third Age and participants of the workshops conducted within the confines of the Daily Senior Activity Centre, in connection with disengagement from their present professional activity, maintain their activity through realizing their passions and interests.

Referring to the typology of old age adaptation attitudes by D. B. Bromley, the students of the University of the Third Age and workshops participants are characterised by the constructive attitude. Thanks to regular peer meetings seniors develop their interests, establish new friendships and acquaintances and share their opinions. It has an impact on forming an open-minded attitude, tolerance and it largely contributes to accepting one's age and a decrease of vitality.

Conclusions

Both the University of the Third Age and the Daily Senior Activity Centre operating in Cieszyn play a significant role in activating persons at the age of late adulthood. The dynamically operating University of the Third Age in Cieszyn is a place of obtaining and actualizing knowledge and developing interests. Meetings within a peer group at workshops conducted in the Daily Senior Activity Centre are for many people an alternative to spending their free time alone. Participation in the workshops and sections develops intellectual and social activity and contributes to improving physical fitness of persons at the age of late adulthood.

Iwona Mandrzejewska-Smół

Determinants and dimensions of intellectual activity of the elderly in the context of problems in adjustment to old age

Introduction

The lengthening human lifespan is one of modern civilisation achievements. According to forecasts, the amount of older people in the present century is increasing fast and the growth is going to intensify, particularly after 2020. However, the actual force and duration of these changes are not bound to achieve the predicted levels, especially if countries decide to launch appropriate mechanisms within the implemented migration or employment policies. There is no doubt that the observed process of population ageing is continuous, though its dynamics may vary. Consequently, the issues of quality of life in old age have become questions of vital importance for the whole of the society, in particular those about adjustment to that stage of life, including attitudes of the elderly towards old age, behaviour patterns, fears and apprehensions, abilities to function in the changed life situation.

Problems of adjustment to old age

Proper adjustment to old age allows people to take advantage of its main benefit, i.e. a large amount of free time and, as follows, opportunities to pursue favourite activities or liberating themselves from the necessity of social competition. However, the proper adjustment to old age is not such an easy task for every individual, therefore, if one does not adjust well or even fails to do

that altogether, the person faces feelings of loneliness, frustration, suffering and fears of being dependent on others.¹

People adopt various attitudes in that respect, mainly negative ones, e.g. the attitudes classification by S.Reichard includes only one positive approach, namely the constructive attitude aiming at the activity for the sake of family and friends and people needing help or support. The remaining approaches within the typology are described as negative and include: dependence, a defensive attitude, hostility towards others and self-directed hostility (self-destruction). Those attitudes, depending on the type, are typical for people demanding care, continuously requiring attention of their family or caretakers, people rejecting assistance of others, reclusive and isolating from the environment. The attitude of hostility towards other people is characteristic of people prone to blame others for their own mistakes, mistrustful and contentious, people that do not accept old age and see only the worst in it. However, the most destructive attitude is self-directed hostility as people adopting this approach are unable to accept their own old age, expect death fearing it at the same time. They are susceptible to depression and perceive themselves as victims of bad fortune, are passive in life, feel useless and lonely.²

Typologies of attitudes or behaviour patterns in old age presented by such authors as A. Zych, C.S. Ford or B. Neugarten are similar to the one described above in that they all include mostly negative approaches. The literature and more and more numerous recent studies point to the fact that old people hold numerous fears and apprehensions about their old age, all the more so for the negative image of that stage of life among the Polish society, where the elderly are negatively stereotyped as people in poor health, frail, childish, requiring continuous care and financial support on the part of their families or social security. The old are believed to be grumpy, spiteful, obstinate and unhappy.³

Another important issue concerning adjustment to old age is the fact that in modern post-industrial societies, including the Polish one, there are phenomena, processes and mechanisms provoking the rise and accumulation of barriers for social participation of the elderly. The all-Polish research conducted

¹ Szatur-Jaworska, B., Błędowski, P., Dzięgielewska M., (2006), *Podstawy gerontologii społecznej*, Oficyna Wydawnicza ASPRA-JR, Warszawa, p. 60.

² Bromley D. B., (1969), *Psychologia starzenia się*, PWN, Warszawa, p. 132–139, cit. by Szatur-Jaworska B., Błędowski, P., Dzięgielewska, M., (2006), *Podstawy gerontologii społecznej*, Oficyna Wydawnicza ASPRA-JR, Warszawa, p. 59 and Szarota, Z., (2004), *Gerontologia społeczna i oświatowa. Zarys problematyki*, Wydawnictwo Naukowe Akademii Pedagogicznej, Kraków, p. 48.

³ Cf. Szarota, Z., (2004), op. cit., pp. 49–50.

by the Polish Gerontology Society and the Institute of Public Affairs in Warsaw mentions primarily the feelings of loneliness and deprivation of numerous psychosocial needs experienced by the Polish elders following their retirement. Although the theses and assumptions concerning exclusion of the old have not been wholly substantiated and empirically grounded, still they emphasize the major problem of the complexity of mechanisms of social participation of the elderly resulting largely from Polish culture, from the social structure but also from social personality of the people and their various social origins. Thus, particular attention should be given to the following aspects of the problem: barriers in the labour market, barriers in social contacts other than within the family and the low level of involvement of the old in the local community or in civil institutions.⁴ It is recognized that the fact that the elderly in Poland function out of the mainstream of social life results from the culturally conditioned attitude actually characteristic of all age groups of Poles.⁵

Social isolation and the feeling of loneliness of old people make the gap and contrast between the generations even greater, deepen the mutual lack of understanding of needs and aspirations of the other side what finds its reflection in difficulties in communication and mutual acceptance. That situation results also from the huge cultural and civilisation advance generating changeable aspirations and priorities judged by the generations from entirely opposite standpoints of own life experiences gathered at so different times. One of such differences is the way the generations experience knowledge and learning. The prevailing form of learning for the younger is institutionalised and strictly organised. There is constant pressure to climb up the education ladder and master the amount of knowledge specified by norms set for particular school levels. On the other hand, the older generation undertakes educational activity because they are willing to do so and they need it, as a rule irrespectively of any kinds of rankings or competition. Another difference between the generations is connected with an altered model of a family which determines to a large extent the way the surrounding reality is perceived. Nowadays, the importance of an extended family is diminishing, particularly in big cities where young people are working towards independency fulfilling their plans for the future far from their place of residence. That fact results in the decreased significance

⁴ Niezabitowski, M., (2007), *Ludzie starsi w perspektywie socjologicznej. Problemy uczestnictwa społecznego*, Wydawnictwo Naukowe "Śląsk", Katowice, pp. 7–9.

⁵ Halicki, J., Halicka, M., (2003), *Integracja społeczna i aktywność ludzi starszych*, [in:] B. Synak (ed.), *Polska starość*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk, pp. 200–201.

of knowledge and experience which is handed down to the younger generation by the elderly in their natural family environment.⁶

The problems of adjusting to old age are among major issues concerning functioning of the modern society. The continuing process of ageing of societies implies not only reflection but also launch of extensive actions allowing the old active and, if possible, independent functioning within the society. Thus, the idea of initiating, supporting and organising various forms of activity among senior citizens should be one of the most significant challenges for the modern civilisation.

Importance of undertaking activity by the elderly

Definitions of human activity vary depending on the theory; however, it can be generally understood as the way people communicate with others and with the surrounding world. In the context of adjusting to old age, activity becomes an issue of unique relevance as it is a precondition for satisfying own biological, social and cultural needs, and at the same time for assuming social roles, functioning within a group and in the society.⁷

While considering the problem of older people's activity one should refer to main theories that, while analysing factors of human ageing, at the same time point to possibilities and ways of adjusting to that stage of life. The activity theory, counted among the most widely known concepts concerning ageing, can be seen as the most important among them.

According to the activity theory the human ageing process is a social phenomenon. Its advocates perceive ageing as an accumulation of tensions linked to the self-image of an individual created as a result of changes in social roles played by the elderly so far. To face that, an old person should remain most active for as long as it is possible.⁸ The theory considers activity as a condition for any individual's emotional equilibrium and defines it as socially valued. It proposes undertaking activity to the best of older people's abilities as a measure of their positive self-image and their image in the eyes of other people. It seems obvious

⁶ Cf. Roguska, A., (2009), *Edukacja permanentna osób dorosłych w starości*, [in:] T. Zacharuk, B. Boczukowa, *Edukacja permanentna dorosłych w dobie przemian*, Wydawnictwo Akademii Podlaskiej, Kielce, pp. 72–83.

⁷ Szatur-Jaworska, B., Błędowski, P., Dzięgielewska M., (2006), op. cit., pp. 161–162.

⁸ Zych, A.A., (2001), *Słownik gerontologii społecznej*, Wydawnictwo Akademickie "Żak", Warszawa, p. 218.

that adjustment to old age depends to a great extent on the properly functioning social system. However, it also directly follows from the character and forms of the undertaken activity that, providing individuals with opportunities to reorganise their lives, at the same time increases their adaptation capabilities.⁹

The significance of activity in the old people's life is determined by its various functions including:

1. adaptive function – helping the elderly to adapt better to the new social and family situation;
2. integrative function – leading to a better adjustment within a group the elderly belong to;
3. compensation function – facilitating compensating for deficiencies in other spheres (e.g. lack of job, influence or authority);
4. educational function – helping to develop and improve personal features and dispositions of an individual;
5. recreational and entertainment function – helping to eliminate stress, restoring the will to live and filling up their spare time;
6. mental hygiene function – allowing the old to feel satisfaction. It can improve the quality of life by e.g. increasing authority.¹⁰

According to the activity theory of ageing the elderly wish to undertake activity just as they used to earlier in their lives. It follows from the way they perceive themselves and that in turn depends on the role they play or the activities they pursue.

Accordingly, the old, to maintain the positive image of themselves must replace the roles they have lost during the ageing process with new ones. Thus, the wellbeing of older people is the effect of their increasing activity in the new roles. The activity theory refers to the main assumption underlying numerous intervention programs for the old demonstrating the great importance of social activity as a condition for their increased life satisfaction. Advocates of the concept believe that older people in general need and aim at a high level of social activity. However, as Jerzy Halicki indicates referring to views expressed by Vern Bengtson, the theory does not account for the meaning and importance of other forms of activity in their lives.¹¹

⁹ Chabior, A., (1997), *Edukacja w życiu ludzi starych – komunikat z badań*, "Edukacja" 1997/4, p. 101.

¹⁰ Szatur-Jaworska, B., Błędowski, P., Dzięgielewska M., (2006), *op. cit.*, p. 164.

¹¹ Halicki, J., (2010), *Obrazy starości. Rysowane przeżyciami seniorów*, Wydawnictwo Uniwersytetu w Białymstoku, Białystok, p. 14.

Thus, the active ageing concept is primarily connected with the old people's pursuit of independence and autonomy in the society.

Main dimensions and determinants of undertaking intellectual activity by elderly people

Out of numerous activity forms the intellectual activity deserves particular attention as it best stimulates people triggering capabilities for adaptation to changeable living conditions and at the same time influences human life quality at every stage.

Challenges of the contemporary world make people of all ages learn continuously to get a good grasp of the surrounding world which means not only getting the general knowledge on current events. Above all, learning is "a process of continuously pursuing the feeling of unceasing participation in understanding and in shaping the image of reality. It also is the process of getting to know oneself and of gaining experience how to learn and how to gain real knowledge" (own translation)¹².

Undertaking educational activity in old age may help to bridge the generation gap, teach mutual acceptance and understanding and result in a real and sincere dialogue with the younger generation. Also, the sole willingness of the older generation to take part in different forms of education may positively influence their image not only in the eyes of the young but also in their own perception and that generates the improved life quality during ageing.¹³

The developmental approach to life is an important factor contributing to the life satisfaction of older people and is the best possible preventive gerontology treatment. For that reason, popularisation of the educational model of life may prove beneficial for many older citizens. In fact, lifelong learning in Poland does not involve old people apart from some special cases of Universities of the Third Age functioning within the framework of Lifelong Learning Centres. Education of old people is not recognised as a public task and has not been included into the national education system. The research project PolSenior, commissioned by the Ministry of Science and Higher Education and implemented in 2007-2011, has provided numerous arguments in favour of introduction of the comprehensive and multidimensional policy on human

¹² Roguska, A., (2009), *op. cit.*, p. 77.

¹³ *Ibidem*.

ageing in Poland, also with respect to old people's access to lifelong learning putting into practice the idea of lifelong development.¹⁴

There are numerous policy statements and legal acts including rules and regulations concerning educational actions aimed at old people and their preparation for transition to old age, the major ones including:

1. Report on adult education "Learning to be. The world of education today and tomorrow," prepared by the commission chaired E. Faure in 1972.
2. Vienna International Plan of Action on Ageing concerning rights of old people adopted by the World Assembly on Ageing in 1982 and the same year endorsed by the General Assembly of the United Nations (the so called Vienna Plan).
3. Memorandum on Lifelong Learning, a document concerning educational policy adopted by the European Committee in 2002 in Lisbon.
4. Decision No. 1720/2006/EC of the European Parliament of 15 November 2006 establishing an action programme in the field of lifelong learning (LL) – Grundtvig Programme.
5. Decision No. 940/2011/EU of the European Parliament and of the Council of 14 September 2011 on the European Year for Active Ageing and Solidarity between Generations 2012 (O. J. EU. L246/5).
6. Resolution of the Senate of the Republic of Poland of 1 February 2012 on establishing the year 2012 as the Year of Universities of the Third Age.
7. Lifelong Learning Perspectives – a strategic document, including the National Qualifications Framework, prepared by the Interdepartmental Committee for lifelong learning appointed by the Regulation no. 13 of the Prime Minister of 17 February 2010.
8. Strategy for developing lifelong learning adopted by the Council of Ministers in July 2003.
9. Programme "Solidarity across Generations – measures aiming at increasing the economic activity of people over 50".
10. Act of 14 April 2003 on Public Benefit and Volunteer Work (Journal of Laws 2010 No 234, item 1536, as amended).

Education is a unique challenge for people in old age as it allows them to comprehend transformations going on in the modern world. Another important fact is that nowadays learning consists not only of participating in organised

¹⁴ Borczyk, W., Wnuk, W., (2012), *Edukacja w starości i do starości*, [in:] Raport Komisji Ekspertów ds. Osób Starszych przy Rzeczniku Praw Obywatelskich. Strategie działania w starzejącym się społeczeństwie. Tezy i rekomendacje, Warszawa, p. 73.

forms of education but also of drawing on life experiences, own and those of other people, getting to know and understand oneself, other people and the surrounding world.¹⁵ Learning in old age, free of school restraints, allows the people to shape positive ageing patterns contributing to formation of the new style of life popularising education as a value enriching life.¹⁶

In many countries education of old people is recognised as a unique sign of the times. Although undoubtedly senior citizens cherish and hand down traditions, they are not recognised as those who pass on knowledge. Accordingly, it is them who are educated because they need or wish to learn. To catch up with the advance of new technologies used for specific purposes old people are actually forced to take up education. A frequent motive for engaging in education is their will to make the most of their free time, to satisfy their cognitive curiosity and pursue hobbies – everything they could not do before due to the various roles they played.¹⁷

The considerations above seem to suggest that educational activity taken up by old people may be classified under two broad headings. One of the aspects is institutionalised education where old people participate in organised activities, mainly Universities of the Third Age. But educational activity of the old occurs also beyond any institutional framework, i.e. is more informal and individual and takes the shape of activity aimed at individual development of the person interested in it who chooses the type of education best suited to his/her own inclinations and interests (e.g. computer, language, skills, intellectual or general development courses).¹⁸

Issues concerning participation of the old in various spheres of social life and, as a consequence, their social involvement include also their participation in Universities of the Third Age classes.

The idea behind the U3As is incorporating elderly people into the system of lifelong learning, and thus their main goals include:

- popularising educational initiatives,
- intellectual, mental, social and physical activation of the old,

¹⁵ Cf. Czerniawska, O., (1997), *Uczenie się jako styl życia*, [in:] M. Dzięgielewska (ed.), *Przygotowanie do starości*, Łódź, p. 19.

¹⁶ Czerniawska, O., (1998), *Style życia w starości*, Wydawnictwo Wyższej Szkoły Humanistyczno-Ekonomicznej w Łodzi, Łódź, p. 13.

¹⁷ Frąckowiak, A., (2007), *Edukacja seniorów w Stanach zjednoczonych*, [in:] A. Fabiś (ed.), *Instytucjonalne wsparcie seniorów. Rozwiązania polskie i zagraniczne*, Wyższa Szkoła Administracji w Bielsku-Białej, Bielsko-Biała, p. 195.

¹⁸ Cf. Roguska, A., (2009), *op. cit.*, p. 82

- expanding knowledge and skills of elderly people,
- facilitating contacts with such institutions as: public health care, culture centres, physiotherapy centres etc.,
- engaging students into activities for the sake of their community,
- maintaining social bonds and communication between old people.¹⁹

The aim of U3As is intellectual, physical and social activation of senior citizens by means of cooperation with organisations operating within local communities including educational, cultural and social security institutions.²⁰

The principal goal of Universities of the Third Age is to improve the quality of life of their students. The universities teach the knowledge popularising healthy lifestyle, assisting students in social interactions and helping them to take advantage of their free time. It allows them to get accustomed to the ageing process which is not necessarily identical with the necessity of withdrawing from activity. All U3A actions have a positive dimension to them: they help to kindle and pursue passions, increase physical activity of the aged and integrate students at meetings which constitute a major part of the U3A actions.²¹ International reports prepared by UNESCO also point out to advantages of Universities of The Third Age stressing the role of education in the domains of: personality development, establishing and reinforcing social bonds, developing attained knowledge and interests, passing on personal experiences to family members and the whole society and active participation in the social life.²²

Although the functioning in Poland Universities of the Third Age seem to fail to meet their aims to the full, they still allow old people not only to make up for their educational deficiencies dating from their earlier lives, but also give them broader perspectives owing to their extensive offer of activities and classes. People at their age can pursue their passions and seek new ones. Additionally, participation in the social life of a group of people at similar age and with a similar outlook on life becomes helpful in overcoming everyday difficulties and barriers and adjusting to changes in the ever transforming world. Integration with people originating from different communities and social

¹⁹ Hrapkiewicz, E., (2009), *Uniwersytety Trzeciego Wieku jako jedna z form kształcenia osób starszych*, [in:] B. Stopińska-Paják (ed.), *Edukacja wobec starości – tradycja i współczesność*, Wydawnictwo Uniwersytetu Śląskiego, Katowice, p. 124.

²⁰ Ziębińska, B., *Uniwersytety Trzeciego Wieku jako instytucje przeciwdziałające marginalizacji osób starszych*, Wydawnictwo Naukowe „Śląsk”, Katowice, p. 326.

²¹ Orzechowska, G., (1999), *Aktualne problemy gerontologii społecznej*, Wydawnictwo Uniwersytetu Warmińsko-Mazurskiego, Olsztyn, p. 58.

²² Szatur-Jaworska, B., Błędowski, P., Dzięgielewska M., (2006), *op. cit.*, p. 172.

groups makes it easier for elderly citizens to understand various phenomena and external information.²³

Determinants for undertaking intellectual activity by older people are strictly connected with problems in adjusting to old age. They are inseparable from old people's attitudes towards the old age, the behaviour patterns they assume, lifestyles, fears and apprehensions they feel and stereotypes functioning within the society.

Literature on the subject indicates that the way of experiencing old age follows from the previous life of every person. Whether a person is active or passive depends mainly on their way of life and on circumstances beyond the individuals' control. Therefore, the lifestyle of an individual in old age definitely determines the kind of activity the person undertakes.

The strongest determinant for undertaking intellectual activity by the elderly is, besides their health, the economic situation. That factor is generally presumed to have a decisive impact on their attitudes, and particularly on taking up and the choice of a particular activity form. Economic situation of older people influences, e.g. their financial decisions, the understanding of their rights, capability to adjust to changing reality conditions or the awareness of the necessity to ensure themselves decent living conditions.²⁴

Another essential fact is that the elderly attach importance to the usefulness of the educating process, especially if it is to satisfy their cognitive needs in the domain of utilitarian knowledge. Practical skills acquired by the old should help them to overcome everyday difficulties, to meet their needs independently and autonomously, to solve the most fundamental problems and adjust to the changed life situation - hence the increased demand of that social group for supplementing their education concerning operating mobile phones, computers or even cash machines. They are also willing to consult specialists in different domains supporting and facilitating their independent functioning in the society, e.g. dieticians, physical therapists, gerontologists, economists or lawyers.²⁵

The concept of a lifestyle includes not only human behaviour but also psycho-physical mechanisms underlying them, namely: motivations, needs, accepted

²³ Orzechowska, G., (1999), op. cit., p. 62.

²⁴ Cf. Fabiś, A., (2006), *Edukacja seniorów – odpowiedź na wymagania współczesności*, „Edukacja Dorosłych” 1–2, p. 35.

²⁵ Aleksander, T., (1992), *Potrzeby kulturalno-oświatowe ludzi dorosłych*, [in:] T. Wujek (ed.), *Wprowadzenie do pedagogiki dorosłych*, PWN, Warszawa, pp. 332–335.

values that may determine to a large extent the activity taken up by old people. Therefore, some other aspects the elderly attach certain importance to should be considered. One of them is the budget of time, i.e. the way people make use of their time and the following from it cycle of everyday functioning (24h, weekly, monthly or yearly). Another vital factor is the approach to work, its characteristics and the time spent on performing it. The consumption of goods, its intensity, character and patterns are also relevant as well as behaviours associated with satisfying intellectual and aesthetic needs, participation in culture and education, recreational activities, attitude towards values, participation in social and political life, forms of human interaction and particularly distribution of roles within the family, socialising, friendship or neighbourhood relations.²⁶

Considering the question of main determinants for assuming intellectual activity by the elderly one should also take into account factors influencing the sole fact of undertaking any activity at all. Among many, the major ones in the context of the present paper seem to include:

- education – the higher the education of an individual the higher level of activity she/he undertakes;
- family environment – intellectual activity depends on personalities of family members, origin and contacts with relatives (children, grandchildren and others);
- living conditions – may limit any activity to a considerable extent;
- sex – there are more retired women and therefore it is them who take up activity;
- place of residence (city, countryside) – is connected with the offered forms of activity for old people;
- availability and characteristics of activities included in the offer put forward by cultural and educational institutions in the place of old people's residence (e.g. Universities of the Third Age, Seniors' Clubs).²⁷

In conclusion, it may be stated that intellectual activity forming the basis for old people's adjustment to the changed life situation and to the ever changing reality is becoming increasingly important not only for people growing old but also for the whole society. As the ageing process cannot be averted, making the biggest possible group of the community aware of the problems may counteract many negative consequences of functioning of the ageing society in the future.

²⁶ Szatur-Jaworska, B., Błędowski, P., Dzięgielewska, M., (2006), op. cit., p. 62.

²⁷ Ibidem, p. 162.

Selected bibliography

1. Achté, K., (1988), Suicidal tendencies in the elderly, "Suicidal and Life-Threatening Behavior" 18.
2. Adlar, P., Perreau V., Cotman C., (2006), The exercise-induced expression of BDNF within the hippocampus varies across life-span, "Neurobiology of Aging" 26, 4.
3. Andel, R., (2008), Physical Exercise at Midlife and Risk of Dementia Three Decades Later: A Population-Based Study of Swedish Twins. The Journals of Gerontology, Series A: "Biological Sciences and Medical Sciences" 63, 1.
4. Antal, A., Chaieb, L., Moliadze, V., Monte-Silva, K., Poreisz, C., Thirugnanasambandam, N., Nitsche, M.A., Shoukier, M., Ludwig, H., Paulus, W., (2010), Brain-derived neurotrophic factor (BDNF) gene polymorphisms shape cortical plasticity in humans, "Brain Stimulat." 3.
5. Banach, K., (2005), Uczestnictwo osób starszych w rekreacyjnych formach ruchu na przykładzie mieszkańców Słupska, [in:] J. Ożdziński (ed.), Rekreacja, turystyka, kultura w zagospodarowaniu czasu wolnego, Akademia Wychowania Fizycznego i Sportu w Gdańsku, Gdańsk.
6. Barnow, S., Linden, M., Freyberger, H.-J., (2004), The relation between suicidal feelings and mental disorders in the elderly: results from the Berlin Aging Study (BASE), "Psychological Medicine" 34.
7. Bartel, R., (1986), Geragogik – ein Aufgabenbereich der Heilpädagogik. Survey – Studie zur Problematik alter/alternder Menschen aus heilpädagogischer Sicht, Giessen, JLU.
8. Baumann, K., (2008), Problem aktów samobójczych wśród osób w starszym wieku, "Gerontologia Polska" 16, 2.
9. Bee, H., (1994), Psychologia rozwoju człowieka, Zys i S-ka, Poznań.
10. Bicka, A., Kozdroń E., (2003), Aktywność ruchowa ludzi starszych czynnikiem adaptacyjnym do określonego wysiłku fizycznego, "Kultura Fizyczna" 5–6.

11. Bieńkowska, E., (1999), Osoby starsze grupą o podwyższonym stopniu ryzyka wiktymizacji, "Ruch Prawniczy, Ekonomiczny i Socjologiczny" 11, 1.
12. Binder, D.K., Scharfman, H.E., (2004), Brain-derived neurotrophic factor. "Growth factors" 22.
13. Birch, A., Malim T., (1999), Psychologia rozwojowa w zarysie. Od niemowlęctwa do dorosłości, trans. J. Łuszczynski, M. Olejnik, PWN, Warszawa.
14. Bobeł, B., (2006), Współczesna rzeczywistość a problemy i potrzeby osób w starszym wieku, [in:] Z. Palak (ed.), Jakość życia osób niepełnosprawnych i nieprzystosowanych społecznie, UMCS, Lublin.
15. Brożek, A., Jadacki J., (2011), Między wierszami Cypriana Norwida, [in:] A. Głąb (ed.), Filozofia i literatura, Wydawnictwo Naukowe Semper, Warszawa.
16. Bubolz-Lutz, E., Gösen, E., Kricheldorf, C., Schramek, R., (2010), Geragogik, Verlag W. Kohlhammer, Stuttgart.
17. Burns, J.M., Cronk, B.B., Anderson, H.S., Donnelly, J.E., Thomas G.P., Harsha A., Brooks, W.M., Swerdlow, R.H., (2008), Cardiorespiratory fitness and brain atrophy in early Alzheimer disease, "Neurology" 71.
18. Camus, A., (1991), Dwa eseje, Wydawnictwo KRAĞ, Warszawa.
19. Chabior, A., (2005), Aktywność życiowa i jakość życia seniorów, [in:] A. Fabiś (ed.), Seniorzy w rodzinie, instytucji i społeczeństwie, Wyższa Szkoła Zarządzania i Marketingu w Sosnowcu, Sosnowiec.
20. Chabior, A., (2011), Aktywizacja i aktywność ludzi w okresie późnej dorosłości, Wszechnica Świętokrzyska, Kielce.
21. Chabior, A., (2012), Nowy emeryt, "Nowe horyzonty edukacji" 2.
22. Chopra, D., (1995), Życie bez starości, KiW, Warszawa.
23. Chwin, S., (2013), Samobójstwo i "grzech istnienia", Wydawnictwo TYTUŁ, Gdańsk.
24. Chromiński, Z., Plak E., (2004), Wprowadzenie do edukacji ekologicznej i zdrowotnej, Prywatna Wyższa Szkoła Ochrony Środowiska, Radom.
25. Ciborowska, H., Rudnicka, A., (2004), Dietetyka. Żywnienie zdrowego i chorego człowieka, PZWL, Warszawa.
26. Cioran, È., (2004), Zeszyty 1957–1972, Wydawnictwo KR, Warszawa.
27. Cioran, È., (2008), Samotność i przeznaczenie, Wydawnictwo KR, Warszawa.
28. Colcombe, S., Kramer, A.F., (2003), Fitness effects on the cognitive function of older adults: A meta-analytic study, "Psychological Science" 14.
29. Colcombe, S.J., Erickson, K.I., Scalf, P.E., Kim, J.S., Prakash, R., McAuley, E., Elavsky, S., Marquez, D.X., Hu, L., Kramer, A.F., (2006), Aerobic exercise training increases brain volume in aging humans, "J Gerontol A Biol Sci Med Sci" 61.
30. Colcombe, S.J., Kramer, A.F., Erickson, K.I., Scalf, P., McAuley, E., Cohen, N.J., Webb A., Jerome G.J., Marquez D.X., Elavsky S., (2004), Cardiovascular fitness, cortical plasticity, and aging, "PNAS" 101.
31. Cotman, C.W., Berchtold, N.C., (2002), Exercise: a behavioral intervention to enhance brain health and plasticity, "Trends of Neurosciences".
32. Copleston, F., (1995), Historia filozofii, Vol. VII, Instytut Wydawniczy PAX, Warszawa.

33. Czapiński, J., (2007), Wprowadzenie do wydania polskiego, [in:] P.A. Linley, S. Joseph (eds.), *Psychologia pozytywna w praktyce*, PWN, Warszawa.
34. Czapska, J., (1999), Zapobieganie wiktymizacji ludzi starszych, "Ruch Prawniczy, Ekonomiczny i Socjologiczny" 11, 1.
35. Czerniawska, O., (2000), Drogi i bezdroża andragogiki i gerontologii. Szkice i rozprawy, Wydawnictwo Wyższej Szkoły Humanistyczno-Ekonomicznej, Łódź.
36. Czerniawska, O., (1998), Style życia w starości, Wydawnictwo Wyższej Szkoły Humanistyczno-Ekonomicznej w Łodzi, Łódź.
37. Dąbrowiecka, H., (2003), Wygrać starość, "Niebieska linia" 5.
38. Demling, J., Lungershausen, E., (1989), Suizidalität, [in:] D. Platt (ed.), *Handbuch der Gerontologie*, Vol. 5: Neurologie, Psychiatrie, Gustav Fischer Verlag, Stuttgart, New York.
39. Derbis, R., (2000), Doświadczenie codzienności, Wydawnictwo AJD, Częstochowa.
40. Dik, M.G., Deeg, D.J.H., Visser, M., Jonker, C., (2003), Early life physical activity and cognition in old age, "Journal of Clinical Experimental Neuropsychology" 25.
41. Dillaway, H., Burton, J., (2011), "Not done yet?!" Women discuss the "End" of menopause, "Women's Studies" 40.
42. Dudek, D., Zięba, A., Siwek, M., Wróbel, A., (2012), Depresja, [in:] T. Grodzicki, J. Kocemba, A. Skalska (eds.), *Geriatry z elementami gerontologii ogólnej. Podręcznik dla lekarzy i studentów*, VM. Via Medica, Gdańsk.
43. Durkheim, E., (2006), Samobójstwo, Oficyna Naukowa, Warszawa.
44. Dzięgiełwska, M., (2006), Aktywność społeczna i edukacyjna w fazie starości, [in:] B. Szatur-Jaworska, P. Błędowski, M. Dzięgiełwska (eds.), *Podstawy gerontologii społecznej*, Oficyna Wydawnicza Aspra-JR, Warszawa.
45. Dyczewski, L., (1994), Ludzie starzy w społeczeństwie i kulturze, Redakcja Wydawnictw KUL, Lublin.
46. Erickson, K.I., Raji, C.A., Lopez, O.L., Becker, J.T., Rosano, C., Newman, A.B., Gach, H.M., Thompson, P.M., Ho, A.J., Kuller, L.H., (2010), Physical Activity Predicts Gray Matter Volume in Late Adulthood: The Cardiovascular Health Study, "Neurology" 75(16).
47. Fiałkowski, K., Bielicki, T., (2008), *Homo przypadkiem sapiens*, PWN, Warszawa.
48. Frankl, V.E., (1998), *Homo Patiens*, Instytut Wydawniczy PAX, Warszawa.
49. Frankl, V.E., (2009), *Człowiek w poszukiwaniu sensu*, Wydawnictwo Czarna Owca, Warszawa.
50. Frankl, V.E., (2010), *Wola sensu*, Wydawnictwo Czarna Owca, Warszawa.
51. Gadamer, H.-G., (2011), *O skrytości zdrowia*, Media Rodzina, Poznań.
52. Gałuszka, M., (2006), Jakość życia seniora. Przegląd wybranych koncepcji i metod badań, [in:] J.T. Kowaleski, P. Szukalski (eds.), *Starość i starzenie się jako doświadczanie jednostek i zbiorowości ludzkich*, Wydawnictwo Łódzkie, Łódź.
53. Gerstmann, S., (1979), Wykłady, Uniwersytet Łódzki, Łódź.
54. Gerstmann, S., (1987), *Podstawy psychologii konkretnej*, PWN, Warszawa.
55. Gustaw, G., (2012), Smutni od zawsze, "Charaktery" 11.
56. Gore, I., (1980), *Wiek a aktywność życiowa*, PZWL, Warszawa

57. Górnikowska-Zwolak, E., (1999), Aktywizacja, aktywność, [in:] D. Lalak, T. Pilch (eds.), *Elementarne pojęcia pedagogiki społecznej i pracy socjalnej*, Wydawnictwo Akademickie "Żak", Warszawa.
58. Graziottin, A., (2010), Menopause and sexuality: key issues in premature menopause and beyond, "Annals of the New York Academy of Sciences" 1205.
59. Grzanka-Tykwińska, A., Kędziora-Kornatowska, K., (2010), Znaczenie wybranych form aktywności w życiu osób w podeszłym wieku, "Gerontologia Polska", 1/2010, Kraków.
60. Halicka, M., Halicki J., (2002), Integracja społeczna i aktywność ludzi starszych, [in:] B. Synak (ed.), *Polska starość*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk.
61. Halicka, M., (2004), Satysfakcja życiowa ludzi starych. Studium teoretyczno-empiryczne, Akademia Medyczna, Białystok.
62. Halicki, J., (2000), Edukacja seniorów w aspekcie teorii kompetencyjnej. Studium historyczno-porównawcze, Trans Humana, Białystok.
63. Hartmann, von E., (1982), *Filozofia nieświadomego. Philosophie des Unbewussten*. Wybór tekstów, Wydawnictwo PAN, Warszawa.
64. Heyn P.C., Johnson, K.E., Kramer, A.F., (2008), Endurance and strengthtraining outcomes on cognitively impaired and cognitively intact older adults: a meta-analysis, "J Nutr Health Aging" 12.
65. Hillman, C.H., Erickson, K.I., Kramer, A.F., (2008), Be smart, exercise your heart: exercise effects on brain and cognition, "Nature Review Neuroscience" 9.
66. Hirzel-Wille, M., (2002), Suizidalität im Alter, Individuelles Schicksal und soziales Phänomen. Psychoanalyse im Dialog, Vol. 11, Peter Lang, Bern, Berlin, Bruxelles, Frankfurt a. M., New York, Oxford, Wien.
67. Hołyst, B., (2009), *Psychologia kryminalistyczna*, Wydawnictwo LexisNexis, Warszawa.
68. Hołyst, B., (2006), Suicydogenne aspekty samotności, [in:] P. Domeracki, W. Tyburski (eds.), *Zrozumieć samotność: studium interdyscyplinarne*, Wydawnictwo Uniwersytetu M. Kopernika, Toruń.
69. Hołyst, B., (2012), *Suicydologia*, Wydawnictwo LexisNexis, Warszawa.
70. Howard, A., (2000), *Philosophy for counselling and psychotherapy*, PALGRAVE, New York.
71. Humphry, D., (1993), *Ostateczne wyjście*, STAMARI, Gdynia.
72. Jan Paweł II, *Ludzie starsi są potrzebni*, Anioł Pański, 25 lipca 1999, Castel Gandolfo.
73. Jopkiewicz A., Trafiałek E., (2000), *Trzeci wiek bez starości*, Kielce.
74. Kachaniuk, H., *Opieka nad zdrowiem osób starszych*, [in:] T.B. Kulik, M. Latałski (eds.), *Zdrowie publiczne*, Wydawnictwo Czelej, Lublin.
75. Kamiński, A., (1994), Aktywność jako wspomaganie żywotności osób starszych, [in:] *Encyklopedia popularna*, (red.) Petrozolin-Skowrońska B., PWN, Warszawa.
76. Kałuża, D., Szukalski P., (2010), *Jakość życia seniorów w XXI wieku*, Łódź.
77. Kerkhof, A., De Leo D., (1991), Suicide on the elderly: a frightful awarness, *Crisis*, 12.

78. Kędziora-Kornatowska, K., Muszalik, M., (2007), *Kompedium pielęgnowania pacjentów w starszym wieku*. Czelej Lublin.
79. Kędziora-Kornatowska, K., Grzanka-Tykwińska, A., (2011), Osoby starsze w społeczeństwie informacyjnym, "Gerontologia Polska" 19, 2.
80. Klastermann, P., (2004), Vortrag anlässlich der Jahrestagung des Nationalen Suizidpräventionsprogrammes für Deutschland, Berlin.
81. Kłossowski, M., (1999), Przegląd i charakterystyka metod oceny poziomu aktywności fizycznej oraz jej wpływu na organizm człowieka, [in:] *Aktywność fizyczna. Drugie warsztaty antropologiczne*, Wydawnictwo AWF Warszawa, Warszawa.
82. Konieczna-Woźniak, R., (2001), *Uniwersytety Trzeciego Wieku w Polsce. Profilaktyczne aspekty edukacji seniorów*, Eruditus, Poznań.
83. Kopczyński, K., (1994), Zainteresowania i system wartości u nieletnich zagrożonych samobójstwem, *Polskie Towarzystwo Higieny Psychicznej*, Warszawa.
84. Kopczyński, K., (1999), Kształtowanie i rozwój zainteresowań u osób niepełnosprawnych, "Acta Universitatis Lodziensis Folia Paedagogica" 3.
85. Kopczyński, K., (2006), Psychosomatyczne aspekty choroby Alzheimera – najczęstszej przyczyny otępienia umysłowego w społeczeństwach zachodnich, [in:] J. Pańczyk (ed.), *Forum Pedagogów Specjalnych XXI wieku*, Vol. VII, Wydawnictwo Hamal, Łódź.
86. Kościńska, E., (2010), *Edukacja zdrowotna seniorów i osób przewlekle chorych*, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.
87. Kowalewska, A., Jacewski, A., Komosińska, K., (2005), Problemy wieku starczego, [in:] A. Jacewski (ed.), *Biologiczne i medyczne podstawy rozwoju i wychowania człowieka*, Wydawnictwa Szkolne i Pedagogiczne, Warszawa.
88. Korzeniewska, A.H., (2009), Oczekiwania osób starszych w aspekcie działalności Uniwersytetu Trzeciego Wieku w Działdowie działającego pod patronatem Wyższej Szkoły Informatyki i Ekonomii TWP w Olsztynie, *Wydawnictwo Uczelniane Wyższej Szkoły Informatyki i Ekonomii TWP*, Olsztyn.
89. Kozaczuk L., (1999), *Terapia zajęciowa w Domach Pomocy Społecznej*, Wydawnictwo Naukowe Śląsk, Katowice.
90. Kramer, A. F., Erickson, K.I., Colcombe, S.J., (2006), Kramer, A.F., Erickson, K.I., Colcombe, S.J., (2006), Exercise, cognition, and the aging brain, "J Appl Physiol" 101.
91. Kukuła, Z., (2009), Przesłanki na tle majątkowym popełniane wobec osób starszych, "Praca socjalna" 3.
92. Krzyżowski, J., (2004), *Psychogeriatrya*, Wydawnictwo Medyk, Warszawa.
93. Lapple, A., (1983), *Od Księgi Rodzaju do Ewangelii*, trans. J. Zychowicz, Znak, Kraków.
94. Latawiec, A., (2006), Destrukcyjny czy twórczy charakter samotności (ujęcie systemowe), [in:] P. Domeracki, W. Tyburski (eds.), *Zrozumieć samotność: studium interdyscyplinarne*, Wydawnictwo Uniwersytetu M. Kopernika, Toruń.
95. Lauteschlager, T., Almeida P., (2006), Physical activity and cognition in old age, "Current Opinion in Psychiatry", Vol. 19, 2.

96. Leszczyńska-Rajchert, A., (2005), Człowiek starszy i jego wspomaganie – w stronę pedagogiki starości, Wydawnictwo Uniwersytetu Warmińsko-Mazurskiego, Olsztyn.
97. Lopez-Lopez, C., LeRoith, D., Torres-Aleman, I., (2004), Insulin-like growth factor I is required for vessel remodeling in the adult brain, "Proceedings of the National Academy of Sciences of the United States of America" 101.
98. Makuła, W., (2007), Physical Activity of the Third-Age University Students in Cracow as an Effect of the School Physical Education, "Studies in Physical Education and Sport", Vol. 13, 2.
99. Makara-Studzińska, M., Turek, R. (2005), Samobójstwo w chorobach somatycznych, "Suicydologia" 1, 1.
100. Marmot, M.G., Smith, G.D., Stansfeld, S., Patel, C., North, R., Head, J. et al., (1991), Health inequalities among British civil servants: The Whitehall II Study, "Lancet" 337.
101. Marx, J., (2003), Idea samobójstwa w filozofii, Wydawnictwo ALFA, Warszawa.
102. Maslow, A.H., (2006), Motywacja i osobowość, Warszawa.
103. Mattson, M.P., (2004), Pathways towards and away from Alzheimer's disease. "Nature", August 5;430(7000).
104. Mielczarek, A., (2010), Człowiek stary w domu pomocy społecznej, Wydawnictwo Akapit, Toruń.
105. Neeper, S., Gomez-Pinilla F., Choi J., Cotman C.W., (1995), Exercise and brain neurotrophins, "Nature" 373.
106. Nemati Karimooy, H., Hosseini, M., Nemati, M., Esmaily, H.O., (2012), Lifelong physical activity affects mini mental state exam scores in individuals over 55 years of age, "J Bodyw Mov Ther" Apr 16(2).
107. Nowak, L., (2009), Trwanie życia w 2008, GUS, Warszawa.
108. Nowy leksykon biblijny, (2011), Wydawnictwo Jedność, Kielce.
109. O'Connor, R. Steehy, N., (2002), Zrozumieć samobójcę, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.
110. Orzechowska, G., (2001), Aktualne problemy gerontologii społecznej, Olsztyn.
111. Osiński, W., (2011), Aktywność fizyczna – czy może zmieniać mózg?, "Wychowanie Fizyczne i Zdrowotne" 4.
112. Pastuszka, J., (1999), Starość człowieka. Rozważania psychologiczne, "Ethos, Kwartalnik Instytutu Jana Pawła II KUL w Lublinie i Fundacji Jana Pawła II w Rzymie" 47.
113. Pawlikowski, K., (2011), Senior jako ofiara przestępstw. Skuteczna profilaktyka oraz pomoc po fakcie z perspektywy opiekuńczej i psychosocjalnej, "Wspólne tematy" 3.
114. Piotrkowska, R., Książek, J., (2008), Jeść rozsądnie i zdrowo, "Magazyn Pielęgniarki i Położnej" 5.
115. Piotrowski, J., (1989), Miejsce człowieka starego w rodzinie i społeczeństwie, PWN, Warszawa.
116. Pietrusik, K., (2008), Formy aktywności fizycznej w wodzie dla seniorów, [in:] J. Knotowicz, P. Rąglewska (eds.), Rola aktywności ruchowej w procesie rozwoju sprawności psychofizycznej i promocji zdrowia człowieka, Wyższa Szkoła Edukacji i Terapii, Poznań.

117. Pospiszyl, I., (2011), *Przemoc wobec ludzi starych*, [in:] B. Matyjas, M. Gościńiewicz (eds.), *Człowiek stary w rodzinie – o trudnym problemie przemocy wobec starszych*, Wydawnictwo Uniwersytetu Jana Kochanowskiego w Kielcach, Kielce.
118. Pospiszyl, I., (2003), *Ofiary chroniczne, przypadek czy konieczność*, Wydawnictwo Akademii Pedagogiki Specjalnej w Warszawie, Warszawa.
119. *Poznać, zrozumieć i zaakceptować starość*, (2012), A.A. Zych (ed.), Over Group, Łask.
120. *Psychologiczne portrety człowieka*, (2005), A.I. Brzezińska (ed.), Gdańskie Wydawnictwo Psychologiczne, Gdańsk.
121. *Psychologia rozwoju człowieka. Charakterystyka okresów życia człowieka*, (2003), B. Harwas-Napierała, J. Trempała (eds.), PWN, Warszawa.
122. Ratey, J.J., (2008), *Spark. The Revolutionary New Science of Exercise and the Brain*, New York.
123. Raz, N., Gunning-Dixon, F., Head, D., Rodrigue, K., Williamson, A., Acker, J.D. (2004), Aging, sexual dimorphism, and hemispheric asymmetry of the cerebral cortex: replicability of regional differences in volume, "Neurobiology of Aging" 25.
124. Raz, N., Williamson, A., Gunning-Dixon, F., Head, D., Acker, J.D., (2000), Neuro-anatomical and cognitive correlates of adult age differences in acquisition of a perceptual-motor skill, "Microscopy Research and Technique" 51.
125. Rembowski, J., (1984), *Psychologiczne problemy starzenia się człowieka*, PWN, Warszawa – Poznań.
126. Ringel, E., (1987), *Gdy życie traci sens. Rozważania o samobójstwie*, Wydawnictwo Glob, Szczecin.
127. Ringel, E., (1992), *Nerwica a samozniszczenie*, PWN, Warszawa.
128. Rogers, C.R., (1991), *Terapia nastawiona na klienta. Grupy spotkaniowe*, THE-SAURUS-PRESS, Wrocław.
129. Rogers, C. R., (2002), *O stawianiu się osobą*, Dom Wydawniczy REBIS, Poznań.
130. Rowe, D., (2003), *Depression: the way out of your prison*, Routledge, London.
131. Rovio, S., Helkala, E.L., Viitanen, M., Winblad, B., Tuomilehto, J., Soininen, H., Nissinen, A., Kivipelto, A.M., (2005), Leisure time physical activity at midlife and the risk of dementia and Alzheimer's disease, "Lancet Neurology Journal" 4.
132. Rovio, S., Spulber, G., Nieminen, L.J., Niskanen, E., Winblad, B., Tuomilehto, J., Nissinen, A., Soininen, H., Kivipelto, M., (2010), The Effect of Midlife Physical Activity on Structural Brain Changes in the Elderly, "Neurobiology of Aging" 31(11).
133. Rutkowska, L., (2012), *Trwanie życia w 2011 roku*, GUS, Warszawa.
134. Sadowska, J., Śliwińska, U., (2005) Ocena sposobu żywienia i stanu odżywienia osób w wieku starszym zamieszkałych na terenach wiejskich, "Żywnienie człowieka i metabolizm" 32(3).
135. Salthouse, T. A., (1985), *Spear of behavior and its implications for cognition*, [in:] Birren, J. E., Schaie, K. W. (eds.), *Handbook of the psychology of aging*, Elsevier, New York.
136. Santy, P.A., (1982), *Observations on double suicide: review of the literature and two case reports*, "American Journal of Psychotherapy" 1.

137. Schmidtke, A., Schaller, S., (2006), Suizidalität, [in:] W. D. Oswald, U. Lehr, C. Sieber, J. Kornhuber (eds.), Verlag W. Kohlhammer, Stuttgart.
138. Schmidt, D., Boland, S.M., (1986), The Activation of Aging Stereotypes In Younger and Older Adults. Structure of perceptions of older adults. Evidence for multiple stereotypes, "Psychology and Aging", Washington.
139. Schulz, A., (2006), Suizidalität im Alter, GRIN Verlag, München, Ravensburg.
140. Semków, J., (2008), Niektóre problemy aktywności społeczno – kulturalnej w okresie późnej dorosłości, [in:] A. Fabiś (ed.), Aktywność społeczna, kulturalna i oświatowa seniorów, Wyższa Szkoła Administracji, Bielsko-Biała.
141. Seniorzy w rodzinie, instytucji i społeczeństwie. Wybrane zagadnienia współczesnej gerontologii (2005), A. Fabiś (ed.), Wydawnictwo Wyższej Szkoły Zarządzania i Marketingu, Sosnowiec.
142. Shah, A., De, T., (1998), Suicide and the elderly, "International Journal of Psychiatry in Clinical Practice" 2.
143. Seligman, M. E. P., Walker, E. F., Rosenhan, D. L., (2003), Psychopatologia, Wydawnictwo Zysk i S-ka, Poznań.
144. Siwiec, R., (2013), Świętokrzyskie wyludnia się, "Nasz region" 2(73).
145. Skoog, I., (2004), Psychiatric epidemiology of old age: The H 70 study, "Acta Psychiatrica Scandinavica" 109.
146. Słownik teologii biblijnej, (1985), X. Leon-Dufor (ed.), trans. K. Romaniuk, Palotinum, Poznań–Warszawa.
147. Sosnowski, T., Wrześniewski, K., (1987), Inwentarz Stanu i Cechy Leku (ISCL). Polska adaptacja STAI. Podręcznik, Pracownia Testów Psychologicznych, Warszawa.
148. Strelau, J., (2003), Podstawy psychologii, Vol. I, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.
149. Strelau, J., (2006), Psychologia. Podręcznik akademicki. Podstawy psychologii, Vol. 1, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.
150. Susułowska, M., (1989), Psychologia starzenia się i starości, Państwowe Wydawnictwo Naukowe, Warszawa.
151. Starzenie się a satysfakcja z życia, (2006), S. Steuden, M. Marczuk (eds.), Wydawnictwo KUL, Lublin.
152. Steuden, S., Stanowska, M., Janowski, K., (2011), Starzenie się z godnością, Wydawnictwo KUL, Lublin.
153. Steuden, S., (2011), Psychologia starzenia się i starości, PWN, Warszawa.
154. Stukan, J., (2008), Diagnoza ryzyka samobójstwa, Wydawnictwo Prometeusz, Opole.
155. Szarota, Z., (2000), Formy aktywności mieszkańców domów pomocy społecznej dla osób starszych, [in:] A. Panek, Z. Szarota (eds.), Zrozumieć starość, Oficyna Wydawnicza TEXT, Kraków.
156. Szwarc, H., (1996), Sprawność fizyczna i zdrowie osób starszych, "Kultura Fizyczna" 9–10.
157. Szatur – Jaworska, B., (2000), Ludzie starzy i starość w polityce społecznej, Oficyna Wydawnictwo ASPRA-JR, Warszawa.

158. Szatur-Jaworska, B., Błędowski P., Dzięgielewska M., (2006), Podstawy gerontologii społecznej, Oficyna Wydawnicza ASPRA-JR, Warszawa.
159. Szulc, M., (2008), Procesy planowania w uwalnianiu się młodzieży od nałogu, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk.
160. Szuman, S., (1938), Szuman, S., (1938), Afirmacja życia, Lwowska Biblioteczka Pedagogiczna, Lwów.
161. Świderkówna, A., (2000), Biblijne błogosławieństwo starości, "Znak" 6.
162. Trafiałek E., (2006), Starzenie się i starość. Wybór tekstów z gerontologii społecznej, Wszechnica Świętokrzyska, Kielce.
163. Trafiałek, E., (2012), Całozyciowa edukacja w nowoczesnym społeczeństwie, "Nowe horyzonty edukacji" 1.
164. Tuner, J.S., (1999), Rozwój człowieka, Wydawnictwa Szkolne i Pedagogiczne, Warszawa.
165. Tyszkowa, M., (1977), Aktywność i działalność dzieci i młodzieży, Wydawnictwa Szkolne i Pedagogiczne, Warszawa.
166. Vaillant, G. E., (2007), Pozytywne starzenie się, [in:] P. A. Linley, S. Joseph (eds.), Psychologia pozytywna w praktyce, PWN, Warszawa.
167. Wächtler, C., (2003), Suizid und Suizidalität im höheren Lebensalter [in:] Lehrbuch der Gerontopsychiatrie und-psychotherapie, Thieme Verlag, Stuttgart, New York.
168. Wahl, H.-W., Kruse, A., (2003), Psychological gerontology in Germany: recent findings and societal implications, "Ageing and Society" 23.
169. Waligórska, M., (2009), Prognoza ludności na lata 2008–2035, GUS, Warszawa, p. 150.
170. Wawrzyniak, J., (2009), Aktywność jako wartość i styl życia. Determinanty aktywności w starości, [in:] A. Fabiś, S. Kędziora (eds.), Aktywność społeczna, kulturalna i oświatowa dorosłych, Mysłowice–Zakopane.
171. Wiatrowski, Z., (2009), Dorastanie, dorosłość i starość w kontekście działalności i kariery zawodowej, Radom.
172. Wiśniewska-Roszkowska, K., (1967), Druga i trzecia młodość kobiety, PZWL, Warszawa.
173. Wiśniewska-Roszkowska, K, (1989), Starość jako zadanie, Instytut Wydawniczy Pax, Warszawa.
174. Zawada, A., (2009), Środowisko lokalne w przeciwdziałaniu ekskluzji społecznej osób starszych, "Praca socjalna" 3.
175. Zasępa, A., (2002), Wpływ procesu starzenia się ludności na system emerytalny, [in:] L. Frąckiewicz (ed.), Polska a Europa. Procesy demograficzne u progu XXI wieku. Proces starzenia się ludności Polski i jego społeczne konsekwencje, Wydawnictwo Naukowe Śląsk, Katowice.
176. Zbiegień-Maciąg, L., (1974), Aktywność społeczna w zastosowaniu do badań empirycznych: propozycje definicyjne, "Studia Socjologiczne" 4.
177. Ziemiański, Ś., (2001), Normy żywienia człowieka. Fizjologiczne podstawy, PZWL, Warszawa.
178. Ziębińska, B., (2010), Uniwersytety Trzeciego wieku jako instytucje przeciwdziałające marginalizacji osób starszych, Wydawnictwo Naukowe Śląsk, Katowice.

SELECTED BIBLIOGRAPHY

179. Ziętkowska, M.M., (2008), "Wesołe jest życie staruszka?" Współczesne możliwości i sposoby spędzania wolnego czasu przez osoby w zaawansowanym wieku, [in:] W. Muszyński, M. Sokołowski (eds.), *Homo creator czy homo ludens? Nowe formy aktywności i spędzania czasu wolnego*, Wydawnictwo Adam Marszałek, Toruń.
180. Zych, A.A., (1995), *Człowiek wobec starości. Szkice z gerontologii społecznej*, Interart, Warszawa.
181. Żukowska, Z., (2012), *Osobowościowe i społeczne uwarunkowania aktywności fizycznej ludzi trzeciego wieku*, [in:] J. Nowocien, K. Zuchora K. (eds.), *Aktywność fizyczna i społeczna osób trzeciego wieku*, AWF w Warszawie, Polska Akademia Olimpijska, Fundacja "Centrum Edukacji Olimpijskiej", Warszawa.

Netografia

1. www.dor.com.pl.
2. www.bielskobiala.gazeta.pl.
3. www.portalspozywczy.pl.
4. www.gdynia.policja.gov.pl.
5. Sikora A., Bezpieczny senior w bezpiecznym domu, kwartalnik.csp.edu.pl/portal/kp/77/1433.
6. Stopa bezrobocia w Polsce, www.stst.gov.pl.
7. Sytuacja demograficzna w Polsce, www.stat.gov.pl.

Biographies

Błaszczuk Katarzyna – PhD, MSc in Nursing Institute of Sociology University of Rzeszów. Research interests: problems of health threats of both a unit and a society, social pathology, protection of a child and an adult from hurting, excluding and marginalization and implementation of new forms of interdisciplinary help in solving family problems, especially in crisis situations connected with migrating separation, divorce conflict, taking care of a disabled member of a family, the elder family member and attitude towards death.

Brzezińska Renata – PhD of humanities in the field of pedagogy, senior lecturer of the Pedagogical Department at the Wyższa Szkoła Humanistyczno-Ekonomiczna in Włocławek, certified and career teacher. The author of 4 works: *Uwarunkowania pracy nauczyciela w szkołach niepublicznych wyznaniowych i świeckich* (Wydawnictwo Adam Marszałek, Toruń 2008); *Muzyka i ruch w przedszkolu na cztery pory roku* (MAC Edukacja – Grupa Edukacyjna, Kielce 2011); *Idee angielskiej wolnej szkoły Summerhill w polskich egzemplifikacjach* (Wyższa Szkoła Humanistyczno-Ekonomiczna, Włocławek 2012); *Metoda projektów w pracy nauczyciela przedszkola* (Wyższa Szkoła Humanistyczno-Ekonomiczna, Włocławek, 2013). The author of several articles treating the issues of formation and education of teachers, early education and innovative pedagogy published in magazines "Forum Oświatowe", "Przegląd Badań Edukacyjnych", and "Wychowanie Na Co Dzień". Decorated with a medal of National Council of Education for her outstanding contributions and achievements in the field of education.

Czerwiak Grażyna – is a doctor of medical sciences. She is an employee of the Jan Kochanowski University in Kielce at the Faculty of the Health Sciences, in the Department of Nursing Skills and Labour Organization. Her research interests are: public health, geriatrics, social pathologies.

Bishop Florczyk Marian – is a doctor of social sciences, titular bishop of Limata. In the years 1994–1998 he was the Rector of the Seminary in Kielce. He is an employee of the Jan Ko-

chanowski University in Kielce at the Faculty of Health Sciences at the Department of Social Prevention. His research interests are ethics and catholic social teaching.

Gomółka – Walaszek Izabela – PhD of psychology (developmental and educational psychology). An assistant professor in the Department of Psychology at the Institute of Philosophy, Sociology and Psychology, at the Faculty of Social Sciences of the Academy of Jan Długosz in Częstochowa. An author of numerous publications concerning the determination of determinants of the development of cognitive abilities, in the context of social theories of the human cognitive development. The genetic and social aspect of conditions of development is analysed in the longitudinal research experiments: with the *method of twins*. Scientific Supervisor of the Psychological Scientific Society in AJD.

Górna Joanna – Ph.D in Business and Management studies. Lecturer at the Institute of Education (Faculty of Pedagogy) Jan Długosz University, Częstochowa. Director of The University of the Third Age, Jan Długosz University . Research Interests: The labour market, vocational counselling, lifelong learning.

Jas Katarzyna – PhD, assistant Lecturer in the Institute of Social Pedagogy and Intercultural Education in the Faculty of Ethnology and Education Sciences in Cieszyn of Silesian University in Katowice. Her interests concentrate on geragogy and intercultural education issues. She has also worked as an occupational therapist in a Healthcare Centre. She is a member of the Association for Intercultural Education Support and the Association for Family Support SILOE IN NOBIS.

Jopkiewicz Agata – PhD in pedagogy, the coach in supporting the development of creativity of children, adolescents and adults. Graduated from the Faculty of Education University of Kielce and postgraduate studies at the Faculty of Psychology at the Jagiellonian University in Krakow. Research interests: adulthood, seigniorial age, pedagogical aspects of the aging process, "cognitive ageing", promotion of "cognitive health" among seniors.

Kopczyński Kazimierz – PhD, clinical psychologist, lecturer and suicidologist. He completed the following postgraduate studies: ecology and environmental studies of Lodz University, medical law, bioethics and medical sociology of Warsaw University, geriatrics long-term care studies at Jagiellonian University in Krakow. Senior lecturer at the Jan Kochanowski University in Kielce (at the University' branch in Piotrków Trybunalski). He is an author of many interdisciplinary research articles, including the suicide problem and gerontology. He is member of the Polish Suicidological Society.

Lelonek Magdalena – PhD in Science of Physical Education, tennis coach. Graduated from the Faculty of Physical Education of Academy of Physical Education in Warsaw. Research interests: physical activity, motor fitness, "cognitive ageing" promotion, "cognitive health" among children, youth and seniors.

Lubczyńska Aleksandra – PhD, a lecturer at the Institute of Library Science and Journalism, Jan Kochanowski University in Kielce. Previously, for many years, she was a librarian. The re-

search deals with the movement of the publishing of political parties, regionalism and social role of contemporary libraries. It takes care of the Student Scientific Circle "Ex Libris", whose members cooperate with the Regional Public Library in Kielce.

Majer Ryszard – PhD in social sciences in the field of political science associated with the Department of Social Work of Jan Długosz University in Częstochowa, social Ombudsman for the Elderly project of the Association of Social Work. In the years 2007–2010 Vice-President of the Council of Social Welfare at the Ministry of Labour and Social Policy.

Mandrzejewska-Smół Iwona – PhD, works in the Department of Labour Education and Adult Education at the Faculty of Pedagogy and Psychology, University of Bydgoszcz. Her interests are: career development theory and its practice, youth's education and career choices, vocational education, career counselling, professional development and professional career transformations, as well as chosen aspects of old age and ageing, mainly life style and professional activity undertaken by the elderly.

Palacz Justyna – PhD in pedagogy, works in Wszechnica Świętokrzyska in Kielce. In the field of her scientific interests there is leisure time pedagogy as well as physical activity of different social and age groups.

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Porąbaniec Małgorzata – graduate sociology, specialisation – social work and PhD in the field sociology completed at Jagiellonian University in Cracow. Lecturer in science plant of Social Work and Health Promotion at Jan Kochanowski University and lecturer at Świętokrzyska Academy. She takes the problems of social work, activity of local governments, non-governmental institutions and organization of local environment in the area of prophylactic-aid activity. She undertakes also research on poverty, social exclusion and transmission of poverty.

Przychodni Agnieszka – PhD, works in the Division of Auxology in the Institute of School Education of the Jan Kochanowski University in Kielce (Poland). Her main scientific interest is focused on the research of the ontogenetic variability and differences of the morphological and physical human level referring to the activity of the social-economic factors. Subjects of studies undertaken by her are mainly connected with auxology, physical anthropology and gerontology. She is the author of the monograph "Menopauza w ujęciu biologicznym i społecznym", the contributor of the "Pozytywne wskaźniki zdrowia dzieci i młodzieży kieleckiej" and the author of several publications known internationally.

Rynkowska Dorota – PhD, assistant professor in the Department of Social Policy and Social Work of Institute of Sociology of University of Rzeszow. Scientific and research interests: social assistance and social work, theory and practice of social work, functioning of the elderly within the contemporary system of social assistance.

BIOGRAPHIES

Stawecka Anna – Ph.D. in psychology supervised by prof. Stanisław Popek and defended in the Department of Pedagogy and Psychology of Maria Curie-Skłodowska University in Lublin. She works as an assistant professor at Jan Kochanowski University in Kielce. The psychology of health and the psychology of creativity dominate her academic interests. Her artistic activity includes sculpting, drawing and painting.

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Wilk Marta – PhD, assistant Professor at the Faculty of Pedagogy and Art at Jan Kochanowski University where she teaches Resocialization Pedagogy, Phenomenological Criminology and Crime Prevention. Dr Wilk received her Ph.D from the Nicolaus Copernicus University in Toruń. Her professional interests include social pathologies of contemporary civilization, the resocialization and prevention of social maladjustment.

ISBN 978-83-65148-01-8



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