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Special geragogy in an aging society – needs and possibilities

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Abstract
Due to progression of European societies' aging process the need for treatment, rehabilitation and daily care for an increasing population of disabled persons in older age becomes one of the most important social problems. Special pedagogy has the potential to respond to this issue in its scientific, didactic and vocational domain, by recognizing and meeting the specific needs of older adults with disability. Within its specialty – special geragogy – may deal with effective prevention and improvement of functional disorders in older adults and thus contribute to reducing their negative individual and social consequences. Contemporary problems of aging societies requires from special education to include within its interests the issue of disability on every stage of life. The purpose of this article is to justify the need for development of special geragogy in the area of science, education and practice.

Nowadays, there is an indisputable necessity to adapt education and rehabilitation to meet the needs of children with disabilities, specific to various stages of their lives. Special pedagogy bears almost entire responsibility for supporting their functionally abnormal development. Its scope of interest also includes the needs of people with disabilities in their adulthood, but this refers chiefly to the context of vocational rehabilitation. Little is still known, however, of the specifics of the needs of old age persons with disabilities, as is of ways of responding to them, although such people constitute a majority in the population of persons with disabilities (in Poland it is almost

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60% for ages 55+) (Polish Central Statistical Office, 2003). While the demographic aging of the Polish society has reached an advanced stage, rehabilitation services still largely focus on the needs of the younger rather than older citizens with disabilities.

In reference to the aging of societies, the need for medical, rehabilitative and care services for the population of elderly disabled persons is becoming one of the most crucial social issues. Special pedagogy has the potential to address it in the field of educational and practical activity as well as scientific research, recognising the specific needs of elderly disabled persons and developing effective ways to meet them. Within the specialty of special geragogy it can undertake the issue of effective prevention and improvement of functional disorders connected with advanced age, thereby contributing to the reduction of their negative individual and social consequences. Contemporary problems of aging societies demand for special pedagogy to draw its focus of interest towards disabled persons throughout their life-cycle. The purpose of this article is to justify the need for the development of special geragogy in the fields of science, education and practice.

Need to develop special geragogy in aging societies

Aging of societies is currently a global phenomenon. Every tenth inhabitant of the planet is at least sixty years of age, and it is estimated that by 2050 this age group will be represented by one in five people (Samoraj, 2003). In less than fifty years (2005-2050), the number of Europeans aged 80+ will increase by about 180%, while the number of the youngest age categories (up to 24 years of age) will fall by 44% (Commission of the European Communities 2005). Currently in Poland people aged 65 and above constitute 13% of the population but in twenty years' time this number will increase to 25%. According to Polish Central Statistical Office, in the period 2002–2025 the population of Poles in retirement age will increase by more than 2 million in absolute values (Kowaleski, Pietruszek, 2006).

Increase in proportion of seniors with disabilities

There is a positive correlation between aging and disability (e.g. **Fuchs, Blumstein, Novikov, Walter-Ginzburg, Lyanders, Gindin, Habot, Modan, 1998**), therefore aging of the society leads to an increase in the proportion of seniors with disabilities. According to Polish studies, after reaching the age of 75 years only every fifth person is able to perform daily activities fully independently (Wojszel, Bień, 2001), while British studies show that half of the population of this age group finds it difficult to walk (Coni, Davison, Webster, 1994). The widespread occurrence of disability increases especially among the oldest seniors, which may be illustrated by Polish data: in the age group of 60-69 years disability concerns 38.8%, in the group of 70-79 it increases to 40.6%, while in the group of above 80 years the number reaches 46.5% (Miller, Gębska-Kuczerowska, 1998, pp.18–23). Aging of the population of older people is caused by a rapid growth of the oldest age categories, which is con-

sidered an additional factor accelerating the increase of the proportion of old age citizens with disabilities.

Consequently, old age today is strongly marked by disability, which limits the performance of daily activities. Successful and healthy aging, on the other hand, is experienced by few. Special geragogy may play a part in preventing and improving ability disorders towards independent functioning on a day to day basis in old age. While extension of human life is an achievement of medicine, special geragogy may succeed by improving its quality.

Increase in demand for services aimed at disabled seniors

Aging of the population is accompanied by an increasing demand for services directed to seniors experiencing various disabilities and with specific treatment, care and rehabilitation needs. According to forecasts, healthcare services for seniors are one of the fastest growing segments of the job market in the Unites States (Szukalski, 1998). New facilities, institutions and organisations are being established to provide services for disabled older people. New staff require training in working with clients and patients of this age group. Only professionals working in a field combining the questions of disability and aging have adequate knowledge, skills and tools which enable them to make an accurate diagnosis and effective response to their specific needs. In this case, general gerontological training may prove to be insufficient. Special geragogy may train staff specialising in working with disabled persons in advanced age.

Serious consequences of old age disability

The necessity of focusing the attention of special pedagogy on disabled seniors is by large dictated by severe physical, mental and social consequences of the loss of functional efficiency in their age. The inability to function independently may lead to the development of certain illnesses – for instance physical disability doubles the risk of coronary artery disease regardless of the effect of other risk factors for cardiac dysfunction (Corti, Salive, Guralnik, 1996), but also falling and suffering an injury in consequence (Tinnetti, Speechley, Ginter, 1988). Elderly persons with disabilities are at a higher risk of suffering mental injuries (Ostir, Carlson, Black, Rudkin, Goodwin, Markides, 1999) and developing depression (Gurland, Wilder, Berkman, 1988). A series of accurate studies has shown that functional disability is a serious predictor of mortality (Ferruci, Guralnik, Baroni, 1991; Bernard, Kincade, Konrad, Arcury, Rabiner, Woomert, DeFriese, Ory, 1997; *Reuben, Rubenstein, Hirsch, Hayes, 1992*). It has been found that the risk of death in people with reduced daily functional ability is four to six times lower in comparison with fully able persons(Corti, Salive, Guralnik, Sorkin, 1994).

Disability among old persons also brings serious consequences for their families and the society in general, including those of economic nature. It correlates

with increased costs of healthcare, for instance hospitalisation rate is 2–3 times higher among older persons with a severe or progressive disability in comparison with those who experience it on a much smaller scale or do not experience it at all (Ferrucci, Guralnik, Pahor, Corti, Havlik, 1997). Reduced functional capacity is also related to an increased frequency of medical examinations and health care (Soldo, Manton, 1995; Weiner, Hanley, Clark, Van Nostrand, 1990). It has been calculated that health service costs among seniors with disabilities are three times higher per capita than they are among their fully able peers (Pope, Tarlov, 1991).

Formal and informal care for old age persons with impaired functional capacity is a financial burden for the seniors themselves, but also their family members, especially their adult children, and taxpayers generally. With age, there is a growing demand for care in the area of daily functioning. Polish data show that 8.7% of people in need of care aged 50–59 increases to 60% of seniors in the age group of 80 years and above (Central Statistical Office, 1997). Disability is a major reason for institutionalising seniors (Rubenstein, Josephson, Harker, Miller, Wieland, 1995). It is estimated that in 2000 4.5% of Americans aged 65+ lived in nursing homes. This proportion amounted to 1% of those aged 65–74, 5% of those aged 75–84 and 18% of ages 85+ (Fields, Casper, 2000). The demand for expensive medical, rehabilitation and care services will increase dramatically in parallel with the growing number of disabled old age persons in the society.

Special geragogy broadens the knowledge in the field of preventing old age disability but also offers the possibility of mitigating functional effects of diseases experienced in old age and improving impaired functioning, allowing to extend the period of one's self-reliance, thus avoiding the need to depend on the system of formal and informal assistance.

Functional capacity as a priority among seniors

Medicine focuses on physical disorders but it most often ignores their mental and functional consequences in the sphere of daily activity. This is the case although the patient focuses not so much on the clinical image of experienced illnesses as on their own capacity to perform daily functions. Similarly, special geragogy focuses on the functional capacity of seniors, as it demonstrates a strong, multidimensional impact on their lives. It has been proven that the level of disability is a stronger predictor of mortality than the number of disability causing diseases people suffer from. (Albert, Cattel, 1994). Studies on the relationship of depression and disability have revealed that the former is caused not so much by the experience of the disease as by its impact on one's functioning, impairing their previous capacity of daily self-reliance. Improvement of this functional efficiency leads to a reduction of depression (Von Korff, Ormel, Katon, Lin, 1992, pp. 91–100).

Specificity of old age disability

The specificity of old age disability stems from a different physical, psychological or social situation of people at this particular stage of life and it requires adequate education and rehabilitation, which special geragogy largely focuses on. It is rare among older patients that only one disorder is responsible for their disability. It usually coexists with other health problems – according to Polish statistics, seniors suffer from 3.5 more diseases compared with 1.8 of the general population in the country (Central Statistical Office, 1997). Multiple co-morbidities, specific to old age, cause functional effects of individual diseases to interact with one another and deepen the functional disability. Numerous diseases reduce the person's compensational capacity, e.g. an impairment of the locomotor system, such as sore wrist joints, additional to damaged eyesight forces a modification of methodology of learning to move about with a white stick and using a magnifying glass or points to the need of adapting the necessary equipment.

In old age, the common causes of disability are gradual and often painless progressions of chronic conditions (Jette, 1996, pp. 94-116), which in subjective reception makes the disability difficult to identify. This results in a necessity for objective preventive performance tests among advanced age patients in order to detect potential disorders remaining beyond their subjective awareness, as well as implement appropriate medical and rehabilitation treatments. Special geragogy may play a significant part in the development of a functional disorder early detection system in geriatric population.

Another characteristic feature of old age disability is an overlapping of pathological changes with those occurring naturally for this age group in the sphere of biology, psychology and social life. The impact of the loss of functional capacity is regarded in the context of other losses associated with old age, e.g. health, spouse, social position, career, etc. and is therefore experienced more acutely. The difficulties of old age patients resulting from experienced diseases and their age are complex in character and require comprehensive and old-age specific rehabilitation developed within special geragogy.

Insignificant proportion of seniors with a disability in rehabilitation

The impulse for developing special geragogy as an area dedicated to improving seniors' capabilities should be spurred by their minimal involvement in rehabilitation. The disproportion between an objective need for rehabilitation among seniors with disabilities and their real involvement in the process of improvement is enormous. Statistics state that 80% of older persons neither see the indications nor the need for rehabilitation, despite the frequent occurrence of diseases limiting their functional capacity (Wojszel, 1997). According to own research, only 10% of seniors suffering from blindness or vision impairment expressed their will to participate in formal rehabilitation, despite objective indications for improvement for 100% of

participants (Kilian, 2007, pp. 200–211). For example, although old age persons constitute the largest age group in the population of blind and visually impaired people (reaching 70%) (Carter, 1994, pp. 37–45), only a few percent of them use rehabilitation services provided for people with visual disabilities, e.g. 1% in New York (Lighthouse Research Institute, 1995)[2], or 5% in Radom (Kilian, 2007).

Older people do not visit specialist medical or rehabilitation facilities after noticing lesions, even significant at times, as they consider them natural consequences of aging. There is a stereotypical belief according to which injuries and disabilities acquired with age are inevitable while medical and rehabilitation treatments – ineffective. Seniors with disabilities often do not use rehabilitation services also because they are unaware of their existence and availability to old age patients (Young, 1996). Special geragogy can fill this information gap on the didactic, professional and practical level and so contribute to increased participation of seniors with disabilities in rehabilitation and, consequently, in improving their functional capacity.

The phenomenon of ageism

The development of special geragogy is essential due to a strong phenomenon of ageism and discrimination of old age persons. In the field of rehabilitation, this can be manifested by lacks in adapting the rehabilitation system, its techniques and working methods to the specific needs and capabilities old age persons have, sometimes not noticing those needs or even dismissing them with full awareness (Kilian, 2004, pp. 125–128). The scale of flaws in this field, noticeable also outside Poland, may be illustrated by the following data: two of three older Americans die with a disability that could be avoided by providing adequate support and treatment (Williams, 1986). Ageism may be responsible for an opinion shared by some doctors that pathological changes occurring with age are synonymous to natural changes, which in turn may result in negligence in the area of prevention, diagnosis and treatment of diseases, as well as rehabilitation, considering them pointless. Stereotypical beliefs expressed by medical and rehabilitation staff, as well as social workers, may lead to conscious discriminatory behaviours towards senior patients, e.g. by excluding them from rehabilitation solely for the reason of their old age (Kilian, 2007).

Ageism attitude towards this age group may also be expressed by seniors themselves, which can result in e.g. reduced self-esteem, lower expectations of life and quality of received medical and rehabilitation services (Kilian, 2004). Old age disability is accepted as a normal and inevitable situation, while seeking rehabilitation or claiming one's rights in this matter is seen as unjustified.

A lack of sub-disciplines concerning old age, including the area of special pedagogy, may also be seen as an example of ageism in the sphere of science and educa-

[2] Lighthouse Research Institute, 1995, *The Lighthouse national survey in vision loss: The experience, attitudes and knowledge of middle-aged and older Americans,* The Lighthouse, New York.

tion. Through its research and didactic activity, special geragogy corrects the stereotypical image of old age and an ageist attitude present in the society. It describes real capabilities and needs of the oldest generation, allowing planning of effective actions in the area of rehabilitation. With didactic and professional potential, it can have a significant part in eliminating stereotypical limitations among students, seniors and specialists working with them.

Social morality

The need for the development of special geragogy can also be justified from the perspective of social morality. Students and specialists working with old age persons should apply specific ethical principles, such as respecting the autonomy of seniors and their right to decide for themselves (Schwiebert, Myers, Dice, 2000). Older persons, especially those burdened with a disability, constitute a group that does not demand their rights and services to be adapted to their needs and capabilities, which makes the latter non-existent in social awareness (Kilian, 2007). In the age of the cult of youth voices demanding the rights of seniors with disabilities to be respected are barely heard. Pope John Paul II taught of an attitude of the society towards the weakest, including elders as a testimony of spiritual culture of the nation (Jan Paweł II, 1997). In this view, the development of special geragogy becomes a moral obligation of modern aging societies (Zych, Kalata-Witusiak, 2006).

Possibilities of developing special geragogy in aging societies

The development of special geragogy is possible by undertaking coordinated and interdependent activities in the fields of science, education and vocational practice. Progress of science leads to training highly qualified specialists, setting the foundation for the development of professional work, which in turn gives space for research activities that stimulate the advancement of science. Special geragogy has been created to promote efficient functioning of aging individuals and societies and it has the competence to respond to their needs having at its disposal a wealth of scientific achievement gained through research, transferred within the educational system and implemented in professional work.

Special geragogy as a science

Gerontology is an umbrella term covering many fields of science that address the topic of aging, old age and old age persons from their own perspective. It is derived from the Greek words *geron* – old man and *logos* – study of. The World Health Organisation recognises gerontology as a separate scientific discipline that encompasses in an interdisciplinary manner all aspects of aging: medical, biological, psychological, economic and environmental (WHO 2004). It is a platform that cohesively integrates scientific achievement in the area of human aging. It stresses the need to conduct

studies of old age persons as a separate group, physically, psychologically, mentally, spiritually, socially, professionally or functionally specific.

Apart from gerontology, there is no other field of science attempting to gather comprehensive knowledge about a specific stage of human life in all its dimensions. Pedagogy or andragogy are solely concerned with the educational aspect of a child's or adult's life, while other areas are left to other disciplines, e.g. health issues are regarded by medicine. In gerontology on the other hand, the subject of education is present within the sub-discipline of geragogy. It is therefore justified to say that the thematic scope of geragogy is significantly broader than it is in pedagogy. The difference lies in the fact that the various child sciences, e.g. pedagogy, child psychology or paediatrics are not organised under one common name, as is the case with geragogy and old age persons, but on the other hand, separate sections of gerontology, like geriatrics, geragogy (education of old age persons) or special geragogy (special education of old age persons) are not as extensive and child sciences are.

There is an increasing interest among pedagogical sciences in issues related to the life of an old age person. Since E. Erikson and his theory of personality development (Erikson, Erikson, 1997), there has been a substantial increase in the awareness of multi-faceted human development throughout entire life. It has been recognised that a human being has specific needs and capabilities at various stages of life. Therefore, a question is asked – why should not pedagogy accompany man throughout the whole cycle of development? Why does it focus only on childhood and adolescence, limiting adult life mainly to professional work and leaving people when they reach old age? Geragogy, working within pedagogy can assist them in their development at the next, advanced stage of life. According to Zofia Szarota: "As a science of human education, pedagogy is faced with problems of an aging society." (Szarota, 1999, p. 13). In her opinion, seniors are in need of geragogical support and pedagogy graduates should have a pedagogical approach and interact adequately with people of all ages. She suggests that pedagogy covers issues from all stages of human life according to the following divisions: paidagogy (childhood), hebagogy (adolescence), andragogy (adult life), geragogy (old age) (Szarota, 1999).

Pedagogy, which takes particular interest in the human being during childhood, is in its educational competence required to respond to his changing functional capacity at every stage of his life. If the purpose of pedagogy is to prepare people to live independently, this aim remains unchanged when their functional capacity is reduced in older age. Special geragogy serves to support seniors in their effective adaptation to the changing bio-psychosocial capabilities and needs, and functional capacity. This can be done through science, education and professional practice.

As special geragogy deals with old age persons with disabilities, it combines the subjects of aging and disability. It sets out common ground in terms of research, education and practice for scientific disciplines and areas that refer to the process of aging and disability (Kilian, 2009). As an interdisciplinary field it borrows from gerago-

gy (education of old age persons) and special pedagogy (education and rehabilitation of disabled persons), but also from geriatrics (e.g. clinical image of old age diseases), architecture (e.g. designing for older people, also with disabilities), technology (e.g. rehabilitation equipment), social work (e.g. daily care for older people), psychology (e.g. difficult situations in old age), and others. Without interdisciplinary cooperation in the field of old age disability and rehabilitation every individual discipline will set aims for their actions in isolation and will also bear individual responsibility for their achievement. Cooperation developed in many scientific disciplines will ensure a holistic approach towards a treated and rehabilitated patient.

Development of special geragogy should follow its theoretical and empirical foundations in parallel with performing educational activities and acting for the benefit of their practical application. It is worth considering to increase the number and scope of studies aiming to recognise the needs of seniors with disabilities. It is a matter of great importance to initiate and develop cooperation between rehabilitation centres and research centres in terms of practical application and verification of scientific achievement, but also – to inspire science with issues developing in rehabilitation practice (Kilian, 2009). It is to be hoped that the current development of gerontology in academic systems, forced by market demand for professionals trained to work with old age persons, shall stimulate the advancement of scientific research also in the area of old age disability and shape special geragogy as a science.

Special geragogy in the system of education

Considering the target group, education concerning aging can be divided into:

– educational gerontology (education for aging), education of seniors (geragogy),

– gerontological education (education in aging), training staff to work with seniors,

– education of the whole aging society about their own old age (education about aging), training within the framework of social education.

This division shows the extent of education about aging, old age and old age persons. It refers to constant education of seniors themselves, training of professionals to work with them and educating of the whole society which is subject to the aging process. Such wide target group shows the universal dimension of education about aging and the importance of the tasks it faces.

Gerontological education can be divided into:

– education of students intending to work with seniors and

– education of professionals currently working with older persons but lacking substantial training in this field.

Another division currently acknowledged refers to education:

– certified (ending with receiving a diploma) and

– non-certified, taking the form of typical practical trainings.

The training of professionals to work with old age people may take form of a course: a holiday, weekend, evening course, as well as on-campus and off-campus education (eg. *e-learning*). The experience of foreign academic centres shows that distance learning has the largest application (Friedsam, 1995, pp. 46–50). This form of education is worth implementing especially within the framework of continuous education among professionals already working with seniors with disabilities.

A significant proportion of specialists working with seniors has not undergone gerontological training and exhibits serious deficiencies in this area (e.g. Scharlach, Simon, Dal Santo, 2002; Kressley, Huebschmann, 2002). In most cases, at the planning stage of their educational path they did not expect they would be working with old age persons in the future. Now, in order to perform their professional duties in competent manner, they need gerontological education which attracts increased interest, as the staff itself is aging, as has been shown. (Friedsam, 1995).

Gerontological education, also within the framework of special geragogy, can be organised according to the adopted model:

– An integrated model, where gerontological information is contained in curricula of various subjects, e.g. spatial design according to the needs of seniors at architecture and legal issues concerning pensions at law and economics.

– A separated model, which contains strictly gerontological subjects, focusing on issues specific to old age persons.

– A focused model, where several gerontological subjects are taught at a given department, e.g. at the Faculty of Education at Warsaw's Cardinal Stefan Wyszyński University (CSWU) the following subjects are offered: social gerontology, methods of working with seniors, basics of rehabilitation in old age, education in old age.

– An interdisciplinary model, where gerontological subjects are taught by different departments, e.g. care for seniors – social work, aging of societies – sociology, psychology of aging – psychology, etc. gerontology, by its very nature, is an interdisciplinary science, which enables the implementation of this model.

– A specialisation model, where gerontological content is limited within the framework of a specialisation at the given faculty, e.g. special geragogy in the field of special education, at CSWU's Faculty of Education.

– A course model – gerontology as a course of studies at the given faculty.

The question of whether there is a demand for gerontological specialisations that lead to an isolation of the topic of aging from the curriculum remains unanswered. Specialisation offers thorough gerontological studies, but only chosen by a limited number of students. A similar case is with separate gerontological subjects. As a result, when choosing a model of specialisation, a large group of graduates ends their studies with limited or no gerontological knowledge. For this reason, it is recommended that gerontological content is not only present within additional (optional) subjects, but also within compulsory courses. Since seniors account for nearly half of the population of people with disabilities (Central Statistical Office, 2003) the likeli-

hood that a special educator comes into contact with an older person with a disability in their professional life is very high. For this reason alone, even those students who do not intend to specialise in working with seniors require gerontological knowledge.

Gerontology and its sub-disciplines can be taught at first, second and third degree studies, as well as postgraduate courses. It must be determined whether the given model of gerontological education should be implemented into the studies of first or second degree, or maybe both, but also to what extent. Should special geragogy, which combines contents of both special education and gerontology, be included in special pedagogy studies or maybe special education topics should be included in the area of gerontological studies? On the basis of which of the sciences should this interdisciplinary specialisation be developed? Gerontological studies certainly require basic knowledge of disability in old age, but on the other hand, it is necessary to educate special teachers competent in working with disabled seniors.

Any curricular changes at universities can only be performed by fully aware and competent scientific and teaching staff. For academic education to initiate and promote gerontological education as specialised as is in the case of special geragogy, it must be equipped with relevant scientific and didactic potential. Therefore, educating professionals to work with disabled seniors should begin with educating scientific and teaching staff themselves.

Special geragogy in practice

In institutional practice areas of aging and disability function separately. The area responsible for supporting seniors lacks competence for supporting people with disabilities, and the sector responsible for assisting people with disabilities is not competent in the field of old age and aging. Both of these sectors perceive disabled seniors as a group with special needs, which they are not able to respond to. In order for old age persons to receive holistic services which meet their specific needs, it is essential to develop cooperation between the system caring for seniors and one helping people with disabilities. Special geragogy can be such common area within the framework of research, education and professional practice (Kilian, 2009).

Rehabilitation of older people requires interdisciplinary cooperation. No single discipline may offer services which comprehensively respond to the complex needs of older patients with disabilities. On practical level, special geragogy can cooperate with specialists from various fields: doctors, psychologists, physiotherapists, social workers, occupational therapists, cultural animators, teachers, etc. It can outline specific areas for interdisciplinary activities of teams of specialists involved in rehabilitation of the oldest generation of disabled people. Thanks to special geragogy it is possible to develop synergy between experts from given fields and the world of science in the advancement of new procedures and rehabilitation equipment designed for patients with special needs, in creating theories and implementing them into rehabilitation practice (Kilian, 2009)

The thematic scope of gerontology refers to the final stage of human life and as such regards all people subject to the process of aging. The thematic scope of special geragogy extends over the area of rehabilitative and educational interventions on seniors with disabilities. Special geragogy can act on behalf of the society as a whole in terms of prevention of diseases and disability in old age. Its target group should not only be recognised in members of the oldest generation and professionals working with them, but also in their families and caregivers, as well as the whole society supported in the process of successful aging in demographic and individual terms.

Special geragogy allows early detection, diagnosis and intervention in reducing the effects of disability in old age. Broadly speaking, its aim is to improve the daily functional capacity of seniors. On the practical level it has the expertise to respond to specific bio-psychosocial and functional needs of seniors with disabilities. It is closely linked to the practical dimension of life and is focused on developing professional work. Its scientific and educational activity is designed to improve the quality of life of older people, their families and the society as a whole.

Currently, it is considered that gerontology meets the criteria for a scientific discipline (Bass, Ferraro 2000). It is yet to be determined to what extent gerontology as a discipline has already entered into a phase of developing as a profession. It seems that the dynamic development of its own expertise in the field of training and education of professionals indicates its beginning as such. On the other hand, a lack of communication between gerontological education and scientific and practical activity, as well as strong disparities in the development of gerontology in academic systems in various countries (Derejczyk, Bień, Kokoszka-Paszkot, Szczygieł, 2008), allow to define the phase of its professionalisation as very early. There is no doubt, however, that an increasing market demand in aging societies for professionals competent to work with seniors with disabilities will force academic centres to acknowledge teaching in the field of special geragogy realised within special pedagogy, but also within gerontology, which in turn will help strengthen its research and scientific capacity.

Conclusion

The urgency for the development of special geragogy is amplified by the dynamic and global process of aging of societies, the increase of the percentage of older persons with disabilities and the demand for services responding to their specific bio-psychosocial and functional needs and capacities. Serious individual, family and social costs of loss of ability in old age are also not without significance, especially financial, in terms of care and treatment. On the one hand, there are deep and common consequences of disability in old age, but on the other hand – minimal involvement of disabled seniors in activities aiming at improving their impaired functionality. Such strong and growing social demand for supporting disabled seniors calls for development of special geragogy as a sub-discipline of special pedagogy in the areas

of science, education and professional practice. The need to outline a specialisation devoted entirely to disabled seniors is also motivated by the phenomenon of ageism present in aging societies and discrimination of persons with disabilities. Special geragogy highlights the issues of professional ethics and its development may be perceived in the category of social morality.

Being a young science, gerontology is at a stage of intensive shaping of its own theoretical, educational and professional foundations which form the basis for the development of its sub-disciplines, including one devoted to old age persons with disabilities. On the other hand, special geragogy, as an interdisciplinary science, emerges within special pedagogy which ever more frequently notices the large population of old age persons with disabilities, whose needs are no longer solely their own private matter as a result of ongoing demographical changes. Special geragogy in concerned with the prevention of disability in old age and improvement of impaired functionality at this stage of life and is becoming an object of ever bigger interest from scientists, professionals, teachers, office clerks and politicians, and also, importantly, seniors themselves. It is close to all who, without exception, are subject to the process of aging. Its development in scientific, educational and practical dimensions lies therefore in the interest of every individual and the society as a whole.

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