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Present – Absent
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Edited by
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One of the many challenges which modern societies have to face is the ageing of the population. A growing number of elderly implies numerous consequences in the macro-, mezzo- and micro-social dimension. The modern features of societal ageing include feminization, singularization and longevity.

Authors writing about the subject stress that family has always played a special, significant role in all phases of human life. Family members' duties towards each other are based more on emotional attachments than on custom or legal regulation. The elderly have a different perception of the family than adults. For them the word family has two distinct meanings – an elderly couple and their independent children with their families, sometimes also adult grandchildren. In respect to the first meaning they want to live together as long as possible. The successes of their children and grandchildren are a source of happiness for the elderly parents, but it is also dependent on the respect they are shown by their children. It is important to be able to rely on one's family in need (Halicki 2010).

However, in modern society, alongside from families consisting of a married couple (with or without children) and single person families, there are also those formed by cohabiting couples, reconstructed families, or LAT couples, where partners live separately (Szweda-Lewandowska 2016, p. 31). The demise of the multigenerational family means that adult children are now less likely to live with their parents and grandparents. PolSenior research indicates that ca. 50% of men and women live alone or only with their spouse – i.e. in a single generation household, while 22% of men and women live in two generation families. Men usually live with their wives while women are equally likely to live with their children or with their husbands and children. PolSenior research also indicates that the older people get the more their family circle contracts. This process of contracting social relations is not only connected to biological factors: disease, death in the family, or limited fitness, but also with con-

flicts within the family, or its dispersal (Szatur-Jaworska 2012, pp. 419–448). In view of this, it seems reasonable that friends can become one's family of choice. Children grow up and leave the home, partners come and go, while good friends are a source of support throughout one's life (Czekanowski 2002, pp. 140–172).

From the point of view of modern gerontology, co-dependence in a generational family is the optimal situation, which facilitates the fulfilment of psycho-social needs of both generations. In the Polish family model family members are the elderly's main carers. Regardless of where the elderly live (rural/urban areas) the family is still where they receive support and care and seek fulfilment of emotional and social needs (Halicka 2006, pp. 242–254). Help and care from the family are considered a traditional and natural attitude in Poland, a time honoured obligation. However, the modern society is not always gracious towards the elderly, who, despite their age, are still part of a family. How present are they and in what ways? What facilitates the development of relations in the family and what hinders it? How engaged are the elderly in building social relations. The next issue of *Exlibris Biblioteka Gerontologii Społecznej* (*Polish Journal of Social Gerontology*) is devoted to the family, which bears the brunt of the consequences of societal ageing and is the main source of support to the elderly. We hope that readers will be interested in this publication and find its content useful both for themselves and for the whole family.

Małgorzata Halicka
Jerzy Halicki

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ARTICLES

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Marie Beaulieu[2]

Social work with older adults and their families in Québec (Canada)

Keywords: social work, older adults, families, Québec/Canada, non-profit organizations, public health and social services

Abstract
In Québec, one of Canada's 10 provinces, 26% of the population will be over 65 in 2031. No country can escape the new challenges and the issues resulting from population aging in different areas including that of social work with older adults and their families. This article has two objectives: a) to describe gerontological social work in non-profit organizations (NPOs) as well as in the public sector (Public Health and Social Services, PHSS); b) raise the issues and the challenges of this practice which is in constant evolution. The article first situates the context of social work in Québec, then describes gerontological social work and the issues and challenges faced in working with older adults and their families.

Introduction

Population aging is a world-wide phenomenon (World Health Organization, 2016) which has an impact on the organization of policies and of services to the population. No country can escape from the new challenges and the issues resulting from population aging in different areas including social work with older adults and their families. In Québec, one of Canada's 10 provinces, demographic aging is already having an influence on practices and will continue to do so for the next 15 years, or until

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2031 when 26% of the population will be 65 or older (Institut de la statistique du Québec, 2013). Québec statistical data from 2013 indicate that the number of people 100 or older more than doubled between 2002 and 2014, the result of an increase in life expectancy to 80.2 years for men and 84.1 for women (Famille Québec, 2015). The fact that there are more and more centenarians reveals the extent to which different generations of older adults may have lived through different historical events, with the result that they may have particular needs or make different demands for services.

> More than ever, today's and tomorrow's social workers will have to respond to the needs of a heterogeneous elderly clientele, whether with respect to age (from 65 to more than 100 years old), to sex (many more women than men particularly among octogenarians and older), to education, to income, to state of health, to place of residence, to family relations or to generational group (translated from Pelletier et Beaulieu, 2016, p.135).

Two distinct groups of older adults may be accompanied by social workers. First there are those who have received services since their childhood, adolescence or as young adults or adults. Their need for support, accompaniment and assistance continues as they age. For them, social work is a continuum. For others, social work is a new reality associated with aging. In addition, today's social workers must rise to the challenges and confront the issues involved in practising with older adults living in difficult situations of mistreatment, self neglect, homelessness, substance abuse, or related to the fact that a person is an immigrant not speaking the language of the host country, a refugee, Gay/Lesbian/Bisexual/Transgender, suffers from mental health problems, has Down Syndrome, or has a mental deficiency. In short, the panoply of social problems is vast and some older adults are dealing with more than one simultaneously. Whether in the continuity of an existing situation or the appearance of a problem, the systemic approaches of social work require interventions not only with the older adults concerned but also with their families.

This article has two objectives: a) to describe gerontological social work in non-profit organizations in Québec (non-profits) as well as in the public sector (Public Health and Social Services (PHSS)); b) raise the issues and the challenges of this practice which is in constant evolution. Gerontological social work leads to working with older adults and their family members[3] who sometimes live with anxiety, insecurity and ignorance in the face of the bio-psychosocial changes affecting the life of an older adult. Family members also search for or face a lack of accessibility to different services and they can feel the real or imagined pressures from various practitioners with regard to the role they must play with the older adult. The article, rooted in the Québec context, begins with a brief description of the context of social work followed by

[3] Here the family is used in the larger sense including blood and conjugal relations, family caregivers and all other significant relationships which the older adult has.

a presentation of gerontological social work specific to professionals who hold a social work title (practice permit) and the issues and challenges of this practice with older adults and their families. Although gerontological psychosocial interventions may be made by professionals from different disciplines in the helping professions (psychologists, psycho-educators, social workers or social assistance technicians, etc.) this article concentrates on the practice specific to social workers recognized by the Professional Order of Social Workers and Marital and Family Therapists (*l'Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec (OTSTCFQ)).*

The context of the practice of social work in Québec

Social work as a profession

> In Québec, the profession of social worker is regulated by the province's Professional Code which gives the Order [OTSTCFQ] the mandate to ensure the protection of the public through the control and the exercise of the profession and to ensure the competence of its members, notably by ensuring that each person who submits a request for admission possesses the training or the diplomas required for the delivery of their permit and their inscription into the list of members (translated from OTSTCFQ, 2016, p.1).

The title of social worker is reserved to members of the OTSTCFQ who possess an appropriate knowledge of the French language and who have successfully completed a bachelor's or a master's degree in social work, have a legal authorisation to exercise this profession in another Canadian province (with certain requirements), hold a French state diploma as an assistant in social work (obtained in France) or have obtained recognition of the equivalence of a diploma or training (OTSTCFQ, 2016). Among the professional acts reserved with the OTSTCFQ, two apply specifically to gerontological social work, namely: «Evaluate a person presenting a mental or neuropsychological trouble as determined by diagnosis or by an evaluation made by a qualified professional» and «Proceed with the psychosocial evaluation of a person within the framework of a regime for the safeguarding and protection of adults or of a mandate given in case of the incapacity of the person». In addition to these two reserved acts, social workers fill many functions and accomplish many tasks which will be described in section 3.2.

The organization of social services in Québec

Canada is a confederation consisting of a federal government as well as governments in each of its 3 territories and 10 provinces. In Beveridgian[4] systems, medical services are dispensed without direct charge to all legal residents (Observatoire

[4] An assistance approach for every person in need based on 3 principles: universality, uniformity and unity of the system.

de l'administration publique, 2006). There is therefore public coverage, a universal social right, and an assurance of a certain level of security and well-being of the population, often designated by the term «providential state», which is expressed through policies of support to income[5], health, education and support to the family (Université de Sherbrooke, 2016). Because of the diversity of laws, programmes and practices among the provinces and territories, our text focuses on gerontological social work in Québec, the second most populous province in Canada with its 8.4 million inhabitants.

Description of gerontological social work

The role of the gerontological social worker in Québec, as with social workers serving any other clientele, differs considerably depending on the practice milieu. This article pertains to social work with a community orientation in the PHSS as well as in non-profit organizations and clinical gerontological social work in the PHSS.

Gerontological social work with a community organization focus

In Québec, the expression «community-oriented social work» can designate two different types of practice, namely: 1) community organisation work and 2) intervention in the context of a non-profit. The role of the community-oriented social worker is to reduce social inequalities in the local community or territory, to promote social justice and to support positive social change, all to the extent possible.

Community organization social work

Within the PHSSs, the social worker who occupies a community organizer function adopts one or several modes of action: 1) socioeconomic, with the goal of promoting the economic and social self-development of the milieu; 2) sociopolitical, to resolve social problems through the defense and the promotion of rights; 3) institutional, to resolve problems through local intervention, and 4) socio-community, to organize mutual self-help among fragile individuals and groups (translated from Service d'action communautaire (SAC), 2009). The community organizer, in his or her functions, assumes many roles: analysis, animation, communication, collaboration, training, mobilization, organization, planning, research and teaching, representation and counselling (SAC, 2009). He is called upon to act in six different distinct areas, namely: 1) to identify the problems in the milieu; 2) to work to sensitize and raise awareness in the milieu; 3) to support existing resources; 4) to create new resources or new services; 5) to work to mobilize the resources of the milieu and to promote collaboration among them, and finally 6) to undertake political action (SAC, 2009).

[5] In Canada, every individual receives a fixed monthly amount starting at age 65, whether or not he benefits from a pension plan from previous employment or from investments made in preparation for retirement.

Intervention in non-profit organizations (NPOs)

Community social work within a NPO is frequently oriented towards a specific action such as the struggle against the mistreatment of older adults, the struggle against poverty, the struggle against family and social isolation, the defence of rights, access to housing, etc. Gerontological social workers with such precise intentions must know the elderly clientele they serve very well and must be well acquainted with the problems as well as the different resources available in their region whether they are to be found within their organization, in other NPOs, in the PHSS or in private services. They must offer specific services to family caregivers and to family members. While there is no consensus on the definition of family caregiver, many authors and organizations tend toward the same characteristics. Our definition of a family caregiver is inspired by that of Caron and Ducharme (2007), namely that of any individual (family member, friend, neighbour, etc.) who supports, assists and takes care of an older adult in a non-professional capacity. This definition reflects the choice of certain older adults who have family but prefer to be supported by persons who are very significant to them through interpersonal relations other than those of blood or marriage. Faced with the emergence of a new concept of family relations, social workers must be open-minded and not limit themselves to the narrowly-defined family.

In Québec, many NPOs, each offering a specialized service, are aimed particularly at family caregivers such that any person with ties to an older adult who needs information, support or assistance will have access to services. Working in a NPO gives the social worker great latitude of thought and action, a space where creativity can be used, while maintaining the goal of making a difference for their elderly clientele as well as the families who accompany them. Given their financial precariousness, many non-profits concentrate on voluntary activity; this require the social worker to manage volunteers (recruitment, training, supervision, motivation and recognition) in order to make the best match possible between a volunteer and an older adult. In addition, given their financial precariousness, many community organizations are not able to hire social workers with university diplomas or to keep them. Thus their staff are often people with technical-level diplomas (e.g. social assitance technicians or special education technicians). Community work is essential for the elderly clientele, for family caregivers, for family members and for all other significant persons in the life of the older adult.

Clinical gerontological social work

Clinical gerontological social work in the context of the PHSS is practised in various milieus, such as the living situation (either the home of the older adult – conventional house, residence for the elderly, housing cooperative, etc. or milieus for the evaluation of the medical state and functional autonomy – the hospital, a functional re-adaptation unit, a geriatric short-term stay unit, etc.) and various temporary or long-term placements.

As the functions and tasks of social workers vary according to the practice milieu, the following table shows them separately.

Regardless of the milieu in which the social worker practises, he must always do a psychosocial evaluation of the older adult as well as prepare an intervention plan. In placement or re-adaptation situations, interventions are more specific depending on the intended person(s), whether the older adult or the family.

The issues and the challenges of gerontological social work

Financing NPO's and PHSSs

Since the early 2000s, the relationship between the state and NPO's has changed and deviates more and more from the so-called «co-construction» principle, that is to say the sharing of knowledge and of practices, towards a relationship centred on sub-contracting, co-existence or complementariness (Depelteau, Fortier et Hébert, 2013). This new relationship leads the state to consider NPO's as providers of services and makes their financing more difficult, whether it comes from the federal or provincial government, from the municipality, from the school commission or the school, from United Way[6], from private financing or from self-financing (financing activities, membership fees, fees for certain activities). The state or the funder (often present in instances of collaboration where members meet with the goal of being informed or consulted about a political, economic or social problem with a view to taking a common decision (Government of Québec, 2016)) have an influence on the practices of the community milieu with a management model which increases accountability requirements, that is the obligation to prove results, to examine them and to assume responsibility for them, and an increase in evaluation procedures (Depeltau, Fortier et Hébert, 2013). With all these management modifications, people working in these organizations say they feel subjected to a private sector mentality and increased bureaucratisation within their organizations, that their original mission is menaced and that working conditions are deteriorating (Depeltau, Fortier et Hébert, 2013). Financing for NPO's is more and more difficult to obtain while conditions (accountability and evaluation) are more constraining.

Parallel to these difficulties for non-profits, the services offered by the PHSS for older adults and their families do not respond well to their needs. These services are complementary to community resources. It may become difficult for social workers to find adequate services to offer to their clientele given that the current logic behind public services in Québec is based on a basket of services rather than on the specific needs of older adults and their families (Carrier, Morin, Garon, Lambert, Gerber et Beaudoin, 2013). Social actors find themselves in a system where public services do not always correspond to needs and where community services are often unstable (depending on whether they receive grants or not).

[6] An independent philanthropic organization which raises funds and redistributes them to non-profit organizations.

Table 1. Functions and tasks of social workers according to the practice milieu specific to gerontological social work

Milieu	Functions	Tasks
At home	1) Psychosocial Intervention	• «Intake (reception of the request for service, orientation or reference, emergency intervention). • Psychosocial evaluation (identification of the psychosocial needs of the clientele; analysis of the social functioning of various members of the systems involved; analysis of the interactions between the systems involved; evaluation of the capacity for change; professional opinion; elaboration of an intervention plan using a structured process and negotiated with the concerned client). • Implementation of the intervention plan (individual interviews, interviews with the couple, the family or other groups, depending on the needs and based on a relationship of confidence and on the constructive utilization of this relationship; reference to appropriate resources; defence of clients' rights); • Planning for the end of the intervention» (translated from Ordre professionnel des travailleurs sociaux du Québec (OPTSQ), 1997, p.4 et 5).
	2) Mobilization and the creation of resources. 3) Liaison with the resources or with partners. 4) Planning and coordination of programmes. 5) Representation to improve or develop social policy. 6) Elaboration or participation in research projects. (translated from OPTSQ, 1997, p. 4 & 5).	

	7) Case Management	• «Evaluation of the client's situation and needs (through the collection of essential subjective and objective data; by the analysis of data, observations, and forming a professional opinion). • Planning of services appropriate to the needs (identifies all priority needs with the client and his family caregivers; ensures that the active participation of the client is obtained, taking into consideration his capacities and limitations; tries to obtain the collaboration of the network of family caregivers of the client; determines the services to be dispensed to the client and by which partners (public, community-based or private); facilitates the setting up of services within the required delay; looks for alternatives in case an appropriate resource is not available. • Negotiation of services and of access to resources. • Coordination of services, implementation. • Monitoring and clinical follow-up. • Defense of the clients' rights (ensuring that the client (and those close to him) obtain all necessary information about the individualized service plan and the services to which he may have access; taking care to obtain the free and informed consent of the client throughout the follow-up process; respecting the confidentiality of information about the private life of the client and being sure it is respected as needed, favouring the empowerment of the client; representing the interests of the client and acting in his favour with various institutions). • Re-evaluation of the client's situation» (translated from OPTSQ, 2006, p. 12-13-14)

In placement (intermediate resources or long-term care centres)	«Intervention at the level of the social functioning of individuals , notably at the level of interactions between them and their environment, that is to say their substitute life milieu, their family and those close to them with the goal of ensuring the optimal development of their affective, social and spiritual capacities and to maintain or improve their quality of life. (translated from OPTSQ, 1998, p.8)	**With the placed older adult:** • «At the pre-admission phase, psychological preparation of the person and those close to him. • Psychosocial evaluation of the person at his arrival (at the placement site). • Elaboration of an intervention plan according to the person's needs and expectations, and according to the services offered. • Follow-up or psychosocial treatment of the person with respect to his difficulty adapting, his behaviour, his affective state, his relations with those close to him or with other persons living in the institution or with the staff. • As needed, specific evaluation with the intention of opening a protection regime or homologating a mandate in case of incapacity. • Transfer to another substitute life milieu if needed. • Support in the last stages of life. **With the family and those close to the older adult:** • Psychosocial evaluation of the capacities and the needs of the family and those close to the person in relation to the situation of the placed person. • Mobilization of the family with respect to the placed person. • Support to those close to the person regarding the person's reduced independence. • Transmission of various information, while respecting the notion of confidentiality. • Support in accompanying the person in the final stages of life» (translated from OPTSQ, 1998, p. 8-9)

In a hospital setting	«Intervention with the client or those close to him and with members of the care team or with administrative authorities, depending on the impacts of the disease with the goal of returning to health or maintaining it» (translated from OPTSQ, 1999, p. 8).	• «Psychosocial evaluation (by identifying the needs and resources of the client and of his environment; by analysing the interactions of the client with various relevant systems: the family, those close to the client, the social network; by evaluating the impacts of the disease on the person and those close to him as well as their capacity to adapt; by issuing a circumstantial professional opinion which identifies the psychosocial problems; by elaborating an individualized intervention plan). • Psychosocial treatment (through individual, marital, family or group interviews, by mobilizing the capacities of the client and of his environment with respect to the impacts of the disease; by contributing to the application of social protection measures under various laws; by supporting the client in all steps taken to promote his rights and liberties. • Liaison (following a psychosocial evaluation or during the course of treatment, by proceeding to plan those services necessary for the client, making referrals to appropriate resources or mobilizing the resources; by establishing working partnerships with other organizations in the network in accordance with the mission of these organizations or of established protocols). • Prevention (by informing the client of the means at his disposition to prevent the re-occurrence of psychosocial problems which might compromise his state of health and by supporting his capacities for change and adaptation)» • (translated from OPTSQ, 1999, p. 8).

In the re-adaptation milieu	«Intervention at the level of the social functioning of individuals , notably at the level of interactions between them and their family, social and substitute life environment, with the goal of ensuring the optimal development of their independence, their quality of life and their social integration» (translated from OPTSQ, 1998, p.10)	**With the older adult:** • «Psychosocial evaluation. • Elaboration of an individual intervention plan. • Follow-up or psychosocial treatment which takes into consideration the adaptation and social integration difficulties of the person, of his loss of self-esteem, of the adjustment to losses, by the quality of relations with those close to him. • As needed, specific evaluation in order to set up a protection regime or the homologation of a mandate of incapacity. • Orientation towards appropriate resources and accompaniment when required. • Transmission of various information, while respecting confidentiality. • Support in the last stages of life. **With the family and people close to the older adult:** • Psychosocial evaluation of the capacities and the needs of the family and of others who are close, in relation to the situation of the person with limitations. • Mobilization of the family and those who are close to the person. • Taking into consideration the reactions and the requests of the family and of those who are close. • Inciting them to act as partners for the development of the person's autonomy and his social integration. • Transmission of various information, within the limits of confidentiality. Liaison with other professionals» • (translated from OPTSQ, 1998, p.10-11).

A diversified clientele

Gerontological social work requires a large capacity to adapt to many types of clientele as well as to multiple psychosocial problems such as family crises, burnout or the risk or burnout of the caregiver, mistreatment, dealing with losses (of a person, of physical or cognitive capacity, of life milieu, of a driver's licence), adjustment to a new life milieu, suicide risk, etc. In addition, social gerontological problems emerge as new clienteles who were fairly rare until now reach old age, for instance persons with important functional limitations (for example, Down syndrome), persons from sexual minorities who will demand services adapted to their reality (for example, the first transgender persons are now elderly), substance abusers (people who have consumed soft or hard drugs throughout their life) and persons with mental health problems (Pelletier et Beaulieu, 2015).

These changes will require on-going professional reflection between the value of self-determination for older adults and their need for protection, even for those considered the most vulnerable or fragile on an objective basis. It may be difficult for certain social workers to accept a certain degree of «risk management» in the home even if this may be necessary in order to create a climate of confidence with the older adult such that he will feel that he continues to make his own decisions. For example, in situations of self-negligence the effects of intervention are often slow, for if the intervener attempts to make too great changes to the daily routine of the older adult, there is a risk that the relationship will come undone.

A programme, a worker

In the context of the PHSS, the complexity of the needs or the intensity of services and the coordination required to maintain a person in their home necessitates the presence of many workers from different professions in the same case. For the older adult and his family this results a certain loss of intimacy because of the coming and going of workers in their home. In addition changes in personnel are also influenced by vacations, sick leaves and maternity leaves. For an older adult who receives different services, it may become difficult to follow the meanders of different programmes of the PHSS. The same is true for family members who sometimes become the managers of a complex schedule of services and follow-ups.

Social workers raise an ethical question. Where does intervention stop? How do different professionals share responsibility for the actions taken? As mentioned previously, it may be difficult for older adults and their families to know to whom to refer. When there are a number of actors of diverse professions involved with an older adult, the extent and the limits of the actions of each one must be clearly established to prevent duplication. In addition sometimes services are also offered by NPOs, requiring coordination between the people responsible from the NPOs and the PHSS.

Older adults who are alone, without family or significant others

What about situations in which an older adult is alone, without family, either because of the absence of family or the breakdown of family relations? Take the example of an adult who refused during part of his life to take medication and to be followed for a mental health problem. In the case of nebulous family relations, who will be there to support him in his old age? Knowing the life story becomes necessary in order to understand the needs and plan the services, particularly to understand the refusal or the reticence of a relative to be present for an older adult. We also can take the example of the difficulty, or even impossibility, of those close to the older adult to reconcile their own work and family life with caring for him. What alternatives can be proposed to avoid early placement? During recent years, the effects of the disengagement of the state have been well documented, but the inverse is also true. In his practice, a gerontological social worker may be faced with the disengagement of family members. Whence the importance of an optimal global evaluation and of access to the life histories of the older adults who will be accompanied, supported and assisted.

Conclusion

Social work graduates may choose for themselves to work in the gerontological sector. But realistically, because of demographic changes and the organization of services, many of them will intervene, whether it interests them or not, with older adults and their families. This is why it is important, in Québec, to make a course in gerontological social work obligatory in university programmes. In order to respond to all these new realities whether in the context of the PHSS or in NPO's, social workers' initial training must at the very least distinguish between normal and pathological aging and expose the principal social problems which may be encountered by older adults and their families. Moreover, it is important that practising social workers benefit from on-going training, as advances in knowledge and changes in the older population require new practices. Also, the practice of social work in the area of aging requires numerous inter-professional and inter-sectoral collaborations. In the PHSS as well as in the context of NPOs, this practice often takes place within the confines of the medical or the sanitary. «A social worker clear about his professional acts, mastering the tools at his disposition, sensitive to the diversity of aging, careful to not fall into the caricatured generalities about aging, will only know better how to contribute to the well-being of older adults» (translated from Pelletier et Beaulieu, 2015, p. 276), as well as to the family members who accompany them.

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Elderly women in the family: the ethics of care

Keywords: gender sensitivity, violence, women, gender bias, education

Abstract

The forms of relationships and behaviour in families with elderly women need to be re-examined and the ethics of care must be mainstreamed to ensure that they receive the help and care that they need. Multidisciplinary approaches and gender studies are analysed. The longevity of women is a fact and there is now an urgent and unavoidable need to include values such as solidarity, equality and ethics of care in the education system.

Research projects and educational interventions have been developed in various countries of the European Union. They consistently demonstrate the emergence of a new adolescent who is breaking with the hegemony of patriarchal masculinity and breaking down gender stereotypes, making it possible to express feelings and live in freedom.

Introduction

A broad analysis of the concept of family – mainly from a patriarchal, heteronormative perspective – is in stark contrast to the role of women, almost always referred to in terms of sexual reproduction, and their role as caregivers and the scant attention paid to the welfare of elderly women in that very same social and cultural organisation. Anthropology and Sociology have traditionally dealt with these issues (Gough, 1975; Héritier-Augé, 1996; Kottak, 2011); but there has been little attention paid to the sexuality of adult women in the family beyond the mere consideration of them as reproducers. From the perspective of feminism, certain analytical approaches have been key, and it is these that we will use in our study to question the patriarchal model of family organisation (Millet, 2010; Martín, 2006).

While it is true that to address the issue of the family we require much space and time, we shall have to limit our work to women in families and not to men. We shall

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have to focus on the provision of care by family members as ethical values linked to love, support, cooperation wherever possible, understanding that sometimes specialised outside help from professionals is required.

Longevity and health are associated with cultures. The sociology of knowledge has clearly established the link between biology and culture (Berger & Luckmann, 1984). The improvement in comprehensive health care, dietary factors and social protection services have undeniably increased the average life expectancy in most of the countries we call "developed" (Szarota & Maćkowicz, 2015; Leszko & Bugajska, 2015).

However, if we consider *gender sensitivity*[2] (Justice European Commission, 2015) to analyse the phenomenon of longevity and the elderly, "Some people have pointed to the existence of a "double standard of aging" (Sontag, 1972; Berman et al, 1981). [...] when a man reaches a certain age, and after, he may seem more distinguished and well-mannered, but it does not seem that a woman of the same age is more beautiful [...] the value of a woman in her youth is judged by her appearance, which may decline with age" (Hyde, 1995, p. 166).

There are more elderly women than men, and if we consider civil status "there are many more widows than widowers" (Hyde, 1995, p. 166). On the other hand, migration in Europe has enabled women to benefit from health care services when they belong to member states of the European Union and to receive health care services and medical assistance that they did not previously have access to in the case of those that come from non-EU countries. For once cultural roots are not necessarily a disadvantage for women.

It is no coincidence that a majority of the elderly are women because, as described by Harris (1995, p. 357) in his article The Hidden Cost of Machismo, the higher risk element in men's lives, a greater consumption of drugs and alcohol, reckless driving and the search for high-risk experiences mean that women live longer than men. But paradoxically, women whose social function is to "care" are those who suffer most from violence, from what we call gerontophobia and misogyny. The invisibility of elderly women is a form of explicit violence.

Elderly women who suffer from violence

Violence against elderly women may be physical, psychological, sexual, economic and political or institutional (Brown, Kingston and Wilson, 1999; Glendenning, 1993; Barragan, 2006a; Bazo, 2004). Interculturality and the new definition of disability as social diversity (García, 2005) are emerging areas of violence because they are entering into the sphere of public knowledge, not because they did not previously exist. In some extreme cases – women who have suffered from gender violence for almost their entire married lives – the consequences of violence are still a cause of

[2] Gender Sensitivity encompasses the ability to acknowledge and highlight existing gender differences, issues and inequalities and incorporate these into strategies and actions

suffering even when the offender within the family has died. The menacing presence of male abusers is perpetuated in these consequences: they have destroyed the woman's ability to answer back, eroded her self-confidence, and, especially, subjected her to constant fear.

The paradox that we see today when we describe these elderly women in the family is, on the one hand, the "emergence of grandmothers (and some grandfathers)" who are useful not only as educators and carers but as contributors to the household economy when they receive their pension; and on the other hand, those same people when they are considered "dependent" or have some type of mild or severe disease. The "deficiencies, limitations in activity and restrictions in participation" (Gómez, 2005, p. 247), may become or indeed already are limitations in the presence and the absence of women in the family.

Gender differences: presence versus absence

In the centrality of the family, women are always the organisers of connections, a fact that enables them to build friendships with and amongst other women, namely, sisterhood; while men have greater difficulties communicating and are even hampered by the social prejudice of homophobia in the sharing of private and public spaces. However, consideration of the patriarchy as an invisible category in all age groups makes the presence-absence dichotomy a constant.

Let us remember that "The sociosexual hierarchy of the workplace" – key to the gender differentiation of sex – and the social manipulation of natural differences in the procreation function may lead us to conclude with Gayle Rubin (1975) that "at the most general level, the social organisation of sex is based on gender, compulsory heterosexuality and the coercion of women's sexuality" (Mathieu, 1996, p. 269).

As Gayle explains with clarity: "Gender is a socially imposed division of the sexes. It is a product of the social relations of sexuality" (Gayle, 1975, p. 179)

The extended family and the diversity of families today, for which many countries have now introduced legislation, lead us to consider also that the functions and roles of the components of these forms of organisation have partially changed and may change even more. Qualitative studies are required on families formed by elderly lesbian women.

Common forms of invisibility of women

In family contexts exclusion manifests itself in negligence in hygiene and health, abandonment, loneliness. But more subtle than that is the exclusion from decision-making even when in their own home, ignoring the presence of women, placing them apart at events involving family or friends with excuses that are unacceptable. The microviolence of "I have nothing to talk to her about" or "she does not speak to me". In the most extreme cases, forms of physical, psychological and economic vio-

lence are perpetrated, interfering with individual freedoms and showing disrespect for human rights.

Separation from the centrality of family life and the relationship with the outside

This may, perhaps, be a common form but it is one that has not been investigated at all. Women are excluded from decision-making even in their own homes; they are not included in family discussions or debates, or in general comments.

Economic violence that consists of other members of the family administering the money they receive as cash remuneration of any type, or arbitrary use of their money.

Education as a way to liberate elderly women from oppression

Understanding the iniquity of men educated in a patriarchy entails a current and necessary reflection on inequity and its transformation from within the family and the education system.

At the apparent beginning of the first wave of feminism – albeit from an Anglocentric viewpoint – Mary Wollstonecraft (1759-1797) in her work A Vindication of the Rights of Woman (1792), in its chapter *On National Education*, described it thus with absolute clarity: "My observations on national education are obviously hints; but I principally wish to enforce the necessity of educating the sexes together, to perfect both, and of making children sleep at home that they may learn to love home; yet to make private support, instead of smothering, public affections, they should be sent to school to mix with a number of equals, for only by the jostlings of equality can we form a just opinion of ourselves" (Wollstonecraft, 1975, p. 105). Education seems to be the key.

Education is the future

For several decades we have been working on practical projects in primary and secondary schools in several European countries, as well as with teachers, in preparation for a study of family violence and strategies to resolve it. The ethics of care and coexistence and the implementation of human rights in the family have been included since 1995 (Barragán & Tomé, 1999a; Barragán, 1999b; Barragán, F; de la Cruz, J.M.; Doblas, J.J. & Padrón, M., 2001; Barragán 2006b) with regard to preparing both boys and girls to transform family relationships in the present and to ensure their futures as responsible caregivers.

Our early research[3] into the "ethics of care" revealed the emergence of a model that we call *postmasculinity* or *transformation*, corresponding to a considerable number of male teenagers who do not "want to continue to conform to patriarchal gender ste-

[3] Broadening Male and Female Horizons through Adolescent Masculinity (1995–1998) Commission Européenne. Direction Générale XXII Education, Formation et Jeunesse.

reotypes". These are boys and young men who are free of prejudices and stereotypes (Barragán, 2002; Barragán 2006a; Barragán, 2006b). Against the heteropatriarchal norm, teenage boys want to succeed in schools, to look after themselves physically and aesthetically, take on traditional female roles and express their feelings. In parallel, research and educational interventions related to the subjects of family and care, and to non-violent conflict resolution strategies, have led to a deeper understanding of the social and sentimental dynamics that govern codes of behaviour towards the elderly. Gender stereotypes among secondary school students have been shown in recent research to be a predictor of self-concept and academic achievement (Igbo; Onu & Obiyo, 2015).

Subsequent educational programmes continue to show a natural acceptance of caregiving roles by both boys and girls in adolescence, opening the door to a future of equality (Barragán, 2006a) and demonstrating that, against the supposed prevalence of a hegemonic model of masculinity, criticism is growing from within the model itself amongst a clamour for the freedom to be different.

The ethics of care as a fundamental value

"Sexism is the ideology of the inferiority of one sex. In a patriarchal society – namely, all societies past and present – this is the female sex. Androcentrism is part of sexism but is more subtle. It is a partial male point of view that makes the male and his experience the measure of all things" (Puleo, 2011, p. 223).

The contradiction occurs most obviously in the consideration of women as inferior, but also in the care that they provide and yet may not receive when it is they who are in need. The debate between morality and ethics has enormous relevance today despite the fact that it has been mulled over for decades. "As an ethical orientation, caring has often been characterized as feminine because it seems to arise more naturally out of woman's experience than man's. When this ethical orientation is reflected on and technically elaborated, we find it is a form of what may be called *relational ethics*" (Noddings, 1988, p. 218).

The sexual division of labour has meant that the caregiving role is usually assigned to women. However, in the "parenting revolution", many men have become caregivers (Badinter, 1993). Recourse to the idea of men's "incompetence" as parents could be extended to men as carers of the elderly. A great deal of conflicts and contradictions arise when posing the idea of "men as caregivers" either as parents or as sons. "In the 1980s, two surveys demonstrated that fathers who would have wanted to become much more involved had not been encouraged to do so: between 60 and 80% of wives did not want them to" (Quinn & Staienes, 1977). "To justify their attitude, many women allude to the incompetence of their husbands, who create more work for them than they save" (Badinter, 1993. p. 219).

"The ethics of care can lead to conformism and the exaltation of virtues produced by submission, the uncritical assumption of a pseudoliberating transgression consti-

tutes acceptance of values that conceal a gender subtext" (Puleo, 2011, p. 233). A consideration of affective inequality in legal theory has been highlighted (Lynch, Baker & Lyons, 2014, p. 45), an indication that feminist theory has postulated a conflict between the private and public sphere of care. "The responsibility of ensuring that the provision of care does not lead to poverty and social exclusion should be removed from the private sphere and become a collective responsibility".

The Secret Garden of the Heart

This is the only place of belonging for women linked to the construction of affections, feelings, desires, and whose parallelism is the flower garden that only they share with people who do not oppress them and with the people they love all their lives. My own experiences as a caregiver for the elderly in my family as well as the proximity of figures of love, such as grandmothers, aunts and mother, have allowed me to experience and reflect on issues including the ethics of care and forms of expression of love. Boys and adolescents of today's world can become and will thus always be caregivers for the elderly. But this requires an education, both in the family and at school, that places the emphasis on the importance of care and its relationship with values such as love, solidarity, commitment, belonging and sisterhood.

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Elżbieta Dubas[1]

"Accompanying on the way" as a relationship in Alzheimer's disease

Keywords: Alzheimer`s disease, "accompanying on the way" as a relationship, dimensions and principles of this relationship

Abstract
The author shows Alzheimer`s disease as an example of existential struggles constantly present in human life, especially in the context of family carers. In this article, the relation in Alzheimer`s disease is described as "accompanying on the way", which helps to face the great hardships of this condition. The author characterized "accompanying on the way" as several types of relations, such as geragogical, social, personal, relations with another person, "be" relation. The analyzed experiences of three family carers of Alzheimer`s disease patients, show several dimensions and principles of "accompanying on the way" relation. Those are: personal dimension (personalistic) – which is a rule of respecting a patient as a human being (person); emotional dimension – the rule of creating and maintaining positive emotions; community dimension – obligation to build community bonds within a family and social environment of a patient; communication dimension – obligation to constant communication with a patient, including understanding and conversation.

Introduction

What is "accompanying on the way"? "Accompanying on the way" as a geragogical relation[2]

"Accompanying on the way" may be understood in a variety of ways.

"Accompanying" means certain interpersonal relations based on coexistence, togetherness and thus fulfilling mutual needs to a certain degree (see: Dubas, 2016, p. 293).

As suggested by Anna Wieczorkiewicz (1996, p. 49), the way may be understood in its topographic sense (spatial, objective, as a way prom one point to another) and

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[2] A broader description of „accompanying on the way" as a geragogical relations: E. Dubas, 2016, p. 293 -307. The text below includes fragments of the proprietary work.

metaphorically (subjectively), as a way of life, a course of life or fate. Both meanings remain within a relation – the way is at the same time a process of changes in a place as well as within a person. Moving along that path is on the one hand of a horizontal character – it takes place in physical space, within the roles and life tasks. It means the earthly life. On the other hand, however, it means a vertical movement with a perspective upwards and downwards, in connection with a symbolic content – the context of thoughts, feelings, spiritual life, transcendence: heaven – the earth (Wieczorkiewicz, 1996, p. 43). One may assume that both understandings of the way – topographical and metaphorical are manifested particularly in a variety of existential experiences of a man on his way of life. Additionally, it needs to be mentioned that understanding the path in a metaphorical perspective, as an existential situation, connected with an axiological experience as emphasized by Anna Gałdowa who treats the path as an area of spiritual and inner development, as a development towards values (Gałdowa, 2000, p. 175).

"Accompanying on the way" would thus mean presence alongside another person on their way of life, understood as an existential experience which would be a part of this person's development, particularly the spiritual one, auto-informative, understood as heading towards values. Such manner of experiencing life is also combined with the space of a physical way.

"Accompanying on the way" as a cognitive phenomenon as well as a practical one, may be applied in many scientific disciplines and sub-disciplines. Anthropology, sociology, psychology or philosophy should be pointed out here. It is impossible to omit pedagogy, social pedagogy and special education in particular. Among the many pedagogical disciplines, geragogy seems of particular importance in deliberations on senility. For Lutz Vellken, "geragogy is an introduction to senility, preparing for senility, leading towards maturity and "accompanying on the way", and the subject matter of geragogy is broadly understood education of an elderly person (Vellken, 2000, p. 88). According to Elżbieta Dubas, the range of education defined by her as "senility-oriented education" is even broader and includes three directions: education about senility (supplying gerontological knowledge), education towards senility (preparing and educating towards senility), and education at old age (learning processes in elderly people, including the processes of education) (see: Dubas, 2008, p. 45). For Vellken, geragogy means overcoming the difficulties of life, organising life and self-realisation of an elderly person. "Geragogy is a critical science about the bases and the ways of accompanying a mature adult, and the learning processes connected with that, the constant need of education, and the science about teaching gerontologists as specialist services that support self-realisation of an elderly person" (Vellken, 2000, p. 88). One may thus assume that gerontological approach combines the areas of interaction in pedagogy (educational processes) with the subject matter of gerontology research (ageing processes and senility) perfectly, in this way pointing towards "accompanying on the way" as a kind of a mutual personal and formative relation

that takes place between the participants of the path, with particular attention placed on the need to support an elderly person who is also at the same time much weaker in this relation (peregrination). This does not rule out the concern for the people supporting the elderly in institutionalized forms and outside them, particularly in a family.

Selected contexts of a relations "accompanying on the way"

The perspectives of looking at a relation of "accompanying on the way" may vary. Below there are contexts that seem of particular importance for the geragogical approach that has its roots in pedagogy and which are also to be found in Alzheimer's disease.

"Accompanying on the way" as a social relation

"Accompanying on the way" is an example of a particular social relation. A man is seen here as a being experiencing a relation. The starting point for perceiving a man in social relations may be a relational concept of man, which goes back to the ideas of Joseph Nuttin (relational theory of personality, 1968) and Hanna Świda (personality as a system of conditioning toward the world, 1974), and included by Ewa Marynowicz-Hetka into the realm of research and practices of social pedagogy. It includes the relation of relationships (two-sidedness creating a whole) of an individual with the environment, a specific "feedback" between them. "Particular usefulness of a relational concept of a man lies in the fact that such an important element for social pedagogy as social context, environment, is 'blended' in a person and their psychological system (personality)" (Marynowicz-Hetka, 2006, p. 38–39). In a social relation, the author lists at least three types of interaction: transfer, exchange and mutual participation. "Transfer is usually one-way, with a strong touch of asymmetry of a relation and clearly visible in manifestations of power"/…/ "Exchange /…/ may take the form of a contract or trade (something for something) or some kind of an exchange through gifts or giving (e.g. time, emotions, one's own privacy, individuality, oneself)". Mutual participation (*partage* – sharing life, space, time) creates the possibilities of equalizing a relation and the sense of togetherness and community. The author points out that a mutual participation is an ideal situation (rarely to be found) (Marynowicz-Hetka, 2006, p. 141, p. 135). "Assistance in development", so fundamental for social pedagogy that still assumes an asymmetric relation because assistance, support" show the weakness of the one that is not concerned and the superiority of the one who presents it", is more and more often replaced by the more neutrally formulated concept of social accompanying in including, establishing social bonds, in enabling social relations" (Marynowicz-Hetka, 2006, p. 142). The category of social accompanying refers most of all to the balance in a relation (Marynowicz-Hetka, 2006, p. 135). Seeing assistance in development from the perspective of a rela-

tion allows one to talk about accompanying in development instead of assisting in development. "(…) Accompanying in development, by being a certain dimension in development, thanks to this feature – relation, which is created through interactions with others, takes on the dimension characteristic for social accompanying" (Marynowicz-Hetka, 2006, p. 135).

First and foremost, category of "accompanying on the way" refers to such types of social interaction which, by supporting the development of an individual, respect their subjectivity and create opportunities for reciprocity in relations by diminishing their asymmetry, they strengthen the bonds between individuals, create close emotional relations between them and, as a result, they strengthen the sense of community. "Accompanying on the way" may undoubtedly be assumed as an example of a social relation that is characteristic for a man as a relational being. An elderly and ill person who remains in social relations is still a subject of a multi-dimensional exchange between people, characterized by values and "accompanying on the way" takes on a form of mutual aid in development, even though it may not be immediately understood as such, as it takes time and experience to see the progressive character of such a relation.

"Accompanying on the way" as a relation with the Other

A person who is elder and senile, often ill, ill in a "different way" which is incomprehensible, may be seen by the members of younger generations as the Other. It is senility and the process of ageing that create this difference, also seen with a naked eye, shocking, incomprehensible and raising concerns even among the "not yet old". Perceiving the difference seems of key importance when looking at the Other. Quoting the broad context of understanding the Other seems also most appropriate here. The Other understood as everyone else but me: "the Other… is every man who is not Me, regardless of the distance between us" (Dubas, 2010, p. 229; Dubas, 2011, p. 5). Three types of relations are possible when discussing the Other: the Other as an enemy – "war" between Me and the Other, the Other as a stranger – a "wall" between Me and the Other, the Other as my neighbour – a dialogue between Me and the Other (see: Kapuściński, 2006; Dubas, 2010, 2011; Walczak, 2006). These relations are revealed in a common existential situation which is not always approved of or understood. Following the mutual path, sometimes out of duty, sometimes because of the granting of fate, may occasionally be the only chance to learn from each other. A relation with the Other may be of an educational character, which depends on how I perceive the Other. This may mean learning from the Other, learning the Other and learning from each other not only in the context of direct experiences but also in the context of biographical memory of these experiences. The Other visualizes our separateness and difference. He becomes a challenge in learning and understanding his reality and through his reality, the universal one. The other, who is present on various paths of our life may support us as a master and mentor, he may also expect and

require support (Dubas, 2010; 2011, pp. 6–9). The relations with the Other, especially the conscious and a thought-through one, means "being" with a man, finding oneself through this relation, change oneself and improve permanently (grow in one's own development and support the development of the Other). Then it becomes possible to talk about accompanying on the way as a mutual personal relation in supporting and developing. A reflexive attitude towards the Other is a key to accompanying on the way that would be fruitful for you and the Other. This approach can be seen in the following way of thinking: there are also other people in my life, if not mostly. They accompany me on the way also through their biographies. Thanks to Others it is easier for me to find myself in this world. I am becoming aware of the role of the Other in the process of my development. I also am in the world of Others. My experience is meaningful for Others. I am becoming aware of the mutual dependencies between us on the "way" of the same existence, which is in fact the same. We all give each other "lessons" on life and our lives receive meaning (see: Dubas, 2010, 2011).

"Accompanying on the way" in the perspective of personal and existential pedagogy

Such approach of "accompanying on the way" is constructed by three contexts (see: Dubas, 2016): firstly – personalistic norm, according to which every man is a unique, specific and free person, dignified and worthy of respect. In the upbringing process (in a pedagogical relation), a man meets another man in a mutual impersonal contract between people; secondly – existential philosophy pointing to drama as a feature of human existence, the presence and entanglement of a man in paradoxes, e.g. externality and internality; thirdly – other educational ideas presented in the aspect of drama of the existence of a human being, such as a dialogue (dialogism), particularly a personal dialogue aimed at "unifying people through manifestation of feelings", existential dialogue – "the ultimate gift of existence for partners" and the approach of dialogue: "constant readiness to achieve the understanding of others through a conversation (as well as through other means), approaching them more closely and co-operation as far as possible" (Tarnowski, 1991, p. 73), authenticity (taking off the masks), a meeting that would result in permanent and principal changes within the deep "I", engagement resulting from free choice (see: Tarnowski, 1991; 1993). In understanding "accompanying on the way", the category of meeting is a particularly bearing one. A meeting has a personal dimension – we meet the fate of another person, their emotions, fears, wisdom, quirks, needs, etc. It also is of transformational character because it changes a man. Through a meeting, a man ceases to be what he used to be, he matures as a person. A meeting is also of educational character because it teaches through direct contact with a person, through reflections, frequently multiple, concentrated around a once lived situation. It broadens the awareness and self-awareness, it changes social and existential attitudes. A meeting requires engagement (openness and authenticity), respect for the other person as a

human being, a full partner in a situation, acknowledging togetherness of fate and the will to understand another person. Although understanding is not the necessary condition in "accompanying on the way", yet a meeting may create a situation leading towards it. From the point of view of personal and existential pedagogy, accompanying on the way is a personal and existential experience at the same time, something that brings us closer to the participants of this meeting on the way, characterized by mutual trust and understanding, overcoming egocentric behaviour, insecurity and existential fears (see: Dubas, 2016).

"Accompanying on the way" as a "Be" relation

Considering the objective and subjective context, accompanying on the way may also be looked into as three types of relations: "Have" relation, "Function" relation and "Be" relation (see: Buber, 1992; Gadacz, 1991). A man is undoubtedly the crux of every relation, including social ones, although these may be defined or determined differently[3].

"Have" relation is placed within the optics of possessing. It points to a subjective, instrumental treatment of another man and any bonds between them are of superficial character. From this point of view, one may "have" a carer, doctor, husband – wife, children who fulfil our needs. One may have a good treatment, a place at the social welfare home, the expected material back up, rehabilitation equipment, etc. The Other is here only a means to an end – he or she secures our "have".

"Function" relation is a type of a subjective relation located within the optics of functioning. "Functioning is an impersonal undertaking" (Gadacz, 1991). This relation is sometimes of assisting, rescuing or research character. It is of fragmentary character – it only fulfils a certain task and allows to achieve a specific objective goal. From this perspective, it may be performed (and very well, too) by, e.g. a nurse, doctor, physiotherapist, a guardian of an elderly person, etc.

"Be" relation is an example of a subjective one, a personal relation directed at a person as a whole. This is an attempt to see a Man as a whole in the Other. It is also being oneself in a relation with the Other. Tadeusz Gadacz writes that personal being means opening to a meeting, a change and conversion, opening to limitless possibilities. "Meeting" another man is meeting oneself, meeting the universe of human existence (Gadacz, 1991, p. 67). Being with the Other means being a person and it is realised when a man participates in values and realizes them (Gadacz, 1991, p. 63). Any personal relation is primarily built on love. Karl Jaspers claims that "Only when facing true love do we see a man for what he really is". We meet a person in love (Jaspers, 1993, p. 89). "Be" relation is an authentic one, not staged but true, in which we address the partner in the whole truth, we put all of ourselves into the conversation,

[3] See: "ralational concept of man" in social pedagogy (Marynowicz-Hetka, 2006) described above or "man of relations" in the humanistic and existential anthropology (Formella, 2009).

concentrate it on the content and we know how to keep silent (see: Buber, 1992). A man of such a relation "can hold real conversations" concerning "real issues" and be genuine in such a relation" (Formella, 2009, p. 364).

"Accompanying on the way" in difficult existential experiences. The situation of Alzheimer's disease

It seems particularly expected and at the same time burdening to "accompanying on the way" of the elderly in their difficult existential experiences. Senility is abundant with numerous hard situations and experiences which does not make it any easier to go through the "path" of life for the elderly or those who accompany such a person. Adam A. Zych writes in this context about, e.g. existential fears and threats of senility. He includes there also the retrospective look at one's own life (the life summary), loneliness and being alone, compromises of senility and becoming disillusioned, the road from being charmed by life to being disillusioned with it, the inevitable involution and degradation, the lack of energy, becoming weak, tired, excluded from life, experiencing the hardships, fears connected with illnesses, pain and suffering, and the inevitability of death (Zych, 2013, pp. 255–268). According to Artur Fabiś, three main existential concerns are particularly burdening: death, suffering and loneliness (see: Fabiś, 2013, p. 40). At old age, they frequently appear together. They are all connected with strong fears, although the one particularly difficult for a man is thanatophobia that is connected with death, dying and passing.

Throughout their life, people come across suffering and their attitude towards it is shaped. People learn suffering – a way of life is as if "a school" of suffering. "Accompanying on the way" is in fact, accompanying in suffering: protecting them from suffering, mitigation of pain, carrying the suffering of the Other, rationalizing the suffering, etc. Our childhood is mainly constructed on not noticing suffering due to the poorly developed cognitive and spiritual skills of a child and their little social and cultural awareness, and the ability to make conscious comparisons. Loving and caring parents protect their child from suffering, making the world full of fun and carefree. The burden of suffering, if it touches a child at all, deforms their personality often for their whole life, leaving a trauma and painfully accelerating the process of becoming an adult. Youth favours seeing suffering in idealistic categories, in the context of tensions connected with intense personal growth at this time. On the onset of adulthood, having cognitive, emotional and social skills at our disposal, taking difficult and responsible duties connected with social roles, a man begins to see suffering more and more clearly. Further stages of adulthood bring more personal experiences of suffering placed in the reality of our own life. And then old age (late adulthood) is the time of the increase in existential thoughts, which is provoked by the process of ageing and the multitude of illnesses, deaths of the closest ones and a close perspective of our own death, coupled with other existential concerns. It is also advanced personal maturing in suffering, understood

as transcendence of oneself through suffering. Such systematic life-long education in suffering and through suffering in a company of other people allows to embrace suffering, i.e. accept it as an integral universal component of human life and personal experience, understand suffering or at least try to do it, i.e. find its sense and experience it more consciously, finally – mature in suffering by acknowledging it as an element of spiritual growth and gaining the fullness of humanity. Undoubtedly, personal maturity of a man is connected with their attitude to suffering and how they have "reflected" on life suffering "lessons".

The situation of Alzheimer's disease (Mace, Rabins, 2005; Jóźwiak, 2007) is an example of a nexus of all most relevant existential concerns experiences particularly by people caring for the ill (it is difficult for those touched directly by the disease to objectively make any statement, although their experiences must be of deeply existential character and their suffering immense). The disease is associated with a multifaceted suffering: in the bodily context of the disease as well as psyche and the spirit, but also in the context of loneliness, dying and the actual death. Which particular aspects describe the relation of accompanying in Alzheimer's disease? Which aspects of that relation may mitigate the difficulties and suffering in this disease? These are some of the main questions that come to mind when reflecting on "accompanying those touched by Alzheimer's on their way".

Main dimensions and principles in relations in Alzheimer's disease

While describing a relation in Alzheimer's disease, one may qualify it as a geragogical relation because most frequently it refers to the elderly and old who are touched by this condition. Their carers, particularly spouses and siblings also usually belong to the elderly generation. This relation, however, goes beyond one generation and includes an intergenerational reference, e.g. between the ill parents and children, grandparents and grandchildren. It presents a character of a complex social relation that goes also beyond the micro-social system, e.g. a family. It also touches people from the local community and, what is also important, is present in the public opinion that has a global reach. The universal features of a geragogical relation described above also include more general interpersonal relations in illness. Below there are listed some of the most crucial principles (also the most fundamental ones) of a social relation in Alzheimer's disease. Their form is the result of an analysis and reflection over personal experiences of two carers of elderly people touched by Alzheimer's disease, already previously published (Beaudoin, 2002; Lallich – Domenach, 2002) and personal experiences of the author of this text[4].

[4] The author's experiences quoted here were coded ED.

Personal dimension (personalistic) – the principle of respecting the ill person

The deep humanistic relations of "accompanying on the way" is a relation that maintains the subjectivity of the patient, including a personalistic norm. This means treating the patient as a person despite the signs of limitations or even lack of consciousness and awareness. Respecting human dignity in the patient creates a chance of their well-being and allows the carer a much better condition in which they will accompany the patient. The patients is still seen as a grown-up person, someone who still has a once granted autonomous identity. Such a new situation of this person is acknowledged as yet another important, although difficult and hardly possible to understand stage in their life.

My wife is not a case. She is a person and she is different from all other cases that you (the carer – note by ED) have had. (Beaudoin, 2002, p. 97);

It had never come to my mind to address my Mother anything else than "Mummy". She has always been my Mother; she is as if in a different form now, but it is still the same. (ED)

Respecting him for what he has become means also not to treat him as a child, which we sometimes are inclined to. (Lallich-Domenach, 2002, p. 87).

This relations also requires something incredibly difficult, i.e. respecting (within limits) the freedom of the patient, allowing them to be active, participating and engaged.

What helped me personally each time I was forced to look after my husband, was that I tried to make that necessity an occasion to meet him. In that way he could have been at least a subject of his own life, if not the organizer. (Lallich-Domenach, 2002, p. 88).

In this relation, the person's dignity is maintained and the person is treated respectfully. It is particularly important to maintain the right to intimacy (within the accepted limits) and still acknowledge their sexuality. We see a "teacher" in the patient, the teacher of life.

/…/ those ill men and women, hurt totally in its all essence, still remain men and women in full understanding of the word, and they have something to teach us until we are parted by death, if we can listen to them even when they are silent and stop talking altogether (Lallich- Domenach, 2002, p. 85);

Mother felt a woman almost until the very end. She liked to comb her hair, arrange it, do her scarf extremely solemnly. She would also use her lipstick. (ED)

The older generation are people who did not use to strip themselves in public as it is now. They did not use to see the naked bodies. They were raised in modesty and bodily restraint. That is why the problem in Alzheimer's disease is, e.g. nakedness in a bath, changing clothes, taking their clothes off. These activities must be done in such a way so that they do not embarrass the patient. These activities are best done by the person whom the patient trusts. It would be best if that person was remembered as a loved one.

Otherwise the mood of the patient worsens rapidly. A success in Alzheimer's disease is measured primarily by how long the positive mood of a patient can be maintained. (ED)

Dimension of emotion – the principle of arousing and sustaining positive emotions

Alzheimer's disease creates a situation that is extremely difficult emotionally. Negative emotions dominate here, particularly at the beginning of the disease and during the period connected with the diagnosis, but also when the symptoms become worse or when there is a prolonged time of the disease, finally during the dying phase. Most often these emotions are overwhelming for the carer. They also worsen the condition of the patient. The trick here is to break them and find positive emotions and feelings in a situation that, in the eyes of the majority, does not present any occasion for such experiences. The carer's work with their emotions "pays off" immensely. It is their emotional state that resonates with a double force towards the emotional condition of the patient. Alzheimer's disease is, in a way, a condition of emotions and it is precisely in the process of "ennobling" these emotions that we may find the key to handling this disease. It is only the carer who can undertake work on emotions and it is only him / her, from this point of view, who creates an emotional atmosphere in this relation. Emotional atmosphere that is at home (in the surrounding of the patient) is the foundation of success when struggling with the disease. It is the main background of accompanying each other "along the way". It is the treasure of this relation. And love is of particular value here; basing on the memory of happy moments, it gives strength and adds spirit. It protects from becoming discouraged. It reveals the sense in what may seem senseless. It means gentle care until the last moments of life – it allows to endure till the end. It leaves the experience of Alzheimer's disease as a positive memory. This principle emphasizes the necessity of work with and on emotions, care for the positive emotions, create the atmosphere of emotional warmth that would surround the patient and as a result, it fosters creating a situation of emotional support so imperative both to the patient and the carer, but also to other people who are close to the patient.

When you really manage to establish a connection with the patient, you may have moments when you exchange ideas and emotions that are so important that you never forget them. Even when my husband could not speak, he looked at me in a way that expressed his love for me (Beaudoin, 2002, p. 88).

The patient is sensitive to mental state of the person who looks after him / her. He or she needs trust to his carer, to others and to life. It is important to provide him with the sense of security, manifest their importance to us and that today they are loved for what they are.(Lallich-Domenach, 2002, p. 87).

The time of her staying with us, over five years, changed Mother drastically and for the better, which is a phenomenal case in this disease. From a person that used to be fearful

and permanently anxious, with autocratic tendencies, not very willing to open to close relations, hugs and complaining, she became more benign, she laughed more often and very frequently showed us signs of her love, thanked us or praised. She did not treat us as her enemies. On the contrary, e.g. I would hear every day that I was an angel. I am convinced that the atmosphere of positive emotions at home is passed on to the patient. When they feel loved, they also feel safe and are in a better mood. There are no grounds then to trigger off aggressive behaviour (ED).

Dimension of a community – the principle of building a community spirit in a family and social surrounding of the patient

Social context of Alzheimer's disease is obvious and multi-faceted. Firstly, it is plausible that the illness may be created as a result of a person's "oversaturation" with bad social relations or exorbitant social expectations. Elżbieta Trafiałek writes that "Becoming lost in the constantly changing reality, helplessness, sadness or poverty generate stress and this in turn most frequently leads to depression that triggers off various psychological conditions" (Trafiałek, 2002, p. 82). Escape into oblivion that is made possible because of Alzheimer's disease, breaks free from these burdens and becomes in a way, a salvation for an overloaded person. Secondly, the patient lives in a social environment which is obliged to accompany him / her on the way, care for them and provide support as is the case with any other illness or difficulty. Finally thirdly, Alzheimer's disease creates a certain situation of a community growth – it may become a factor that binds a family, makes it stronger, although that does not happen automatically but is an outcome of certain approaches (see above) towards the patient with Alzheimer's and towards people – family members who remain in that relation. Alzheimer's disease stands up for the family to a large extent and familism is raised to the leading rank in human life.

There are many forms of being different in Alzheimer's disease. The patient with Alzheimer's is treated as Different. Also family members are different. Those who are outside the family system are different (doctors, friends, colleagues, social carers, etc.), although they are in the direct contact with the situation of the disease. Finally there are Others, those who create and receive social opinion, who easily reach out for clichés. Alzheimer's disease requires a deeply humanistic understanding of dignity, where "Everyone who is not me, regardless of the distance between us, is the Other", and yet, at the same time, "The Other is my twin" (see: Dubas, 2010,p. 229), a companion on my life path. In this sense, we are all Others. Such a difference, however, requires openness, understanding and empathy, a deep sense of union of fate, mutual support. One has to learn such a difference.

When we understand "accompanying on the way" in a relation in Alzheimer's disease, the Others become extremely important. They should not be strangers or enemies but they should support or serve, offer help and care. Others are present and understanding in this relation. They treat the patient as well as their family subjec-

tively, as people of no less value now – stricken by an illness than it was before. Being associated with the disease becomes a school of life for them. It builds up their personality, strengthens pro-social attitudes, deepens spiritual life as well as understanding the world and themselves. Such relations of respect and trust concern all Others and should be of mutual character. This also concerns the relations between a family member and a carer.

In a way, Alzheimer's disease is a challenge to contemporary loneliness. The patient who is left to his own devices dies quickly. He / she needs social community to survive. Does contemporary society need a person with Alzheimer's? Perhaps it is thanks to them that the Others may see how important another person is for us and how valuable the quality of relationship for our existence is. How much a man needs relations based on love and emotional warmth. Relations that became instrumental kill humanity in a man. Alzheimer's disease creates an opportunity to maintain humanity both in the patient and those who accompany them on the way.

Admittedly, this illness requires great social solidarity "…not only when dealing with the effects of the condition that degrade the organism, but also when searching for its sources, in mitigating the symptoms, in creating a friendly environment for the ill but also for those who care for the patient" (Trafiałek, 2002, p. 82).

The whole family should take the responsibility for the disease as it is also the condition of mutual relations (Lallich-Domenach, 2002, p.88).

We were always together in this illness. /…/ Mum's illness strengthened our family relations, taught us to be even more trustworthy. And when Mum was gone, we stayed that way. (ED).

Social responsibility also needs to be recognized. The patient is a burden and they interfere in society. (Lallich-Domenach, 2002, p. 88). Familiarity, respect and mutual trust are a benefaction for the patient and all of us gain from that (Lallich-Domenach, 2002, p. 90).

Life would be easier if I learnt to ask for help and turn to others. In this way, a safety net is created around us, when you know you are surrounded by people who pay attention to what you are saying, to how you behave. /.../ having said that, I realise that some friends have disappeared because they had no role to fulfil (Beaudoin, 2002, p. 96).

Dimension of communication – the principle of maintaining communication with the patient

It is indispensable to communicate with the patient with Alzheimer's disease, although it is also extremely difficult to perform. One needs to communicate with the patient but one also must be aware of our levels of communication – they are not congruent. It is difficult to expect "understanding" from the patient. Verbal communication must be enhanced with a non-verbal message that is received by the patient who

uses their other, more accessible senses. Thus, communication, including the non-verbal one, must be characterized by emotional warmth so as it would not provoke anxiety in the patient but rather sooth them and create the sense of security. It is worth holding "natural" (provoked by natural activities) and directed (initiated by the carer) conversations with the patient about things that are associated well by them when they have something to say and enjoys sharing these pieces of information.

Communicating our experiences with Alzheimer's disease to the environment is yet another question. The subject of "Alzheimer" is, as are some other, shameful diseases, including psychological disorders, still taboo. This raises the loneliness of family carers and results in them being social outcast. What is so shameful about this disease that we do not want to or we are even afraid of talking about it? Is it the fact that it "distances" the patient from "humanity"? It is us who described the character of that disease and its drama in that way. Thus it is us who can look for a different meaning of it, find some sense in it. The conspiracy of silence around this issue must be broken. It is worth doing it as, in fact, it concerns the *conditio humana,* so as to become more familiar with a man and understand each other better.

/…/ how could they understand if I say nothing (Beaudoin, 2002, p. 98)

I had a school of hard knocks /…/ that her behaviour makes some sense./…/, that it signals something, something that I can comprehend or not. /…/ in fifty percent of cases I cannot understand what's going on, but what counts is that I've learnt not to treat her gestures as meaningless right at the first impulse (Beaudoin, 2002, p. 100).

One may and should "talk" with the patient, but one does not necessarily must want to understand everything. Our world and the patient's world are not congruent most of the time. They may, however, overlap, have something that once was common. That is why just the memory of those events, places and people from the past is so important. That is why it is easier to talk to the patient when the carer is someone who knows them. We may try to tune to the patient and the conversation then becomes a little meeting with the recalled good past. (ED).

The carer should (and that concerns also the nursing personnel) learn to observe the patient, listen to them positively, communicate with them verbally, even when they do not answer, with gestures, touching, facial expressions and bahaviour (Lallich – Domenach, 2002, p. 87).

The disease must not be denied, neither the patient should be lied to, they must be told the truth but this should be done at moments of peace and intimacy, and some room for hope always should be left, of course the life would be different, but not totally negative. The patient must also be informed about what is happening in the family (Lallich – Domenach, 2002, p. 88).

Conclusion

In summation, "accompanying on the way" (see: Dubas, 2016) in its broadest approach, i.e. spatially-metaphorical is a personal, social, existential, axiological, universal and mutual relation on the level of experiencing the phenomenon of life as a common human fate, and at the level of experiencing values that favour discovering the context in which we may find the sense of this fate, also from the perspective of an individual. This relation is placed in everyday situations in which we make our choices and undertake actions, we think and experience emotions and at time that goes beyond the objective calendar dimension. Frequently, it is a relation founded on difficulties. "Accompanying on the way" is an educational relation as it favours the process of learning in its broadest context and thus also favours personal transformations. "Accompanying on the way" as a "Be" relation is a process that takes place based on a variety of challenges of various existential situations as well as values that become a reference point for them, connected with human possibility and need to broaden their own consciousness and self-awareness in relations with Others, including the elderly who are experienced with illnesses and suffering.

"Accompanying on the way" in Alzheimer's disease should fulfil the above assumptions. It is not an easy task for the carers and people from their own environment, yet it is possible, the evidence of which can be seen in the quoted fragments received from the family carers. Does this narration come from the spiritual heroes, aristocrats of the spirit or simply from the people who love their closest ones and who show respect to each other, and are responsible for the core values? The values listed here build up a relation in Alzheimer's disease and in fact, can be shortened to just a few basic and universal needs and values that describe humanity: respect for the dignity of every single person, positive emotions and communicating with people, the need of community. Alzheimer's disease very clearly claims these values and creates the opportunity to "practise" realizing them, to exercise our humanity. A relation in Alzheimer's disease in undoubtedly a difficult one. However, there is no lack of narration about experiences that present this illness also in a positive light, as a consciously created relation, the one that favours achieving values precious to the participants of this relation. Doubtless, this is "accompanying on the way" understood in a deeply humanitarian way, strengthening family relationships and when the patient is gone, allowing to still feel their presence.

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Family – joys and worries in the existential reflections of people in their late adulthood. A qualitative research report

Keywords: family, old age, perspective of death, worries, hardships, joys, balance sheet of life

Abstract
The paper is the presentation of the research study that answers the question about the role of the family in the reflections of the elderly, evoked by the proximity of death. The source of data analysis are letters inspired by the topic: "My life — my death." The writers of the letters look back to their childhood and different phases of their adult life, pointing to the joys and worries present in their family relationships. While taking the stock of their life, they also point out to their family successes and failures. They express their concerns about leaving the family behind, at the same time giving them a range of warnings and advices.

Introduction

Family is the original and primary social unit where individuals grow up. Later, they can found their own family and take over the subsequent roles within it. At the end of the earthly existence, a reflection may occur upon one's own life and the contribution of the loved ones – family members – to it. The paper presents the results of the study research into the reflections of older people about their life in the family context, in the perspective of approaching death.

The basis of the research methodology

The objective of the research was to determine the role of family in the reflections upon life, from the perspective of elderly people. The content of the letters – the messages written by seniors while reflecting on their own life and death

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– was studied. The content analysis conducted in the studies, "is a data coding method where the analytical categories are derived from the concept of the research rather than from the study material, namely the analyzed text. Instead, the indicators of these categories are sought in the text" (Rubacha, 2011, p. 254). The object of the research study were invoked texts – personal writings (Kubinowski, 2010, p. 216) in the form of the letters written by people in their late adulthood or entering this stage of life. For this purpose, 31 out of 50 letters written by the seniors were selected and analyzed. The selection criterion was the occurrence of any family-related aspects mentioned by the authors in the letters. That was an indicator that allowed to assume that certain authors wrote about their family, thus the content analysis would help find the answers to the research question: What is the role of the family in the reflection on one's own finiteness, made by the people in their late adulthood? This question allowed to develop the list of the detailed questions:

1. What is the place of the family in the balance sheet of life of the elderly?
2. During the course of life, what are the joys and worries caused by the family?
3. In the perspective of their own death, what concerns do seniors have regarding their families?

The letters were inspired by the topic: "My life – my death" and were written by people aged between 60 and 84. It was assumed that this topic would stimulate them to some deep reflections on their life, from the perspective of approaching death. It would also help to notice the interesting aspects of life in the old age, that are important to people who reflect upon their biographies. The particular focus was placed on the family, as the main "subject" of the invoked reflections. In order to ensure the full freedom and creativity of expression, the writers could address their messages to any person of their choice. The study material was collected from September 2011 to June 2014. The authors were family members of students who were asked to obtain letters from their loved ones who met certain criteria. Participation in the research was voluntary (it was and alternative, non-mandatory task for the students) and it did not involved any additional benefits for the students. Another source of the letters were the universities of the third age in the Silesian and małopolskie voivodships. After the lectures, the U3A students were asked to write their letters and send them to the author of the research. This way, 16 letters were collected. The interested persons were asked to follow the guidelines included in the short manual for writing the letters. The students were also given the manual and were trained how to present the principles for writing the letters and how to gather the data.

The specific nature of the subject of the research determined the study procedure, that is, qualitative approach, constructivist paradigm (see: Lincoln, Guba 2000, p. 168–173; Kubinowski, 2011, p. 101–105). In the ontological layer, this paradigm points to the "subjectivistic attitude towards the reality, accepting the

relativism or the presence of many locally constructed and reconstructed realities". In the epistemological layer, it exposes the subjectivism and the creation of the outcomes. In the methodology layer, in turn, the constructivist paradigm refers to the hermeneutic studies of the created reality. The credibility and authenticity becomes the criterion for validity. In this paradigm, the researcher is involved in creating a polyphonic reconstruction.

Thanks to the selective coding (Kubinowski 2010, p. 261), four categories for further analysis were selected: (1) family in taking the stock of life, (2) concern about the family in the perspective of one's own death, (3) the supportive role of the family, (4) family as the source of joy and worry.

The analysis of the data – the letters, was conducted according to the 3Cs principle by M. Lichtman. It involves moving from "*rough* data to significant description or statements by using: coding, categorizing and concepts (notions)" (Kubinowski, 2010, p. 238). The process of formulating the concepts had several stages: initial coding and revisiting initial coding that leads to the development of the code structure; developing and modifying the list of categories derived from the coded data. The final stage involved generating the list of categories and subcategories considered as crucial in the perspective of the adopted research problems, and developing the concepts that enabled the final description, interpretation and answers to the research questions (see: Ibidem, p. 238–239; Rubacha, 2008, p. 259–279). In the process of qualitative analysis, Nvivo 11 pro computer program was used.

Family members as the letter recipients

In the letters inspired by the reflection upon one's own life, in the perspective of death, the family issues constitute a large part of the content, though there were also letters where this topic is not mentioned at all and the recipients were not even family members. The letters containing family references are often addressed to more or less specified, sometimes late, family members. They begin with the warmhearted greetings that prove the close relationships between the writers and the addressees: *Dear Dad*; *Mark, My Dearest Grandson; Dearest and Beloved Daughter; Beloved Husband* or *Dear Sister-in-Law!* In order to emphasize the solemn character of her letter, one of the writers decided to use a very sublime tone through the whole letter and a very official greeting: *The spiritual testament for my children*.

The recipients were spouses, children, grandchildren or parents. The endings of the letters were simple. Yet, they proved that the writers assigned a great value to their family roles, or revealed their feelings: *Wife, Mother, Grandma, Widow and Grandmother of 8 wonderful grandchildren*. Goodbye formulas, were also sometimes very emotional: *Loving, in love with life, preparing for the new, heavenly life Mother*; *Kisses, Your Mom*; *Good bye, remember I love you, Grandma*.

Family in retrospect

The memories recalled in the letters are not filled with much joy over the passed years. The joy can only be read in the emotions expressed towards other people with whom the authors spent their happy years. However, these are not the memories of careless moments. They refer to the years spent in the family home as children or later, as adults. But these memories bring back mostly difficult times, yet, spent with the loved ones, parents, grandparents, siblings. These statements are full of humility and understanding towards the loved ones, even if a given person was presented with their flaws that caused serious worries to the author of the letter.

Even though you were a strict father, I know today that you wanted to raise us to be good people and I can tell you that you have made it. I miss you so much... I didn't like you when I was a little girl, I was rather afraid of you because you were so strict with us and often when you were leaving for work I was repeating in my mind "Don't come back", because I was so afraid I would get a spanking. And you did not come back this one memorable Sunday... I couldn't understand why you left, why you got into that car.... why you left us. (Anita)

Which one of you, young ones, would be happy to go to the forest and pick berries? But we earned extra money and helped our mom this way. My husband was also chosen by mom and dad, because he was a good catch. I had a hard time accepting this, because I was interested in another, and I had to marry this one and promise to be faithful to him. (Janina)

Dad, it's been so many years but it feels like yesterday. I'd never had a chance to tell you how much I loved you. (Anna)

Remembering the past often evoked longing for the days gone, missing the people who passed away. The authors recall their late parents, grandparents, family members — the persons who raised them or with whom the authors shared their happy moments.

I'm an older lady now, with a lots of life luggage and you're there, in heaven, and you're still 37. Dad, I would like to know if feel good there, if you're happy. I wonder when will I see you, I would have so much to tell you, but the first thing I will do is to hold you tight and say that I love you, Dad. (Anna)

There was only grandma left, the one I liked very much. I wanted to be at her deathbed. (Honorata)

The feeling of missing the dead ones occurs also when the authors remember their adult years. The losses experienced in the adulthood involved not only their parents but also their own children. The most recent losses were the spouses.

I woke up this morning and I felt I missed you greatly. Today, 5 months after you're gone, I realized how much I miss you. (Zyta)

I'm 62 and I've been a widow for 9 years. I spent amazing, the most beautiful 32 years of my life with my husband. He gave me so much joy and happiness that words cannot comprehend (Anna)

My dearest, beloved Daughter. You left as a beautiful, fragrant, fresh flower. You were smart, resolute, caring, the best daughter in the world. You have left me with beautiful memories, and pain, and longing of which one will never be free. You're gone but you're alive and I am with you. Every day, often during the day and night, we talk, laugh, plan what could have been perfect in the "reality", and in these moments I never cry. You were my greatest value, greatest treasure without which it is very hard to live on. My smile and the joy of life fades away, and there is only suffering, sadness and great longing left. (Elwira)

With these few words I want to tell you that you were always the most important to me. You were the only one I truly loved and I know our love will live still — there, in heaven. I'm waiting for this moment, when we meet there. God is merciful and he will be watching over us in this important moment, as he has been our whole life. (Magdalena)

At the same time, the loved ones who passed away seem to be a support in confrontation with one's coming death. They wait for the ones who remained and support them now — as believed by the authors of the letters. Re-uniting with them after death is something to look forward to and it gives hope for the happy moments not marked by loneliness.

I'm not afraid of death itself because I know my loved ones are waiting for me there. I also know how sad would be the ones who love me when I'm gone. (Michalina)

There are so many of my loved ones on the other side that I won't be lonely. (Janina)

...I'm slowly getting ready to go, to part with this beautiful world. I'm living with the hope we'll meet in our after-life. Looking forward to seeing you, my Daughter! (Elwira)

More often and in a more direct way than joys, the authors describe the hardships of their family life in the past. They were traumatic experiences of loosing the loved ones or being harmed by them. Family home turned out to be a place of suffering, where there was no love but rather violence, lack of understanding or loneliness.

I experienced suffering already as a little kid, I had survived the world war II and I remember lots of blood and the piles of death bodies of my loved ones. Another hard experience was the sudden death of my son. (Henryka)

When I was 20, my grandfather got sick. We looked after him with my mom. He was lying and had bedsores. His son, my dad, was not interested in this illness of the old age. He was very nasty when taken care of. He used obscene words and I didn't like him. He died, I was not sad that much. (Honorata)

When I was an adult, yet, young woman (29), I experienced a "death within me". This may sound stupid but it is the only way I can describe it. My little boy died in my womb.

It was a great despair. I wanted a second child so much (I already had an 8 year old son). (Iga)

I was also taking violin and singing lessons in the Pedagogical High School. I was getting very high grades. That time, in the 1950s, there were admissions to Śląsk Song and Dance Ensemble. Because I was learning music and singing, I had a chance to get into the ensemble in the first place. It was possible thanks to my high school professor from Mysłowice. I passed the entry exam and I was to be accepted but, unfortunately, my family didn't let me because I was the youngest and they decided I should look after my parents. And so it was — the thing I wanted so much did not happen. I left this high school and moved to another. (Xenia)

Family in the life balance sheet

In the letters, there were clearly visible forms of evaluation and summarizing of the authors' life – the consequences of the decisions and choices made, or decisions to withdraw from certain activities. In such a retrospect, biographical approach to family, the balance was mostly positive. A sense of fulfillment in the family roles dominated in the statements. Disappointments with some aspects of family life were compensated by other successes and joys. These are mostly the roles of spouses and parents.

I used to be young, beautiful and attractive. I had everything women dream of — I was a mother, a wife and a friend. (Henryka)

I was lucky, even though I lived a modest life. I gave birth to, raised and educated three children who now have their own families. (Jagoda)

I'm glad I raised him to be a good man and that his grandchildren are good. I had a happy life, because I had work, husband and Janek – what more would I want? Some people divorce but God let me stay with my husband until his death. (Janina)

Out of the letters, the ones addressed directly to the beloved – spouses, parents, children, grandchildren – should be selected. They contain declarations of love, expressions of thanks for the life together, as well as pride and joy resulting from the happy, shared experiences.

Thank you for our life together. Thank you for being with me every day, for this awareness that you'll never going to leave because we made our vows before God. And I also thank you that were always honest. Thank you also for our beloved children. You were a great father – caring, protective but also demanding. It is thanks to you that our daughter has learned from the beginning what a good husband and a father should be like. And now she has her own good family and she is happy. Our son – he's just like you! He inherited your character. It's good he's followed his calling – he's happy and fulfilled there. I also thank you for enduring when I was giving you a hard time during my sickness. You were so patient and delicate, especially when the pain was unbearable. Thank you that you

watched over me in the hospital, during the surgery and after the treatments. I thank you with all my heart. (Magdalena)

I'm so proud of you, my children, because you've grown to be good and honest people, I didn't have any problems with you, you were my greatest joy and support, I've never had to be ashamed of you. (Sabina)

Not everyone, though, have such a positive view of their past. The letters do not lack sad memories from the previous stages in life. The majority of them are the losses of the loved ones, but there are also the results of taking the stock of life: failures in marriage and disappointment with people.

On the way, I lost my loved ones, that is, my mother, my father, my brother Zbigniew, my brother Leopold and I'd been left alone. And I also suffered from the lack of love, orphan disease when I was a child and then in my marriage due to egoism and coldness of the loved ones. I was and I am unappreciated and unnoticed person, with deficits and very sensitive... (Bożena)

When I was an adult woman, life wasn't saving me hard experiences, my husband, the father of my children, now late grandfather of my grandchildren, was not sparing me either. He was never helping our family, I had to work to pay the debts of his family, he was taking all the money to them and did not give anything to his own children. I had to go to Warsaw to work, so my children have something, and they did not have comfortable life. (Michalina)

However, the letters were also an opportunity to admit one's own failures, wrong decisions, negligence towards the closest family members.

We lived in a family but past by one another, everyone minding their own business. Work, housekeeping, studying, extra job — these were our goals. Talking to the loved ones, contacts with our family were in the background. We visited our parents only for holidays, weddings and funerals. Many of our loved ones and friends have already gone forever. It's a pity that so little has been said, so many unanswered questions. (Jagoda)

Now, I would also like to apologize for the things that had caused you pain. I know that you've forgiven me everything because you've always been so good, I also apologize that sometimes we cared so little to have time just for the two of us. I also apologize for the good words I have never said and that in the day-to-day business they were too scarce. (Magdalena)

I can remember you being sleepy and bored during the mass and my nervousness when you childlike patience was reaching its limits. I remember preparations to the First Communion, learning few formulas by heart and so much time spent on cooking, gifts and nothing more than that. How unreliable I had to look as a catholic in your small, smart eyes because you were always very intelligent. Wasn't that an empty ritual for you, a miserable decorum, dressed up and artificial? Did you, as teenagers, not despise such faith? You did not rebel and you are going to pass this great NOTHING on your children? I feel a spiritual bankrupt when I look at what I have passed on to you. (Patrycja)

Concern about family in the perspective of one's own death

The letters often took on the form of a manifesto, an inter-generational message or even the last will. The authors tried to formulate the most important message, a life motto, advices to the younger generations and to share life wisdom, like in the last example quoted above (Patrycja) when the letter became an opportunity to call for greater engagement in the spiritual life of children.

> *There is, however, something I can give you abundantly, freely. You and everyone who expects something after I'm gone. Those who were my happiness, joy and my everything. I wish to instill a real faith in God in you. (Halina)*

> *Beloved, I beg you, don't copy our mistakes. Talk to one another. Be open to the needs of other people. Show your feelings, don't be ashamed to talk honestly, it helps in difficult moments. I know it now. And good that we show to others, comes back like a boomerang. (Jagoda)*

Other messages were addressed rather to a general public and they are mainly calls to show kindness, love and tolerance:

> *What advise can I give to the young ones? To be happy with what they have. So they don't look for happiness where it's not possible. Because we will always want more and there will always be something missing. Where love is, there is also happiness. (Janina)*

> *When founding families, we must remember to love children unconditionally, even though every reasonable person admits that is is easier to love children who make their parents proud, when they're growing up. (Józefina)*

> *I wish to say to my children and grandchildren that they should live their life 100%. Don't be afraid of anything and move forward. One should live it to the full and take everything there is to take. (Wanda)*

There were also reflections about death. The authors of the letters, as the older people who have life wisdom, used the letters to equip the recipients with this knowledge, helping them to confront human finiteness.

> *Sure, death brings pain and tears but this is the way world works – something begins and something ends. Someone comes to the world and someone dies, someone cries and someone rejoices. One needs to stop and cry, pray and then the heart is lighter. Talking to someone close and trusted also helps. It's not worth to store your sorrow inside. I know it's not easy but I guarantee it works. (Wanda)*

> *I think we should not be afraid of death, it will make us infinitely good. You should live according to your conscience and then you wait peacefully for it to come. I wish you, Gosia, such life. (Stefania)*

However, the reflections about human finiteness provoke also to look into the future. Dying means leaving family behind and this perspective seems to be the cause for concern about the loved ones. On one hand, the limited time does not allow far-reaching, long-term activities, on the other hand, there is an awareness of the great dangers one cannot control anymore. There is also a concern about being a burden to the family in case of a severe illness.

I always try to pass on all my experiences to protect them from mistakes. I know it's impossible because everybody must face their fate on their own, but I wish my family the best. (Michalina)

Is it too late to make it up? Does this time of my growth in faith mean anything to you, when you're not home anymore, when you have your own families, when your children — my grandchildren — are born? I have probably given you what I, myself, received at home. (Patrycja)

I always think about them and I worry they may go astray, because it is very hard to raise children now. More and more drugs, alcohol and bad company. Please, keep explaining to them how dangerous this is. (Sabina)

Actually, it's not fear from dying but a sorrow and longing that those you love will stay and I won't be able to share their joys, worries and they surely wouldn't make it without me. (Katarzyna)

... but if he finally wants to take me with him, I would like it to happen suddenly and quick, so I'm not a burden to my family... (Stanisław)

However, some authors are exceptionally peaceful when thinking about their family. They are convinced their loved ones would be fine. They are well prepared for life, so dying seems easier when they can peacefully look forward to the future of their families.

I believe each of them will have a happy life and I'm going to leave in peace, knowing they will be fine and will not have such a hard life like mine. (Michalina)

My children are grown ups, my daughter is already married and my sons would do just fine in life. (Dorota)

Regardless of their concerns about the future of the family, the authors wish they could share the future experiences they will not be able to participate in — there is some sort of longing for the future. These are some important family events like weddings or births, but also the daily joys.

I often wonder about the things I will not know anymore. I may not live when my first great grandchild is born, or some of my grandchildren get married. (Michalina)

Do you know our grandson will get married soon? These moments I regret the most — that you will not see it. But despite that, I hope you're watching over us from above. (Zyta)

Summary

According to Elżbieta Dubas (2016), one of the gifts of the old age is the time regained for ourselves. In this period of life, it serves its most important function – it gives meaning. "The old age helps people find the meaning of life – to understand the phenomenon of life, both, individually – as the sense of their personal life, and in the cosmic perspective — as the meaning of the universe" (p. 236). The serious reflection about one's own biography when the life cycle is about to complete, naturally invokes pictures from the most distant past, seen through the eyes of a child. Times when the authors of the letters were children were not easy. Many of them recall the atrocities of war and their family in the situations of work or during the housework, or the absence of the closest family members. Olga Czerniawska, when conducting her review of many narrative-based research, describes the childhood memories of the oldest group as "difficult but happy" (2006, p. 72). This description can be used in case of the authors of the letters, and one can even notice a longing for the family home that was not there, for the parents who were always busy. But the respondents show great understanding of the times when they were growing up, they try to excuse their parents, idealize them. Not everyone, though. In one particular case, in the long letter to her grandson, the author writes without any reservations and with great honesty about the emotional distance she had experienced in her childhood and the lack of good family relationships.

The memories from the adulthood are also emotional and marked with sadness and the sense of missing the loved ones. The authors write a lot about those who passed away. The death of parents, experienced by the most seniors, is natural. It is, undoubtedly, a difficult experience, however, the loss of a life partner or a child becomes a very dramatic experience, hard to accept. "Experiencing the painful loss of a beloved person is an individual matter; like every death, it is a unique process. Each of us – regardless of age – experiences grief in their own way, personally. Moreover, it is easier to face the awareness of one's own death than the loss of a loved one" (Zych 2009, p. 251). The deceased are pictured as extremely valuable, good, beloved persons who had done a lot of good to the authors of the letters. They express how they miss them, and at the same time they look forward to meeting them after death and they believe in divine Providence. Thanks to this, the confrontation with approaching death seems easier.

During taking the stock of life, the key reference is the family life, what is confirmed by the research by Jerzy Halicki (2010) who says: "family turned out to be one of the main factors of contentment in life" (ibidem, p. 143), and the decisive elements in life were marriage and successful children. Astrid Tokaj have reached the same conclusions, when she summarized her research: "we need to emphasize that in each time interval – according to the respondents – family played, is playing and will play the most significant role" (2005, p. 45). The analysis of the letters confirms this thesis.

The authors of the letters emphasize their satisfaction with the family roles they have played. They thank their loved ones that they could spent their life fulfilling their roles in the family. They are proud of their children and spouses, they express happiness that comes from performing the family roles – first of all, as parents and spouses.

The image of the family is much more often recalled in the positive light. In the research by A. Tokaj (ibidem), such opinion is shared by about 60% of the respondents, and the negative experiences form the past were connected with other areas of life rather than family. However, taking the stock of one's life also takes on the form of return to the negative past events. And then, the family may also become the source of suffering. The letters reveal the hardships of marital life. Spouses were often the perpetrators of domestic violence, they neglected their family responsibilities, committed adultery or abused alcohol. The negative experiences from the past must lead the respondents to ask themselves about their part in dealing with those problems. And even though the negative events were viewed by some as imposed circumstances that nothing can be done about, others saw their fault in those situations as well. They admitted their lack of involvement in the family life, ignorance, negligence of their spiritual life.

The confrontation with approaching death also provoked the seniors to think about the future of their loved ones who will be left behind when the time comes to part with this world. This confrontation resulted in formulated advises, a sort of testament, a call to the younger generations. The wisdom contained in the letters is, first of all, a call to show love and respect to one another, to take responsibility for others but also to live life to the full and, at the same time, do not neglect the spiritual life. Another form of caring for others are the concerns focused on the selected aspects, accompanied by advises and encouragement to overcome difficulties. These difficulties are connected with the threats of today's world, the hardships of family life and death.

The authors of the letters also think about themselves in the perspective of sickness and death. They are afraid that they will be a burden to their families, they do not want that and they want to protect their families against it. These are reasonable concerns as in Poland it is mostly children (51.1%) and children-in-law (13.45%) who are the carers of their elderly parents (Czekanowski, Synak, 2006, p. 184). The writers also express that they miss the things that they will not be able to experience, events that they will not see — the family events.

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Seniors as family resources from perspective of people in early and medium adulthood

Keywords: old people, family resources

Abstract
The resources of the family are usually analyzed in the context of the resources which the family has as a system, this pays special attention to the strengths of the parents. The discussion in this area is a paucity of content related to seniors, which are also members of the family. The potential of the elderly, which can also be seen as family resources, can't be overestimated in many difficult situations, and especially in a crisis that plagued the modern family. Around these issues are focused reflections included in this text. The article contains the results of empirical research on seniors as family resources conducted among people who are in the early and middle adulthood.

Introductory remarks

The elderly living in Poland have, according to many studies, usually very good or good relationships with family, based on mutual assistance of all family members. Along with the increasing age of the older person the nature of the exchange alter. Initially, the older people provide more for the younger members of the family, later (especially after 80 years old) they need more support from the younger generations (Szatur-Jaworska 2012, pp. 419–448; Czekanowski, 2002, pp. 140–172). However, regardless of age, an older person may be an invaluable resource family.

In the social sciences, especially in the sciences of education, family resources are usually analysed in the context of the resources that family possess as a system, including special attention to the strengths of parents. In discussions concerning this

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area there is noticeable paucity of content related to seniors, who are also members of the family. The potential of the elderly, which can also be seen as resources of the family, can not to be overestimated in many difficult situations, especially in a crisis, which are the scourge of the modern family. Reflections included in this text will focus around these issues.

The resources of the family, their origin and components as the basic conditions for the formulation of own research methodological assumptions

According to Stanisław Kawula "the resources and capabilities of the family are potential, which the family has when dealing with a crisis situation" (Kawula 2002, p. 507). There are three potential sources of family resources: 1) the personal resources of family members; 2) the resources of the family system; 3) the resources of the community, in which family is located. Among the personal resources in a situation of crisis that might help overcome it are: intelligence, knowledge and skills, personality traits, health, sense of control over their own lives, their own sense of values, empathy (Kawula 2002, p. 507).

The family resource system includes, among others: family integrity (expressed in mutual trust, appreciation, support, integration and respect individuality); adaptability of the family (a family's ability to overcome difficulties); family organization (this is compatibility, clarity and consequences in terms of the applicable roles and rules and clear delimitation of family and generational boundaries); family communication (including clarity and directness of communication, which relieves tension and helps resolve conflicts); the strength of the family (a sense of control over events, including an active attitude towards the difficult situation and the conviction that change will bring, good effects); the integration and stability of the family (measured in the quantity and form of the time spent together, including within the framework of family traditions); the ability to use individual resources (the family as a whole may derive from the individual resources of individual family members to deal with crisis situations and stress management); the flexibility of the family (the extent to which the family is able to make changes in the system, for example, change the rules, boundaries, roles played in the family) (Kawula 2002, pp. 507–509).

Seniors as family resources – empirical exemplification

For this study the author of the text conducted empirical research titled Seniors as family resources in April 2015. Purpose of the study was to improve knowledge about the elderly seen as family resources from the perspective of the people who are in the early and middle adulthood. The object of the study were the resources of the family, reflected in the older family members, analysed from the perspective of people who are in the early and middle adulthood. The subjects of research were people who

are in the early and middle adulthood and are considering the elderly members of the family as their resources. The main research problem comes down to answer to the question: How are the elderly resources of the family seen from the perspective of the people who are in the early and middle adulthood? Specific research issues were: How can seniors help family members in a crisis or difficult situation and what resources do they use for this purpose? How do older people contribute to the cohesion of the family, family organization, communication, as well as the integration and stability of the family?

In regard to the aim and object of research and formulated research issues, in empirical studies used qualitative research strategy, and thematic biography as the test method. Research technique was the analysis of the test, in particular content analysis of written statements of people who are in the early and middle adulthood. The empirical material, consisting of eleven statements, comparative analysis, using qualitative content analysis.

Participation in the research was voluntary, respondents were provided with anonymity and they gave their consent to the publication of their statements. The author has made the selection of the targeted respondents by asking to fill in a research tool in the early and middle adulthood (and more specifically familiar students of pedagogy and research workers of one University located in the province of Warmia and Mazury and familiar people who do not work at the University and who have higher education), which perceive among the family members older people (i.e. aged 60 years old and above), who are according to them resource of the family. Studied the views of people who are in these stages of life, because they already have certain baggage of life experience, know how to analyse the process of family life and appreciate the contribution of the older generations in their development and family life. You can say – as it scientists analysing adulthood – that their «cognitive processes are generally richer and fuller» (Jankowski, 2007, p. 37). In conclusion, the essential criteria for the selection of the sample of the research were the following: 1) perception among family members of seniors representing the resource; 2) age (early or average adulthood); 3) student of pedagogy or person with higher education. Interviewees were given a research tool titled Instructions for written statement about seniors as resources of the family, consisting of several open questions, which refer to the seniors, who are members of their families. Author recommended them to choose such older people whose resources are used in difficult situations and crisis. At the outset of a research author tool explained them the term «resources of the family».

Eleven people decided to fill the research tool: person no. 1 (the woman at the age of 27, she wrote about grandfather, who at the time of his death in 2013 was 84 years, grandmother, who at the time of her death in 2012 was 76 years, father at the age of 63 years, mother at the age of 60 years, father in law aged 71 years); person no. 2 (the women at the age of 37, she wrote about mother at the age of 67 years, mother in law aged 60 years); person no. 3 (the woman at the age of 39 years, she wrote about her

grandmother, who had 95 years and mother at the age of 65 years); person no. 4 (the woman at the age of 44 years, wrote about father at the age of 78 years); person no. 5 (the women in the age of 22, she wrote about grandfather at the age of 69 years and grandmother at the age of 72 years); person no. 6 (the woman at the age of 23, she wrote about uncle at the age of 65 years); person no. 7 (the women in the age of 22, she wrote about her grandmother at the age of 71 years old); person no. 8 (the women in the age of 24, she wrote about her grandmother at the age of 66 years and grandfather at the age of 72 years); person no. 9 (the woman at the age of 22, she wrote about her grandmother at the age of 72 years); person no. 10 (the woman at the age of 22, she wrote about her grandmother at the age of 80); person no. 11 (the women aged 39 years wrote about mother and father at the age of 79 years).

In the first part of the research tool asked respondents about How help the elderly members of their family in overcoming crisis and/or difficult situations and what resources do they use for this purpose? In addition, given the examples of the resources to which they can connect to. Respondents also had the opportunity of adding their own answers. At the same time they were asked about the broader rationale and selection, which the older person in the family is affected.

All respondents referred to the category "life experience, the wisdom of life". From written statements, it appears that seniors can help their family members, using their life experience, wisdom of life, especially in difficult situations for professional affairs, and human relationships. But the elderly do not impose their opinion, only serve as council. Here are some of the statements on this topic: *Yes, all younger family members (children, son in law, grandchildren) benefit from the experience of life of senior citizens (mother, grandmother, mother in law). This is the most complex problem situation (cases, conflicts between people)* (person no. 2); *When I have a problem, or anyone in the family and does not know how to solve it, thanks to grandmother' s wisdom and experience, she always tell us what she thinks and what she has done, but never impose on others* (person no. 10).

Another senior resource, on which subjects (11 people) pointed was the intelligence (in this emotional intelligence). Sample statement on this issue: *Yes, younger family members (children, son in law, grandchildren) when easily need a hint, how to solve the problem, grandchildren with homework. Important is also emotional intelligence you have seniors in my family, greatly facilitating the mutual daily family life* (person no. 2).

A lot of indications (9 people) were also related to knowledge of seniors, including knowledge of life (as a mother and a woman), used in solving problems and crises (very often with grandchildren's homework, treat the sick members of the family, in solving crossword puzzles). Respondents wrote: *Yes, younger family members (children, son in law, grandchildren) when easily need a hint, how to solve the problem, grandchildren with their homework. Provide an ideal source of knowledge when solving crossword puzzles and games* (person no. 2); *I have benefited from my grandfather's*

knowledge while I was attending middle school and technical school of economics, because grandpa has a broad understanding of our economy and market. With my grandmother I can talk about life dilemmas and draw from her expertise as a mother and a woman (person no. 8); *Me and my cousins benefited from my grandmother's knowledge, for example when we did homework (as children), granny was always helpful and knowledgeable* (person no. 9).

All people participating in the study mentioned the skills of senior citizens, which are rather used in everyday life and problematic situations, and not typical crises. Woman statements were dominated by culinary skills, taking on knitting, embroidery and darning, and in men's case it was the repair skills, carpentry and garden crops. There were also skills related to previously executed profession (pedagogical, economical). Here are the most characteristic expressions: *Yes, younger family members (children, son in law, grandchildren), especially when performing domestic work and work in the garden, sewing, cooking and art work and artistic classes* (person no. 2); *My dad has a high pedagogical skills that help me in shaping of my son's character* (person no. 4).

Almost all subjects (10 people) pointed to the personality traits of older people, among which the most often mentioned: sense of humour, optimism and positive attitude to life. Here are the sample statements: *Dad – to unwind, jokes a lot, clowning around, is cheerful, people like to be around him; Grandma was a very warm person, she liked to joke, she was funny, she liked when people felt good in her presence and the atmosphere was nice and relaxed* (person no. 1); *Grandmother, despite her age, has a great sense of humour, can make anyone laugh, is also optimistic to life which helps her children, grandchildren in overcoming difficulties* (person no. 10).

Many respondents (10 people) believed that seniors, which they write about, have a sense of self-worth, and several of them said that their close older people have also helped to increase their sense of values. Some of the statements on that matter: *Yes, children and grandchildren watching confident seniors, believe that they may also be the same, which makes it easier for them to take challenges and objectives* (person no. 2); *Grandma always knows that anyone can count and rely on her. She is glad that she can help others, so a sense of her own value is strongly increased* (person no. 10).

Subjects (6 persons) has referred also to the issue of a sense of control over their own lives, indicating that senior citizens, which they wrote about possess. One person stated that this is visible when making decision about retirement. Two people have added that this is something they have learned from seniors. Example of a response: *parents despite disability are self-reliant, independent, mom still works* (person no. 1).

Subjects (7 people) indicated empathy as a resource of their seniors. Thanks to senior's empathy, family members understand each other better which helps in resolving tough, conflict situations. Two people claimed that they have learned empathy from their grandmothers. Selected statements: *My grandmother and my mother can very well empathize with my situation and find a remedy to my worries* (person no.

3); *He can back me up when he knows I am right while parents think otherwise* (person no. 6); *Grandma really empathizes with the problems of the whole family, experiencing everything together with family members* (person no. 10).

Nine people wrote about state of physical and mental health of senior citizens as a resource. Although seniors, of which subjects mentioned, do not have the best physical health, they can help in difficult situations, to support mentally, to deal with small children in the family and other family members requiring care. The subjects wrote: *Mom and dad, despite many physical disorders and disability, are fit mentally and self-sufficient. Both dad and mom, can take the train and come to take care of their grandchildren, or bring a thing* (person no. 1); *My dad, despite health problems, shows everyone how you can be a human being in any situation, someone that you want to spend time with* (person no. 4).

Only two subjects mentioned the other resources: *Grandparents also assist us in material matters. As I mentioned, my mom alone keeps the household (detached). In moments of crisis, grandparents are always in a hurry with the help* (person no. 5); *For example free time, financial* (person no. 11).

The second part of the research tool consisted of questions with several points, the first detailed question took the following form: "Do the older members of your family contribute to mutual trust, appreciation, support, integration of the family and respect for the individuality of family members? (If they do, How does it manifests itself?)". All interviewees answered affirmatively to the question, stressing that seniors can help in solving problems and family conflicts, bind family, care about integration through joint leisure activities, events and family celebrations. Here are some of the statements in this issue: *Yes, it manifests itself in everyday life situations, family integration by organizing joint leisure activities, preparation and sharing the meals, joint talk* (person 2); *A mutually trust, appreciation, support, integration and respect for the most important values that are passed from generation to generation* (person no. 6).

The next question was as follows: "Do the older members of your family contribute to compliance, clarity and consistency in terms of the existing roles and rules and a clear designation of family and generational boundaries? (If they do, How does it manifests itself?)?". Most of the surveyed responded affirmatively (6 persons), two negatively, three not commented on this topic. The data show that seniors do not impose standards, does not interfere with without the explicit request. They usually just suggest and advise. Example of a statement: *Yes, they guard fulfilment of elementary roles assigned to each member of the family, consent. They do not interfere without explicit request in the family affairs of the younger generation* (person no. 2).

On another question: "Do the older members of your family contribute to better communication in the family, which discharged and helps resolve conflicts? (If they do, How does it manifests itself?)", almost all people tested (10 persons) replied af-

firmatively, noting that seniors contribute to better communication in the family, and that good spirit is major helper along with sense of humour, positive attitude and the ability to the select right words as well as tolerance. Interviewees spoke about this in the following way*: mom – is able to choose the right words, calm others down and look for the positive aspects and mitigate, when it comes to some misunderstandings, or understatements* (person no. 1); *Granny takes care of the good contacts between members. Always trying to listen to both sides and leads the conversation, trying to resolve the conflict* (person no. 8).

The next question was: "Do the older members of your family contribute to increasing the quantity and form of the time spent together (including maintaining family traditions)? (If they do, How does it manifests itself?)" All people have responded affirmatively, adding that seniors care about common leisure, meeting during the meals (if they live together, then during the day, if not, during Sunday lunches) and the joint celebration of the holidays. Here are some statements: *Traditionally the whole family spent Christmas Eve at Grandma, she would always ensure that family spent as much time together as possible during holidays* (person no. 7); *My family is large, we spend a lot of the time together. Two times a day we drink coffee together, go for walks in the woods or on the bike rides. We put great emphasis to the tradition of Christmas, we nurture them* (person no. 8); *Grandma often organizes public holidays at home or various types of gatherings, where the whole family meet* (person 10).

On another question: "Do the older members of your family contribute to maintain close relationships in the family? (If they do, How does it manifests itself?)", all answered affirmatively, noting that often meetings have big impact on close relationships (during meals, shared outings) and leisure time. Sample statement on this subject: *Granny organizes family dinners, which whole family tries to attend, we talk a lot with each other and we spend our time together* (person no. 7).

The last question was: "Do the older members of your family contribute to take joint actions? (If they do, How does it manifests itself?)". The seven surveyed confirmed that together with seniors take joint actions (as joint leisure, and preparing and eating). One person has denied, and the others did not respond to it. Here are sample expressions: *Family gatherings, I prepare salads and such, they provide the place and atmosphere* (person no. 3); *Jointly organized events: birthdays, name days, christenings, etc.* (person no. 7); *We share walks and prepare meals* (person no. 9).

The three tested wrote additional reflections that show how important seniors are in their family and what a great resource they are: *Seniors in my family are an invaluable resource. You can always count on them, support, help with grandchildren. Their life wisdom and gentle way of being cause the continuous desire to reside with them and spend every free moment* (person 2); *Resources, people with experience are invaluable because of their experience, the young generation will never have the same experience as our elders, fighting for themselves and family in times of war and com-*

munism, our times generate people focused on themselves, selfish, fighting for survival at any cost but with wrong motives (person no. 3); *I wouldn't change my family and my elders nor would I give them to any institution. They taught me about values, respect and dignity, they are my role models* (person no. 6).

Summary and final notes

It should be noted that the results of research presented in the article are very optimistic, because of the selection of the research sample. Participants in the study are people in the early and middle adulthood (studying pedagogy or with higher education), recognizing senior members of their families as its resource. The test results are therefore not representative and only apply to people who took part in them.

According to the analysis of written statements, respondents grew up in environments which are a kind of intergenerational community in which there are strong ties between the representatives of the older and younger generations, and primarily uses the resources of the older members of the family in a difficult situation or crisis. Seniors in the families of people who have agreed to participate, are invaluable resources of the family. Elderly people occupy high position in these families, they are often so-called "the head of the family", integrating family environment, they pass traditions and values (family, a good man), showing how you can solve problems and overcome crises.

From the conducted studies, this is potential that lies in elderly as family resources: 1) life experience (the wisdom of life), which is used in many difficult situations, in particular in crisis situations; 2) knowledge (among others historical, associated with traditions and rituals, life) and skills (including professional and social); 3) mature attitude (to the tasks of life, are taking the roles of transience of human life); 4) having time for family; 5) holding a multi-dimensional social support for all generations in the family; 6) taking action on family cohesion and organization of the family, as well as proper communication in the family, and for the integration and stability of the family (through by example conversations and meetings organizations).

Studies empower to one main postulate to the formulation of models and support patterns in practical activities to support the family, take into account the potential of senior citizens. Both theory and pedagogical practice, should not belittle the vast resources of the older family members.

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Domestic violence against the elderly – a modern challenge to social aid

Keywords: violence, the elderly, family, social aid

Abstract
Domestic violence against elderly family members is one of the many problems faced by the social aid system in Poland. It seems to have increased in recent years, which may be due to greater social awareness of the problem and the functioning of institutions providing aid in such cases, or to the growing courage of victims. It is reasonable to assume that the problem will only increase, as the society ages and the numbers of elderly increase and as the elderly themselves become more aware of their rights. The legal system has to be ready for this.
The aim of the article is to explain why domestic violence against the elderly is a modern challenge for the social aid system. The problem will be presented in relation to research done in social aid institutions in Podlasie, presenting the scale of the problem of violence against the elderly, the characteristics of the victims and suggestions for improvements to existing regulations.

Introduction

The core document regulating social aid in Poland is the Act of 12 March 2004 on Social Aid and its amendments. Crucially, art. 2 of this documents presents a definition of social aid: "social aid is and institution of social policy, with the purpose of helping individuals and families overcome difficult situations, which they are incapable of overcoming using their own rights, resources and abilities". Describing social aid as a part of the social policy of the state indicates that it is one of the state's obligations

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and citizens have the right to expect the state to take responsibility for families and members of the community (Szarota 2010, Sierpowska 2007, p. 24). Furthermore, art. 3 of the Act states that: "social aid supports individuals and families in meeting their basic needs, allowing them to live in conditions consistent with human dignity and prevents difficult life situations by supporting the independence and social integration of families and individuals".

Therefore, social aid is a deliberate attempt by the state to meet various significant social needs and solving problems. Andrzej Mielczarek refers to this by stating that: "social aid was created as an answer to the needs of society and its members relating to health care, education and improving living conditions. Optimally society should use social aid institutions to allow all people to fully participate in society" (Mielczarek 2010, p. 101). Different people have different needs and are therefore entitled to receive social aid due to poverty, orphanhood, homelessness, unemployment, disability, chronic illness, helplessness in matters of care and education, etc. However, currently one of the areas of social aid, which requires more attention, is domestic violence.

The family is the basic unit of society, the primary institution providing the biological continuation of society, as well as "transmitting the basics of cultural identity of the broader community" Adamski, 2002, p. 27). These two functions are enough to show the significance of the family to society. However, the modern family faces numerous threats to its stability – financial difficulties, housing issues, difficulties with rearing children, etc. are conducive to the dissolution of marriages – divorce or separation. These are the most drastic results of difficulties modern families face. Many families continue despite the problems they face. One of these problems is violence. Physical, emotional, financial or sexual abuse, as well as neglect of the weakest or helpless family members, are difficult experiences, with many negative results. The situation varies depending on who is the victim of violence in the family (Maćkowicz, 2015).

This paper focuses on the situation of elderly victims of violence. The aim of the article is to explain why violence against the elderly within the family is a modern challenge to social aid. To that purpose the scale of the problems will be presented, evaluated on the basis of research performed in social aid institutions in Podlasie, as well as describing the characteristics of elderly victims of domestic violence and their situation.

Some Notes Concerning the Organization of Research

The empirical data forming the basis for this text was obtained through quantitative and qualitative research performed among the employees of social aid institutions in Podlasie.

The object of the research was domestic violence against the elderly, defined – following the WHO definition – as people aged 60 or more. Firstly, the scale of the

problem, the most common forms of violence, its distinguishing features compared to other groups of victims, etc., were evaluated based on a diagnostic survey conducted among the employees of social aid and crisis intervention centers in Podlasie. The next step was to conduct interviews with the same group of respondents, using a standardized list of points of interest (Konecki, 2000, pp. 169–170; Sołoma, 1999, pp. 65). Authors of the text followed a rule that one employee was interviewed in each of the social aid centers (city, borough, city and borough social aid centers, crisis intervention center) in the region, as well as a psychologist, if one is employed by a particular institution. Overall, there were 145 respondents in both stages of research, 133 social aid workers and 12 psychologists. The research was conducted in December 2011. The survey was subject to statistical analysis, while recordings of the interviews were transcribed for a deeper qualitative analysis.

The Scale of Domestic Violence against the Elderly

Research conducted among the employees of social aid institutions indicates that the problem of abuse and neglect is analyzed by social aid institutions. Out of 145 institutions participating in the research more than a half (85–58.6%) had contact with an elderly victim of domestic violence within five years prior to the research (table 1).

The problem was most often recognized in urban areas (i.e. by City Social Aid Centers), while in rural areas approximately as many Borough Social Aid Centers had and had not encountered cases of violence against the elderly (53.2% and 46.8% respectively). Furthermore, even if an institution had had experience with an elderly victim of violence, most often (65.9%) it consisted of one or two cases. Fewer (34.1%) institutions had dealt with three or more victims of violence. It can be concluded that elderly victims of domestic violence approach social aid institutions, but only rarely. The problem is still taboo, a shameful experience which people are unlikely to share with others, not to mention notifying the relevant authorities. Nevertheless, when asked about the changes they have seen over the years, social aid workers most often (61.2%) stated that in recent years there have been more reports of domestic violence against the elderly.

Table 1. Various institutions' experiences with elderly victims of domestic violence

TYPE OF INSTITUTION	Has your institution had contact with an elderly victim of domestic violence in 2005–2010?				OVERALL	
	YES		NO			
	N	%	N	%	N	%
Borough Social Aid Center	33	53.2	29	46.8	62	100.0
City Social Aid Center	28	77.8	8	22.2	36	100.0

City and borough Social Aid Center	6	50.0	6	50.0	12	100.0
Social Aid Center	7	35.0	13	65.0	20	100.0
Crisis Intervention Center	11	73.3	4	26.7	15	100.0
Overall	85	58.6	60	41.4	145	100.0

$p < 0.01$

Subject literature indicates a number of factors allowing us to draw conclusions about the growing number of reports concerning cases of violence against the elderly. More frequent discussions of the issue play a major role. In the words of Jaonna Cichla: "The growing interest in problems of violence exposed by the media and the opening of the collective awareness to this issue, has led to a change in the perception of this problem as one restricted to marginal or pathological families. This change in attitudes makes it easier for women to take the decision to reveal the tragedy of their marriages" (Cichla, 2009, p. 119). Social aid workers participating in the study have made similar statements.

After the answers to the open question about the reasons why the number of reports of violence against the elderly has increased were divided into categories (the interviewees gave various explanations) we found that almost all interviewees (96.2%), who noticed an increase in the number of cases of domestic violence against the elderly indicated that this is the result of increased media coverage of this problem and it coming up more often in various meetings. It is worth quoting some of their answers.

The head of one of the Borough Social Aid Centers stated that: *violence was always there, it's not like it wasn't. It was there, but behind closed doors, now it's talked about more, so people are more aware* (GOPS, F, 46[3]), or a similar comment: *nowadays violence is spoken about more openly and maybe people are more educated about it and talk about it more. It was there before, but people didn't talk about it* (GOPS, F, 44). Another interviewee stated that *people talk about it on TV more and maybe that's why people are more willing to go to an institution and ask for help* (GOPS, F, 34). The head of one of the Social Aid Centers made and interesting comment: *I'll be frank, up to 2008, cases of violence here mostly involved young couples with children, where the perpetrators were alcohol abusing spouses. Elderly victims only started appearing after 2008 when we started receiving signals. Neighbors and acquaintances started opening*

[3] Information in brackets indicates the type of institution – Borogh Social Aid Center (pol. Gminny Ośrodek Pomocy Społecznej – GOPS), City Social Aid Center (pol. Miejski Ośrodek Pomocy Społecznej – MOPS), City-Borough Social Aid Center (pol. Miesko-Gminny Ośrodek Pomocy Społecznej – MGOPS), Crisis Intervention Center (pol. Ośrodek Interwencji Kryzysowej – OIK), the gender of the interviewee (M – male or F – female) and their age.

up and informing us about incidents. I think we have to thank the media, that people started talking about it, that this problem exists (OPS, F, 36). The situation is presented well by the following quote: "an increase in the number of cases of violence can be attributed to an increase in violence in modern households (…). Fictional and non-fiction accounts of child abuse and violence against spouses disseminate knowledge about the problem, let people know where they can find help and this makes them more likely to report such cases" (Herzberger, 2002, p. 36).

Another factor, which could have contributed to the increase in statistics concerning domestic violence against the elderly, often mentioned by the interviewees, are new aid tools dedicated to this group (38.5%). The following opinion came up during one of the interviews: *right now there is a lot of talk about the problem of violence, because ne programs have been introduced for counteracting it. And someone finally took interest in the elderly and made a variety of steps and programs for this particular group* (MOPS, F, 56), or a statement by a Crisis Intervention Center employee: *I've got a feeling that the procedures have been upgraded, people have been trained, and people pay more attention to the problem of violence. The Blue Card*[4] *procedure had changed a lot of things, now interdisciplinary teams have been introduced, so I think that a lot has improved from a procedural point of view* (OIK, F, 41). One could therefore suppose that the novelization of the *Act on Preventing Domestic Violence* introduced on 1 August 2010 brings expected results. It may be a slow process, but most importantly, something is changing and for the better. And one more piece of information – among the other explanations for why the number of cases of violence against the elderly increased there were some which stated that the elderly simply cannot take the stress connected with their situation and that is why they decide to reveal their problem to the appropriate services. This opinion was held by 30.8% of the employees who had had experience working with elderly victims of domestic violence. Taking the presented information into account, it is clear that the problem of domestic violence against the elderly is a significant problem that comes up in social aid work more often than it used to. In the opinion of 53.8% of the respondents the scale of the problem may increase in the future. Why is that?

Employees of aid institutions explained that the number of elderly grows and there will be more of them, so the problem of violence may increase (GOPS, F, 50). Others noted that the mindset of young people now is different, with no respect for old age, which makes future acts of violence more likely (GOPS, F, 48). There were also opinions indicating that greater attention to the problem and increasing awareness of it will lead to an increase in the statistics concerning elderly victims of violence (OIK, F, 27). On the other hand, one of the respondents disagreed with the opinion that the number of

[4] The *Blue Card* procedure has been followed by the Police in Poland since 1998 in the case of family violence interventions. Since 2004, the BC procedure has also been followed by social workers and since 2010 – by employees of public education, healthcare and local commissions for solving alcohol problems.

elderly victims of violence will increase, based on the assumption that future elderly will more often lead solitary lives (Błędowski, 2012, p. 17). She explained that in the future the elderly more often live alone, away from the younger generation, so there will be less threatened by violence (GOPS, F, 53). Therefore it is difficult to unambiguously assess how the scale of the problem of domestic violence against the elderly might look in the future. Nevertheless, the social aid system should be up to the challenge.

Characteristics of an elderly victim of domestic violence

Subject literature states that an elderly victim of domestic violence is usually a woman. Violence is less often directed at an elderly man (Halicka, Sidorczuk, 2010, p. 196), or men are "less likely to admit to being victimized" (Herzberger, 2002, p. 19). Does it mean that they less often are? Not necessarily. These observations are confirmed by the results of research conducted among the employees of social aid institutions in Podlasie. The profile of the perpetrator varies depending on the researched group. Research conducted in 2006-2009 by Małgorzata Halicka and her team have indicated that elderly women are most often victims of violence from their husband (43%), an adult child (son – 28.6% or daughter – 20%) and less often from other family members (Halicka, Halicki, 2010). The studied group consisted of elderly people. On the other hand, the experience of social aid workers suggests that a victim of abuse and neglect in the family is usually the perpetrator's mother (75.3%), less often the wife (41.2%), mother-in-law (16.5%) or grandmother (11.8%). What else do we know about this woman? She is usually the victim of emotional and financial abuse from a single son with alcohol problems. The perpetrator's alcoholism is the root of his failure in life, but the mother's love will not let her leave him on his own. Elderly mothers are usually co-dependent, which leads them to protect their child, feed him and provide him with a home, despite the harm done to them. *But he's my child* – as social aid workers report (GOPS, F, 45). In a way, by adopting this attitude mothers become absent from the family – everything revolves around the son and his needs.

Elderly women are also often victims of violence from their husbands. This is usually long-term violence, which had started immediately after marriage; the trigger factor is also alcohol dependence. However, also in the case of these women, their co-dependence makes them submissive to the perpetrator to make cohabitation less difficult. Again, they become absent in some way. Reading research on domestic violence leads one to conclude that alcohol problems often accompany violence against the elderly. For example, research conducted in Podlasie, based on an analysis of court files concerning art. 207 of the Penal Code, indicates that in all of the 70 analyzed cases men abusing their elderly wives were addicted to alcohol. This is an important piece of information. It is also specific for the situation of violence in Poland. The problem of alcoholism in the family is often accompanied by violence against the elderly (Halicka, Halicki, Kramkowska, Szafranek, 2015).

It should be added that elderly victims of domestic violence are characterized by a passive attitude – they do not have the strength, courage or will to change their situation. And so they suffer in a toxic relationship for years, while their needs and wants remain unnoticed. However, if their problems become too bothersome, they start seeking help. Nevertheless, the victims usually lack the determination to really change their fate. They report to an aid institution, ask for a conversation and that is usually it. Even if, led by emotion and wanting to punish the perpetrator, they agree to notify the authorities, they quickly return asking to retract the charges. This is another quality characteristic of elderly victims of domestic violence – going back on the steps they have already taken.

New challenges in social aid

As it was mentioned above, social aid is a state activity with the purpose of helping people or families, who cannot cope with the difficulties in their lives on their own. The question arises – how can help be brought to elderly victims of domestic violence? What steps can social aid workers take to satisfy the needs of the victims, to help them be more present in their families?

First of all, one has to remember that working with the elderly has its specificity. Social aid workers need to have more patience with the elderly and have to understand the changes to the psyche brought on by old age. Old age is a time of reflection and recapitulation of life achievements. For an elderly victim of violence the balance may turn out less than satisfactory. Therefore one needs delicacy and a sense for the moods of the victims, patience for their indecisiveness and reluctance to change. It is therefore necessary to teach social aid workers about the peculiarities of old age and working with the elderly. It is also necessary to work with the elderly victims' families, to help them realize what the needs of the elderly are, to make the elderly more present in the family.

It should be noted that future generations of the elderly will be in many respects completely different from the elderly of today. They will be better educated, more aware of their rights and more likely to fight for them. Therefore it is possible that in the future the elderly will not allow violence against them to go unpunished. They will more frequently take steps to have the perpetrator punished. Therefore, the social aid system, along with law enforcement agencies, should be prepared for this. It is necessary to verify currently existing solutions. Efforts should be made to prepare a support system for elderly victims of domestic violence, such as support groups or therapy for elderly victims of violence conducted by adequately prepared individuals. The aforementioned peculiarities of the elderly clients of the system requires its employees to be appropriately trained. Furthermore, domestic violence is often accompanied by the problem of addiction. Therefore, therapy should be available to codependent victims of violence. Existing addiction therapy methods should be verified.

Research done so far indicates that victims of domestic violence often stay in toxic relationships because they have nowhere else to go and their financial situation makes it impossible for them to take decisive steps. It would be reasonable to introduce into the system financial and housing support for female victims of domestic violence. If they received additional means of support, they would not be financially dependent on the perpetrators and maybe they could become independent of them more easily. It would be worth considering the introduction of such measures.

Conclusions

The problem of domestic violence against the elderly is an important issue, which should be considered by various state entities, including the social aid system. This is a difficult, often shameful problem and perhaps that is why it is so difficult to help those afflicted by it. Nevertheless, the peculiarity of the problem cannot be a justification for a lack of a response. The social aid system in Poland should be prepared for work with elderly victims of domestic violence and their families. Leon Dyczewski believes that "the attitudes towards the elderly, which are prevalent in society as well as forms of care over the elderly, are a measure of spiritual and cultural development of a society, which means that the more a society cares for its elderly, the higher its spiritual and cultural development" (Dyczewski, 1994, p. 115). We should all care about the development of Polish society. This requires appropriate state regulations as well as a proper attitude from all of us.

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Communication with seniors in a family

Keywords: communication, senior, physiological ageing, pathological ageing

Abstract
The communication in a family is a process of a linguistic connection between its members. The proper communication influences the relations which occur in a family. There can appear some disruptions with a person with a physiological ageing as well as with a person with a pathological ageing. The purpose of this article is to describe the quality and quantity changes in seniors' speech and to indicate the ways to deal with noises which make the effective and satisfying communication impossible. The awareness of processes present in seniors' speech and application of enumerated rules which make the noises minimized – can have a great impact on the quality and effectiveness of seniors communication in a family environment.

Introduction

Communication is a process of linguistic connection. Besides speech, it also includes nonverbal symbols such as reading, writing and gestures. For communication to exist, a sender must convey a message to a recipient. In order to avoid confusion, the information must be embedded in the common contex for both, the sender and the recipient. It must also be conveyed with the same code (e. g. a language) and physical or mental relationship between the communication participants is necessary.

The most essential and ideal way of presenting thoughts, feelings, needs or asking questions is speech. When it comes to speech, it must be remembered that it is physiological as well as social phenomenon. Thus, the utterance of words involves

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participation in a certain type of social contact (Austin, 1993). Social dimension of linguistic behaviour has a special meaning when we describe the situation of the elderly in a contemporary family and generally in a society.

The importance of the family for people is enhanced by the fact that no form of foster care meets such a great range of needs as a family. Optimally functioning family provides seniors with safety, care and satisfaction, at the same time being of highest value for them (Borowik, 2015, p.139–150). Family is most effective in solving emotional, organizational and material problems or those connected with daily functioning, resulting from old age (Trafiałek, 2014, p. 152–162).

Retiring, which is the most noticeable, disruptive change of an elderly person's life, involves different lifestyle preferences. Seniors may aquire passive attitude, withdrawing from active life (passive style), focus their attention entirely on domestic issues (home-centred style), focus their attention on spirituality and religiousness (pious style), actively participate in local communities, homeowner associations and clubs (committed type), devote their time to interests and hobbies, e. g. gardening (hobby type) or focus on the closest relatives (familial type) (Czerniawska, 1998, p. 19-24). Usually seniors are eager to take care of grandchildren or other members of the closest family, despite the fact that it is, physically and mentally, a demanding activity. They want to feel needed, so apart from taking care of the grandchildren, they often support their family financially and emotionally.

One of the most important factors conditioning the way a family functions is the quality of relations among its members (Czekanowski, 2013, p. 55–77). The character of those relations is influenced, among other things, by correct communication. It is often disrupted by characteristic noises resulting from both physiological processes occuring in a senior's body and diseases and disorders appearing more frequently in people 60+.

The aim of this article is to describe quality and quantity changes in seniors' speech and indicate the ways of dealing with the noises which make effective and satisfying communication impossible.

Speech of the elderly – changes in physiological ageing

Changes in seniors' mood, thinking and appearance are very much related to each other. The three areas influence self-perception, the way other people see seniors and their relations with the others. Those changes also influence seniors' family situation.

Not in all people with physiological ageing speech differs greatly from young people's speech. However, quality and quantity changes are noticed more often. Slowing down of executive functions, typical for the elderly, results in lower verbal fluency (Rosińczuk-Tonderys et al., 2013, p. 88–93). Seniors often wander off of the topic of conversation, make digressions unimportant for the discussion, interject autobiographical strands. These are phenomena characteristic for people 60+. Frequency of

the above mentioned behaviours increases with age. The phenomenon was called Off Target Verbosity (OTV). Seniors utter too many words hardly focusing on the topic of the dictum, information provided by them is also very chaotic. In seniors' speech a phenomenon called Tip-off-the tounge (TOT) can be distinguished. Its Polish equivalent is „mam to na końcu języka". It occurs in young people as well, but it is much more common in seniors. It is difficulty with producing well-known words. Message sender cannot recall the word she/he knows, which would be the most adequate in a given communication situation. It is upsetting and when occuring frequently results in low self-esteem in terms of communication skills usage, and in consequence withdrawing from social interactions (Świątek, 2007, p. 69–78).

Syntax of the speech of the elderly also changes with age, becoming less complex, pauses appear more frequently, sentences are incomplete, short and simple. Structure of sentences is connected to the state of memory. Thus, the better seniors' memory, the more elaborated syntax structure of created sentences.

Pathological ageing

Pathological ageing is an accelerated process of ageing as a result of adverse influence of diseases or environment. The most frequent ailments in old age are dementia, hearing impairments and cerebral strokes.

Communication in dementia

Dementia is a natural symptom of ageing and the effect of neurodegenerational processes of the brain. In people of 65 years of age and older the range of cognitive functions efficiency may fluctuate from the lack of meaningful cognitive impairment through mild dysfunctions to dementia processes. About 30 million people in the world suffer from dementia impairment. It is predicted that the number will increase and double in 2030, and in 2050 will reach the number of 114 million. The increase in occurrence of dementia impairment in people of 65 years of age and older is significant (Barcikowska, 2006, p. 34–51). The most frequent cause of white people dementia is Alzheimer's disease (Clifford et al., 2011, p. 256–262).

Dementia makes communication very difficult. Changes in speech appear over the course of several or dozen or so years and they are irreversible. They are concomitant and conjugated with disorders in different areas (cognitive, mental or behavioral). In contact with the patients, one may expect a variety of linguistic impairments. At the beginning disorders are insignificant, however as the process of neurodegeneration progresses they become more conspicuous, eventually making communication with the patients impossible. Prior to this, long pauses at the beginning of a sentence and at the borders between sentences, unfinished phrases, TOT phenomenon, self-corrections occur most frequently in the picture of speech impairment in Alzheimer's dementia at the onset of the illness. Later, syntax becomes simplified and semantic paraphasia and naming impairment occur. In fluency, it is

easier for the patients to enumerate words in semantic categories than in formal ones. Prevalence of superordinate names to meronyms appears (e. g. instead of „hand", the patient uses the word „arm") (Łuczynek, 1985, p. 111–149). As the illness develops the loss of speech control progresses, the logic of disquisition ceases, digressions and inconsistent statements appear. In the last phase of the illness, in extreme cases, total mutism occurs. Reading and writing skills are retained for a relatively long time, although with time they are reduced to automatic form, without understanding of the read content. (Domagała, 2008, p. 297–311).

In the first stage of the illness it is crucial to maintain the involvement of the patients and their contact with others. Often it becomes necessary to initiate and continue the conversation. Face should be turned towards the interlocutor and eye contact should be kept. It is worth helping the patients to find the word which is „at the tip of their tongue". The patients should be given a choice by asking simple questions to which the answer is „yes" or „no". It is inadvisable to use phrases and collocations that are unclear, ambivalent or sarcastic. What is important, helping with communicating should be natural, without emphasizing the limitations of the interlocutor. In the next stage of the illness, when disorders become more serious, the aim is to retain the normal style of conversation as long as possible. It is necessary to keep an eye contact and focus the attention on oneself. The missing words should be prompted and then the whole sentence completed with the words omitted by the patient and repeated. One should speak slowly with the support of writing, illustrations and gestures. After changing the subject of the conversation one should wait for a while. At this stage the question asked should have limited number of answers (it is worth supporting oneself with pictures). It is necessary to constantly involve the patient in communication, avoiding pronouns and creating short, simple, sentences. In the last stage of the illness, the aim of communication is encouraging the patient to interact (in order to begin a conversation one can smile, nod or look). As it was mentioned before, one should speak looking directly in the eyes, with simple sentences, concurrently using verbal and nonverbal techniques as well physical contact (touching the patient with one hand, and use the other to present illustrations) (Gustaw et.al., 2009, p. 255–268).

Hearing impairment

According to National Institute of Health, 1 in 3 persons over 60 years of age has problems with hearing, 50% are those over 80 years of age. Undiagnosed hypoacusis brings the greatest consequences as it may lead to depression or social isolation. Listening to television or radio loudly, asking for repeating a sentence, avoiding conversation or meetings with others may be a sign for a family that a senior may have problems with hearing.

In a conversation with a senior with hearing impairment one should remember about several principles which may improve communication. Reduction of environ-

mental noise is necessary, sometimes it is enough to turn off the radio or TV or close the window, for the message to be received correctly. It must be remembered to speak with a face turned towards the recipient, in full light (when seniors see the face of interlocutors they may read their lips and facial expressions, it is important to synchronize facial expression with the message). The sender must say the words in a slow manner and loudly (but without shouting). Thoughts should be expressed precisely, preferably in the form of short sentences. Speaking during meals should be avoided, as on one hand the sender's speech is unclear due to chewing the food and on the other the sender has a problem with lip reading. When one of the senior's ear is more functional than the other, the sender should speak to that ear. When the hearing impairment is deep, using gestures and communicating with the use of capital letters writing is necessary (e. g. makaton).

Senior after cerebral stroke

A person after cerebral stroke finds it difficult to read and write. Thus, communication options both verbal and nonverbal are limited.

Disorders of speech resulting from cerebral stroke usually take a form of mixed aphasia. It means that the patient has difficulties both at the stage of verbal thinking and language planning and at the stage of planning speech movements. Aphatic speech is characterized by anomie, disorders of verbal fluency and articulation, occurrence of agrammatism, paragrammatism, paraphasia, disorders of repetitions, prosody and understanding of language functions. Cognitive impairments which may appear after cerebral stroke influencing the quality of communication are agnosia (perception disorder), apraxia (disruption in programming and executing purposeful, exercised movements), as well as attention, thinking, memory and executive functions disorders. Agraphia, alexia or acalculia are integrally connected with aphasia (Rosińczuk et al., 2014, p. 14–19).

It is important not to rush a person after cerebral stroke and ensure time for thinking. As in case of people with hearing impairment, the place where conversation takes place should be peaceful and quiet. While speaking, changing the subject too quickly should be avoided, thoughts should be formed concisely but at the same time, the elderly after cerebral stroke should be treated as any other adult (message should be directed to an adult, it should not be infantilized or overly simplified). As problems with understanding of speech often occur, sometimes it is necessary to rephrase the sentence (when seniors do not understand what a given word means – it should be described). Understanding the message send by a senior with aphasia by a healthy interlocutor may also be difficult (often verbal behaviours are not synchronized with the nonverbal ones – seniors use wrong words, which may have opposite meaning to the ones they actually want to use). It is important not to focus on how they speak (what words they use, whether they are grammatically correct, etc.) but what they

say. It is often necessary to ask if the message send by the patient is understood properly (one can ask: „do I understand correctly that you want…").

Sometimes when verbal communication is impossible it is necessary to adapt the language of gestures and symbols. However, even in those cases one must provide seniors with a choice of making decisions from trivial ones such as what they want for breakfast, to more important ones. It may be achieved by asking questions to which the answer is limited to „yes" or „no" (which can be expressed with head, hand or eye movements, picture, etc.) or preparing an appropriate set of pictures/symbols.

After cerebral stroke, the patients are usually aware of their inabilities and need acceptance, respect and understanding. Possibility of deciding about themselves, even in apparently trivial matters prevents seniors from self-esteem decrease. The presence of close relatives and their involvement in therapeutic process is vital, as the family is a factor greatly influencing senior's mental condition (Rosińczuk et al., 2016, p. 139–151).

Benefits from communication with seniors

Seniors are extremely valuable when it comes to shaping worldview of younger generations (Sendyk, 2006, p. 151-159). They have wisdom which they joyfully share with their grandchildren. They tell stories about the past and build the sense of identity in young people, tightening the bonds between generations. Due to becoming acquainted with the past, young people can recognize the threats and the chances of the contemporary times. Seniors give better advice when it comes to more complex matters. Their experience allows them to predict consequences of decisions.

They are grandchildren's secret keepers being more understanding than the parents and definitely more patient. Ensuring that they want the best for them gives the grandchildren a feeling of safety. Grandparents are the only members of the family who have time to listen, advise and console their grandchildren as opposed to busy, overworked parents. Benefits for the younger generation from communicating with the elderly are priceless but seniors also profit from the situation.

Seniors' quality of life is significantly influenced by the relations they have with the closest relatives. Usually family becomes the greatest value for the elderly and they have the need to help. Communicating with the members of the family, especially with grandchildren is highly rewarding. It enables them to play new social roles (depending on possibility – caretaker of grandchildren, wise man, head of the family).

Conclusion

Communication is the basis of gratifying functioning in the society. In physiological ageing as well as in pathological one, disorders and disruption in communication with seniors are observed. They result from debilitation of the body functions. Ageing slows down the transmission of nerve impulses, impairs the sight and hearing

which adversely influences the quality of communication. Disorders do not occur at all times, to the same extent or in all seniors, however they are common.

It is important for seniors to have someone to talk to. Frequent use of difficult words, taking care of the language may limit disorders resulting from age. In case of communicating with the elderly, principles outlined in this article should be followed to make communication correct, leading to fulfillment of defined needs. In pathological ageing it is worth to consult a speech therapist, who will present strategies of behaviour adjusted to individual needs and capabilities of a given patient or will teach alternative communication to seniors and their caretakers.

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Special geragogy in an aging society – needs and possibilities

Keywords: special geragogy, old age, disability, age-related disability, aging societies

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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VARIA

REPORTS

Report from the 9th National Pedagogical Congress
Toward a meaningful life. Ideas – concepts – practice
Białystok 21–23 September 2016

The 9th National Pedagogical Congress: *Toward a Meaningful Life. Ideas – Concepts – Practice* took place in Białystok, on 21–23 September 2016. It was organised by the Chief Directorate of the Polish Pedagogical Society in collaboration with the Praesidium of the Committee on Pedagogical Sciences of the Polish Academy of Science and the Faculty of Pedagody and Psychology of the University of Białystok. It was the perfect occasion to present the marvels of the capital of Podlasie to its participants. The opening of the Congress and the first plenary session was held at the Podlasie Opera and Philharmonic Hall – European Centre of Art in Białystok. It was attended by the members of the Faculty of the University in Białystok, including rector prof. Robert Ciborowski, local authorities (the Vice-Marshall of the Podlaskie Voivodship – Maciej Żwyno, vice-head of the Presidential Department of the City of Białystok – Waldemar Pawłowski), invited guests and Congress participants. The Congress was opened by the deans of the Faculty of Pedagogy and Psychology prof. Mirosław Sobecki and prof. At the end of the first day of the Congress participants were invited to watch the musical „Korczak" written by Chris Williams and Nick Stimson, based on Andrzej Wajda's (director) and Agnieszka Holland's (screenplay) biographical film about the outstanding educator Janusz Korczak, his students, and their tragic final journey during the Holocaust. The musical encourages spectators to reflect on timeless values and behaviour patterns.

The Second day of the Congress opened in the Main Performance Hall of the Faculty of Pedagogy and Psychology (opened in 2013). After an inspiring plenary session the participants opened discussions in 10 parallel sections, which took place

at the Faculty of Pedagogy and Psychology and the University in Białystok Campus (opened in 2014). The discussion in each section was moderated by a panel composed of scholars from various academic institutions in Poland, supported by a coordinator and science secretary from the Faculty of Pedagogy and Psychology. Each section developed its own style of work with the common denominator being the achievement of expected scholarly goals.

Section 1 focused on the subject: *A Meaningful Life in the Context of Condition Humana in 21st century,* which points to the grounding of pedagogical thought in philosophy. Participants in the discussion stressed the need for education with an axiological core and a wise teacher – a master, who can lead students towards a valuable life. Fulfilling this task requires moral competence. A number of social areas were discussed, which could play a significant role in creating a world of value: family, media, work, etc. The section had 37 active participants.

The discussion in section 2 was conducted under the slogan: *Meaningful life – meta-theoretical and methodological aspects of axiopedagogical research*. The common theme in all the introductory presentations was discussion of meta-theoretical and methodological aspects of *axiopedagogical research.* The debate was continued in themed sessions focused around issues such us: *Researching the intangible: analysis of the values of an individual subject (example: children). Researching the invisible: analysis of the values of a communal subject (example: institution). Axiological aspects of the analysis of pedagogical activity*; *Axiological researcher's dilemmas*. The discussion in this section had 14 participants.

Meaningful Life and the Dynamics of Socio-Cultural, Economic and Political Change – was the theme of the discussion in Section 3, attended by 94 participants, 86 of whom participated actively, presenting papers and taking part in the discussion. Attendees in this section voiced opinions about the participation of pedagogues in the public debate and the role of pedagogy in view of current changes. If they are to participate in the public debate it is important to decide what their voice should be. There is little an individual can do. Neither can members of the Pedagogical Sciences Committee, the Polish Pedagogical Society, or other bodies achieve much, if they differ significantly in their views. A common voice has to be found.

In section 4 – *Culture and Art as Axiological and Educational Space* presentations were delivered on the representation and (re)construction of identity in modern culture and education. Works by the 16 participants of this section were printed in a special edition of the periodical „Transdyscyplinarne Studia o Kulturze (i) Edukacji" (nr 11/2016). Texts included in that publication were based on the presentations prepared for the Congress. "By reaching for the source of awakening, paideia, the debaters invoked the primary function of education, which is the transformation, spiritual change, growing into a culture understood as a base for experience and a place in social space for the realisation of tasks for the current" (pol. „Sięgając do źródeł przebudzenia, paidei odwoływano się do prymarnej funkcji kształcenia,

jaką jest przekształcenie, przemiana duchowa, wrastanie w kulturę rozumianą jako podłoże przeżyć i miejsc w przestrzeni społecznej do realizacji zadań na miarę epoki" (B. Śliwerski, 2016)).

The discussion in section 5 followed the theme: *Human Identity – Pedagogy and Diversity.* The 33 papers presented in the section, as well as the discussion revolved around the question of the teacher's and students' identity and its creation through the processes of social learning. Participants agreed that the modern world is subject to continual reconstruction and teachers have the responsibility of transforming it into something more human, conducive to finding and constructing identity. The section had 54 participants.

The subject of Section 6 was *the Temporal Dimension of a Meaningful Life.* The section had 49 active and 2 passive participants. The discussion revolved around a reflection on the individual dimension of history (a meaningful life shown through the biographies of individuals), as well as institutional history, or the history of education. The history of guidance studies was presented, among others in relation to the current change in the centre of gravity from the question "how to live" to "how to be" and "how to be noticed". The subject of analysis was also the strategy of searching for educational emancipation in education and through education in situations of crisis of legitimacy of institutions and aspiration. Issues of guidance were also discussed in the context of choosing a future professional career and mechanisms of attributing value to it.

Section 7 – *Education – towards Key Values* was attended by 70 participants. The speakers stressed the need to care for values such as patriotism or respect for the dignity of others in the broadly understood educational system. Analysis of their statements leads to the conclusion that the aspirations of modern teachers for responsible education of young people face many institutional, personal, legal and social limitations on the effectiveness of their actions. A need was observed for supporting teachers and students in school and outside of it. Cooperation is advisable between various sectors (e.g. schools and local governments), which would turn the educational system into a reality closer (more friendly) both to those responsible for it and those who create it.

The number of participants present and active in Section 8 – *Creating an Academic Environment from the Perspective of a Meaningful Life,* was 65. The discussion focused around three main issues: *A Meaningful Life from the Cognitive Perspective of Various Individuals and Social Groups; The Role of Educational Institutions, Workplaces, Social Organisations, Local Communities in Creating the Educational Environment; Reflection on the Creation of an Educational Environment.* The participants of the section stressed a crucial role of values in creating a good and worthy academic environment

The theme of Section 9, attended by 50 people, was: *School and Education towards a Meaningful Life*. The discussions in this section focused around thesis*: The student*

introduced to the world of values should experience valuable life at school; *There is a question: does school teach a student how to be an aware human, member of the national community or culture; It is necessary to concern on sustainable human development, according to the rule: at the same time to know – understand – interact – create, so «to be»*. The discussions in this section also led to the suggestion that an open letter should be written to the Minister of Education, expressing fears about the proposed changes in the school system, regarding both the contents of the reform and the manner of its introduction. It was decided that the letter should address issues such as: (1) No grounding of the reform in educational science; (2) Politicisation of education; (3) No clear vision for the reform; (4) No clear idea of goals or their operationalization; (5) The "educational law" proposed by the Ministry leads to lawlessness; (6) No rational strategy for introducing the changes will lead to wasting social and economic capital" (ibid).

The final, 10th section of the Congress was a poster session, which was an interesting visualisation of research results. Twelve participants decided to present their results in this form, 11 of whom actually presented posters, which were discussed by 10 speakers. Subjects of presented posters were differential, some of them express the issue of values in education, other refers to a teacher's work or to culture. Some of them based on empirical research, other on theoretical analysis. The session was accompanied by a lively discussion, questions and reflections directed at the presenters.

The rich program of the three-day-long meeting in Białystok was proof that a meaningful life depends on a number of factors, but a multi-aspect analysis of the issue was conducted during the Congress, thanks to the involvement and hard work of all the participants.

By the decision of the Chief Directorate of the Polish Pedagogical Society the next, 10th National Pedagogical Congress will take place in Warsaw. It will be organised by prof. Stefan Kwiatkowski, rector of the Maria Grzegorzewska University in Warsaw and prof. Anna Wiłkomirska, dean of the Faculty of Education at the University of Warsaw.

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REVIEWS

RECENZJA KSIĄŻKI: Jolanta Maćkowicz, *Osoby starsze jako ofiary przemocy domowej. Ujęcie wiktymologiczne* **[Older people as victims of domestic violence. Victimological approach], Oficyna Wydawnicza Impuls, Kraków 2015, pp. 358.**

In the social dimension, there are problems that are very difficult to describe as they are accompanied by a socially accepted conspiracy of silence. Only when something tragic happens is the truth brought to light. Only then do people ask: why did this happen?, why didn›t anyone see or hear anything?, and why was nobody bold enough to break the «closed room» taboo? One person who has been dealing with difficult subjects for years and advocating human rights for the dignity and protection of life, both in a physical and a mental aspect, is Jolanta Maćkowicz. Her most recent book is devoted to violence towards the elderly in a family setting. Violence is connected with specific heterogeneous factors that increase the risk of such acts. One of the most important factors is the mutual dependence of family members that manifests at various levels, from financial to emotional. The author looks to present the dramatic situation of seniors who are hurt everyday by those closest to them: their spouses, their children, their partners.

This extensive study is divided into several parts. The theoretical section consists of two chapters. The first chapter presents the various issues related to the ageing process in historic, individual, and social dimensions. Special attention is paid to the problem of the place and importance of seniors in family settings, as well as intergenerational relations. According to the definition, it is the family that should satisfy basic human needs and ensure a feeling of safety. However, the author has proven that in many cases, both today as well as in the past, such functions of the family are distorted or are disappearing. What is worse, many dysfunctional attitudes and behaviour pat-

terns are replicated by younger generations who find themselves trapped stuck in the victim-perpetrator vicious circle. The chapter ends with a reflection upon the needs of older people. Its goal is to draw the readers› attention to the dynamics of the problem (related to the increase or decrease in intensity or the perception thereof), as well as to help them understand the motives behind various attitudes of seniors.

The second chapter is devoted to the problem of violence, its origin, manifestations, as well as the role it plays in interpersonal relations. The background for the discussion was the analysis of the results of research on violence towards the elderly in Poland and other European countries, as well as in other cultures. The author tries to show the scale of the problem, as well as to point out that all forms of violence, from the most subtle, sometimes ignored by people around, to the most visible, posing a threat to the senior›s life.

There are many theories that try to grasp and explain the causes of violence towards the elderly. The recommended book refers to the extensive theoretical model developed by K. Burnight and L. Mosqued. The readers are familiarised with a number of the theories that make up this model and then learn about the risk factors that may contribute to the occurrence of violence towards the elderly, both on the victim›s and the perpetrator›s part. In order to understand why violent relations are established and maintained, the author has presented the mechanisms of the behaviour of people stuck in the victim-perpetrator relationship. The chapter ends with a study of the Blue Card procedure which currently is the key element of intervention actions in the Polish system of combating family violence.

The second, empirical part of the book contains quantitative and qualitative studies. The starting point for the research was the analysis of the content of Blue Card records, supplemented by data obtained during direct narrative interviews with selected victims of violence. In her book, J. Maćkowicz intentionally changes the order in which the results are discussed, giving priority to case study. The purpose of this is to raise the readers› awareness with regard to the issues presented and to prepare them for an analysis of the extensive quantitative material so it is perceived through a personal rather than quantitative point of view.

The author used F. Schütze›s trajectory category as the basis of analysis of the mechanisms of the development of suffering and its impact on the identity of victims affected by suffering. Thanks to this approach, the author is able to present the suffering of the victims as a specific "phenomenon" that affects the course of human life and relations with those closest to us, significant others, and oneself. While reading the study on the qualitative material, there is an impression that it is not only an analysis of the research material gathered during the study, but also a record of a *Meeting with a Human Being*, their history and often difficult struggle to regain their dignity and emotional stability. This very personal approach is characteristic of the whole academic work of Jolanta Maćkowicz.

Quantitative research is based on the analysis of police documents (*Blue Cards*) in the territory of Kraków city and Kraków district. While reading this fragment of the book, readers are given an answer to the questions concerning such issues as: the scale of the problem of violence towards people aged 60+, types and forms of violent behaviour, dependence between social and demographic qualities of victims and perpetrators and the establishment of violent relations. On the basis of the data gathered, the author tries to create a statistical profile of a victim and a perpetrator of violence, as well as the type of family relations. This is a very valuable piece of knowledge that will allow those working with seniors to stay alert and implement preventive actions, especially of a secondary nature. In particular, the case of seniors living together with children or grandchildren, which, according to studies conducted by Małgorzata Halicka and the author of this publication, increases the risk of abuse. The publication presented does not make for easy reading. It requires the readers to face the painful reality experienced by a large group of seniors. The goal of the author was to contribute to a «better understanding of the processual nature of violence, including the most important environment for human beings – the family setting – to estimate the scale of the problem, as well as to raise social awareness in order to improve the system of support for older people». These are only some of the goals of this publication. Everyone can discover something of value in this work as we all experience the ups and downs of family life. The constant rush, the uncertainty of tomorrow, the striving for self-fulfilment, and the promotion of materialistic and narcissistic attitudes by mass media, cause people to succumb to their instincts and negative emotions, projecting their inability to fulfil their needs and associated frustration onto those closest to them.

Seniors should also read this book. The research material gathered in the book will allow them to acquire knowledge of the symptoms that are the warning signs of abuse. Perhaps, thanks to this book, they will be able to protect themselves against violence or stop their dramatic life situation early enough. One of the forms of combating dysfunctional behaviour is the public stigmatization of such incidents. Currently, we have been witnessing the establishment of various self-help organisations for seniors. Jolanta Maćkowicz›s book can contribute to the establishment of more preventive and counselling initiatives.

To sum up, this book should be promoted everywhere so that it could help in the passive and active fight against violence and the author deserves credit for her voice on this socially important matter

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RECENZJA KSIĄŻKI: Ryszard Pichalski, *Psychospołeczne uwarunkowania funkcjonowania osób w podeszłym wieku*, Wydawnictwo Adam Marszałek, Toruń 2016, ss.180.

Eksplorowanie tematu starości jest bardzo ważne ze względu na intensywne starzenie się społeczeństwa i dłuższy czas trwania życia człowieka. W Polsce przybywa osób w wieku podeszłym, co intensyfikuje problemy związane z ich funkcjonowaniem, aktywnością, a także opieką nad nimi. Istotna jest kwestia jakości życia seniorów, a także poczucie sensu egzystencji.

Celem recenzowanej pracy było ukazanie problematyki starzenia się i starości w różnych obszarach. Analizie poddana została kwestia schorzeń, samotności oraz sytuacji rodzinnej seniorów.

Ostatni okres życia stanowi indywidualne przeżycie każdej osoby. Jak pisze Autor książki, starość „staje się nieubłaganym ludzkim przeznaczeniem, którego nie można uniknąć, ale każdy pragnie, aby przyszła jak najpóźniej. Ludzie w podeszłym wieku obawiają się bowiem niedołęstwa, uzależnienia od rodziny, samotności, nie chcą akceptować poczucia braku bezpieczeństwa, perspektywy poszukiwania wsparcia w opiece społecznej. Może ona przebiegać w różny sposób (…) – może być w miarę pogodna, produktywna, ale także smutna, uciążliwa i przykra" (s. 6). To, jak będzie ona wyglądała, zależy od sytuacji zdrowotnej, rodzinnej, bytowej oraz społecznej. Ogromne znaczenie ma tutaj sama jednostka – jej predyspozycje i podejmowane aktywności.

Opracowanie składa się z sześciu rozdziałów. Pierwszy przedstawia problematykę starości i związane z nią terminy. Ostatnia faza życia analizowana jest pod kątem uwarunkowań biologicznych, psychicznych, a także społecznych. Rozpatrywane są tutaj także: pojęcia dorosłości i dojrzałości, kwestia akceptacji starości oraz relacji międzypokoleniowych. Drugi rozdział ukazuje opinie niepełnosprawnych seniorów na temat wartości zdrowia i sprawności. Część ta zawiera treści dotyczące późnej dorosłości i jej zadań rozwojowych oraz postaw wobec starości i choroby. Scharakteryzowano tutaj również różnorodne schorzenia związane z wiekiem – zarówno te dotyczące funkcjonowania fizycznego, jak i intelektualnego. Kolejna część książki zawiera opis choroby Alzheimera. Obejmuje historię schorzenia, uwarunkowania przyczyniające się do powstania zmian chorobowych, jak również objawy niedomagania. Opisano trzy stadia rozwoju choroby, kwestię jej rozpoznania oraz leczenia różnorodnymi metodami. Szczególny nacisk położono na odpowiednie sprawowanie opieki nad cierpiącymi. Podkreślono, że problem choroby Alzheimera dotyczy nie tylko chorego, ale też jego bliskich, dlatego obie strony potrzebują wsparcia. Czwarta część pracy porusza problem samotności i osamotnienia starszych ludzi. Rozdział ten charakteryzuje rodzaje samotności (społeczną, psychiczną i moralną) oraz jej przyczyny. Przedstawiono kwestię trybu i jakości życia osób samotnych.

Wskazano na wagę treści i zakresu relacji w rodzinie oraz społeczności lokalnej w funkcjonowaniu seniorów. Następny rozdział odnosi się do poczucia wartości i sensu życia osób starszych, a także znajdywania ich w religii. Scharakteryzowano wpływ religii na osobowość jednostki oraz jej znaczenie w życiu ludzi niepełnosprawnych. Zaakcentowano, że wiara w Boga pomaga chorym w znoszeniu cierpienia. Ostatni rozdział książki przedstawia temat relacji miedzy mieszkańcami domów pomocy społecznej a ich rodzinami. Poruszono tutaj także problem występowania depresji wśród osób starszych. Zaznaczono, że brak obecności bliskich osób w ostatniej fazie życia wpływa negatywnie na zdrowie jednostki.

Książka zawiera nie tylko teoretyczne rozważania, ale także wyniki badań empirycznych, co jest walorem – przedstawione zostały tutaj badania pochodzące z prac magisterskich, pisanych pod kierunkiem Autora. Stanowią one korzystne uzupełnienie treści teoretycznych.

Analizowana praca może zainteresować szerokie grono odbiorców – zarówno teoretyków, jak i praktyków. Przydatna może okazać się gerontologom, psychologom, pracownikom socjalnym, pracownikom domów pomocy społecznej i innych placówek zajmujących się osobami starszymi. Książka przeznaczona jest też dla studentów kierunków społecznych, między innymi pedagogiki. Recenzowana praca stanowi ciekawe i wartościowe ujęcie tematyki uwarunkowań funkcjonowania ludzi w podeszłym wieku. Porusza ona problemy istotne dla jednostki, rodziny i całego społeczeństwa. Podjęty temat jest aktualny – wzrastająca liczba seniorów rodzi kwestie natury społecznej, kulturowej, demograficznej, medycznej. Książka przyczyni się do wzrostu wiedzy na temat problemów seniorów oraz lepszego rozumienia ich sytuacji. W związku z tym może ona stanowić inspirację do podjęcia różnych, pozytywnych działań na rzecz poprawy jakości życia ludzi starszych.

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