

## Seniors in the 21st century: social, medical and psychological support

Katarzyna Cyranka, Arkadiusz Żukiewicz, Agnieszka Baran

### Aim

The subject of the analysis addresses seniors. Social, medical and psychological support can be classified as particularly important considering problems seniors face in their everyday life. This implies the need to narrow down the field of analysis to those aspects that the authors are able to responsibly undertake based on their professional experiences and education. Hence, the idea of this article is to explain and justify the need to develop tridisciplinary cooperation: sociology, medicine and psychology. The analysis of issues related to supporting seniors shows also the need to stimulate the processes of the seniors activation and counteracting social marginalization.

**elderly; seniors; interdisciplinary cooperation**

### INTRODUCTION

Demographic processes taking place on a global scale are analyzed by numerous specialists from various fields of science as well as representatives of many areas of practical activity. This issue can be described from theoretical and research perspective, as well as those relating to the search for offers inscribed in various areas of social or commercial activity. When marking a narrower field of analysis, it is necessary to make the right choice, which is conditioned by both substantive competences and a detailed cognitive intention accompanying focusing attention on this, and not another, fragment of reality. The title of this article indicates the intention to analyze the issues related to the processes of supporting seniors from the social and, in

particular, socio-pedagogical, as well as medical (including therapeutic, psychotherapeutic) and psychological (psycho-educational) points of view. This is related to the tridisciplinary scientific affiliation of the authors of the analysis in question. Everyone is a representative of one of the areas (disciplines) of science indicated here. The triangulation [1, 2] of the optics of presenting a selected fragment of reality, included in the author's intention, determines the interdisciplinary dimension of the presented issues.

The subject of the analysis addresses seniors. It is located in a wider space of social policy and one of its components – senior policy [3, 4], which is simultaneously conditioned by demographic considerations characterized by high dynamics of changes taking place in the 21st century [5-7]. There is no doubt that the constantly growing level of quality of social and medical services, psychological support, as well as cultural changes predicted and described over half a century ago by Margaret Mead [8] are the source of changes in the lifestyle of modern

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Katarzyna Cyranka<sup>1</sup>, Arkadiusz Żukiewicz<sup>2</sup>, Agnieszka Baran<sup>3</sup>:

<sup>1</sup>Department of Psychiatry, Jagiellonian University Medical College;

<sup>2</sup>Institute of Pedagogical Sciences, University of Opole; <sup>3</sup>Institute of Psychology, Jagiellonian University

seniors. First of all, the index of human life expectancy increases, which implies a process of a specific “aging” of societies. This is strongly related to the decline in birth rates, which include the so-called old continent – Europe. Hence, in order to search for theories and models of practical action that fits into numerous areas of supporting seniors, it is necessary to consider various issues from a multidisciplinary perspective [9]. Support: social, medical and psychological can be classified as particularly important due to the variety of the accompanying problems in the everyday life of seniors. This implies the need to narrow down the field of analysis to those aspects that the authors are able to responsibly undertake. Hence, a further specification of the idea of this article is to explain that we intend to prepare a series of statements devoted to a tridisciplinary analysis of issues related to supporting seniors in the processes of their activation and counteracting social marginalization.

### **The social dimension of human aging in the conditions of intensive civilization development in the 21st century**

The 21st century is full of technological changes that trigger a parallel civilization change. The variability of the length and quality of human life implies further goals set by contemporary social policy [10]. Regardless of the model we deal with [11], the tasks facing today’s social services increasingly take into account both the needs and capabilities of older people. It is not only about the so-called helping, but most of all, enabling seniors to use their strength. This potential, called by sociologists the social capital of seniors [12, 13], is referred to in Polish social pedagogy as human or social forces. They are subject to processes of deliberate activation and are incorporated into cooperation in order to rebuild the reality of everyday life [14]. This is related to activities aimed at both discovering and strengthening these forces, which by their nature are a specific potential enriching various areas of social and pro-social activity.

Emphasizing the importance of seniors’ participation in social life, it seems necessary to take into account those features that determine the possibility and, at the same time, the legitima-

cy of engaging this social group in various areas of activity. It is not enough to indicate the expectations and anticipated fields of interest of the elderly. It is also necessary to take into account those elements that really fit into the range of available forms of social participation of people who, over the years, lose both their motivation and appropriate abilities (physical as well as mental). For example, there is a catalog of barriers that are undoubtedly the cause of auto-marginalization or complete social exclusion. In addition to the most frequently indicated sphere of limitations – the financial one, should also be taken into account in line with those related to motor and perceptual limitations, cognitive impairment or general loss of the body’s efficiency in situations of stress, fatigue or health weakness. Difficulties in everyday life, struggling with one’s own weaknesses are only a few of the essential components that determine the ability to cooperate based on direct interpersonal relations. In the search for theoretical models of inclusive activities addressed to seniors, these factors constitute one of the important categories determining the offer of services included in the scope of institutional impact.

The involvement of seniors in social matters is undoubtedly a challenge not only in social policy, but above all in the interest of the younger generations living in the same space and time span – the younger generations. A wealth of experiences, well-established knowledge and developed skills can be useful in the conceptualization of planned social changes and at the stages of their implementation. However, the human potential of this social group requires systemic actions, which in the context of social support include both the sphere of care and activity understood in this sense as all forms of physical and intellectual support. There are educational, tourist and recreational as well as social and voluntary activities. On the one hand, it is necessary to create such a social and care offer that will eliminate the relevant deficits in the sphere of securing the basic life needs of the elderly. On the other hand, attention is focused on shaping senior policy programs that will improve the processes of engaging this social group in pro-social activities. In this case, the factor triggering human strength will be the appropriate infrastructure, the components of which (institutions and or-

ganizations) will facilitate discovering, strengthening and engaging the potential of seniors in pro-social creativity. It can be both self-help and supporting younger generations by using the experience, knowledge and skills that correspond to the specific needs of local communities.

### **Medical support for an aging population as a challenge for modern healthcare systems**

Releasing and using the social potential of seniors, their activation in various fields has a positive impact on the health and quality of life of elderly people, confirmed in numerous studies [15-18]. At the same time, the possibility of engaging in various educational, recreational or social activities requires taking care of maintaining psychophysical well-being at a level enabling the individual to participate in them. The rate of biological aging varies inter- and intra-individually, and although the decrease in the functional reserves of individual organs with age is an inevitable consequence of the passage of time, it is possible to slow down this process and increase the adaptability of the organism [19]. By caring for a healthy lifestyle, proper diet, exercise, rest, avoiding stimulants, undertaking various physical and cognitive activities, it is possible to reduce the risk or delay the occurrence of pathological aging and related problems such as, among others, multi-disease, weakness syndrome or functional disability [20-22]. However, this requires appropriate preparation for old age and providing a comprehensive system of support for the elderly people, not only those in complex medical situations and reaching the end of life, but also those who are still in a good health but face natural health changes connected with aging [23].

Along with the progressing of civilization, technological and social changes, it is necessary to develop new models of medical support for seniors, taking into account the individual needs of the diverse group of elderly people, using both medical consultations at their place of residence and various forms of round-the-clock care. When creating them, it is necessary to pay attention to such challenges as the increasing number of elderly people requiring long-term medical care, the decreasing number of family caregivers or the growing expectations of the

elderly regarding the creation of an environment supporting the fulfillment of their needs and abandoning the purely medical model of help and support [24]. However, multi-specialist geriatric care, taking into account the individual needs of an elderly patient, is expensive and its implementation requires systemic solutions. Specialists working with older people, therefore indicate that there are also savings generated by educational and preventive activities, effective diagnosis carried out by medical personnel specialized in geriatric problems. Properly selected therapy programs, preventing or delaying the occurrence of more serious diseases or disability, limiting the number of medications taken by seniors and the exclusion of complications resulting from polypharmacy, and finally reducing the number of hospitalizations in elderly patients is a source of long term savings [23, 24].

The involvement of older people themselves, their carers and specialists in various fields to jointly develop and implement individualized and, at the same time, holistic treatment / support / care plans is the basis for ensuring the quality of health services for the elderly. The overriding goal of these activities should be to ensure the high quality of life of seniors [18, 24]. Developing education standards for both staff working with geriatric patients and seniors themselves in the field of comprehensive geriatric care is an important challenge for the medical care systems of the aging societies [23]. Understanding the importance of preparing the broadly understood medical and peri-medical personnel to work with this group of patients [18] is reflected in the inclusion of geriatrics in the compulsory curriculum at medical studies, recognition of geriatric medicine in an increasing number of European countries as a separate specialty and training and post-graduate studies on the specific problems of older people [25]. However, there is still an insufficient number of geriatricians and nurses, physiotherapists, psychiatrists, psychologists and representatives of other medical and peri-medical professions specializing in the work with seniors, who, while ensuring appropriate infrastructure and standards of geriatric care, would cooperate to improve the quality of life of seniors.

Providing adequate support for elderly people with various health problems and disabili-

ties also requires more and more often the involvement of caregivers in the home environment. This type of support is a significant help not only for the elderly themselves, but also for their relatives. Although the network of care services, especially commercial ones, is expanding more and more, the issue of training and supervision for both professional and non-professional (relatives of seniors) carers of the elderly is still insufficiently addressed.

### **Mental well-being of seniors and the possibilities of supporting it**

When considering the issue of medical support for the elderly, it is also important to pay attention to the area of mental health and cognitive functioning of seniors. Mental health problems in the elderly, especially widespread anxiety disorders and depression, not only reduce the quality of life of seniors, but also increase the frequency and cost of professional care, and are associated with a higher risk of premature admission to nursing homes. At the same time, it is important to note that mentally ill people age faster, which is related both to biological factors, less care of ill people for a healthy lifestyle and involvement in social activities, which have a proven positive impact on the quality and length of life [26]. These factors make it so important to both take preventive measures for mental health, as well as develop psychiatric and psychotherapeutic assistance services specifically targeted at seniors.

Psychotherapy of the elderly in many respects does not differ from the therapy conducted with younger patients, but some of its elements and topics are specific only for work with seniors. These are primarily the issues of transference and countertransference associated with the frequent age difference between therapist and patient, the need to focus on developmental tasks, and the challenges of the aging process itself. The goal of psychotherapy is always to alleviate suffering, seek healing, and prevent further difficulties from arising, so that the patient can function normally. The specific goals of seniors' psychotherapy focus on areas typical to older people, which include in particular: building and restoring a positive self-image and self-esteem,

copied with losses and support in mourning, helping to resolve the conflict between the need for dependence, using the help of others and the need for independence, as well as coping with emotions and thoughts about one's own mortality [27].

Psychological and psychotherapeutic support for the elderly should not, however, focus only on therapeutic activities, but, as in other age groups, also be directed towards broadly understood prevention and psychoeducation. Qualitative research shows that in the opinion of seniors themselves, good aging is associated with such features as resilience, the ability to adapt to changing conditions and optimism, which also underlie the main theories of positive aging [26]. For this reason it is important that psychological and psychotherapeutic assistance provided to the elderly should focus on increasing the mental well-being of the elderly and building their immune resources [28].

Seniors of the 21st century are people who also look for various paths of personal development for themselves, more and more often using psychological support not only in crisis situations or because of fear of the possibility of mental problems. According to the Erikson model [29], providing psychological support may be aimed at supporting the integration of previous experiences, but also at helping to teach positive aging based on the optimal use of resources in order to compensate for deficiencies and adaptation to the challenges of everyday life [30]. In today's world, where the activation of seniors is preferred (promoted) and recommended, the elderly begin to feel the compulsion of constant activity and gathering new experiences, which may, however, exceed their cognitive, mental and, above all, physical (biological) abilities. Paradoxically, the theory of withdrawal [31], which explains the relationship between the compulsion to act and the ability to undertake it, may be a source of further research. It is, in particular, about the individualization of developmental stimulation processes in seniors. For some, activity may be a challenge and a constructive mobilization of forces in action. For others, it may turn out to be an impossible task resulting in lowered sense of self-esteem, anxiety, depression, and withdrawal. The category of withdrawal in this case does not have to be viewed

negatively. It can be a natural consequence of individual human needs. In a more frank way, this applies to every age group.

The issues of supporting seniors taken up in this paper leads to further, necessary issues that fit into the field of psychological support. The obvious necessity to care for the mental health and condition of the elderly also includes the care for the cognitive functioning of seniors. A significant challenge in the light of the statistics on the prevalence of neurodegenerative diseases [32] is providing support to the elderly suffering from various cognitive disorders. The complexity of this issue implies the need to cover the theoretical, exploratory and methodological interest of co-participants, in particular family members and carers of seniors suffering from dementia. It is also necessary to focus on the issues of supporting the cognitive functions of healthy aging people, for whom every day and typical at this stage of life problems with attention or memory are the reason to look for pharmacological and non-pharmacological methods of coping. The use of professional information, educational and therapeutic support is a task faced by psychologists and neuropsychologists, because the issue of prevention and early diagnosis of cognitive disruptions in the elderly is still insufficiently addressed in the area of theoretical work, and above all in the practice of the activities of relevant services [33].

## SUMMARY

The above analysis of the issue of supporting seniors, carried out from the social, medical and psychological point of view, is an introduction to further detailed analyzes. It is important to search for an integrated model (models) combining the achievements of science (social sciences, humanities, health sciences, medical sciences, etc.) and practices (methodological achievements of social, educational, medical institutions, etc.). Global trends related to the extension of human life expectancy, as well as the recorded decline in births, make the aging of world societies a fact. It implies the absolute need to create proposals for practical activities, the guiding idea to integrate the field of service for seniors, where the overall image of the human person will take into account his individ-

uality. In this case, interdisciplinary (multidimensional and multidisciplinary) support for seniors will serve to extend the ability to actively use human resources while at the same time individualizing the process of this activation. This applies to the social, physical (biological) and mental (including cognitive) dimensions. On the way to creating the postulated model, it is possible to outline the current challenges that constitute a guideline for further academic research. The following areas can be included here:

- seniors: the need to build new integrated support systems for seniors (combining care, assistance, compensation and promotional activities in the social, medical and psychological field), increasing the availability of currently operating support institutions, development of preventive and educational activities;
- professional carers of the elderly: development of professional competences and the institutional support system;
- non-professional carers of seniors (family members, close relatives and unrelated persons): emotional support, support groups, development of the social support system.

The outlined areas relate only to the subjective sphere of the postulated model (s) of integrated support for seniors. In the course of further planned analyzes carried out from an interdisciplinary point of view, it will also be necessary to refer to the subject from methodological, procedural and systemic perspectives.

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