

The autumn of life, growing old, loneliness or departing this life duly

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ABSTRACT

Passing, departing of man became an awkward subject in the contemporary civilization (avoiding problems of old age and death, the cult of the body). However, the problem of solitude affect's man at every time of his or her life. Therefore, there is a need to seek solutions in the interdisciplinary dimension conducive to the elimination of loneliness of older people (or at least to contribute

to their reduction) and relieve the consequences. Active participation of older people in the life of family and society is very important. People supporting the elderly (physicians, nurses, social workers, volunteers) should promote the concept of old age being valuable, full of possibilities, often hidden developmental reserves.

Key words: life, old age, loneliness, death

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Old age ceases to be an honour and becomes a fault. It frequently has to prove that it is not worse than adulthood [1].

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The term *growing old* and *old age* often appear in the literature and are of interest to different scientific disciplines: educators, sociologists, psychologists, economists, physicians. They take into consideration different aspects of *old age* and *growing old* and therefore it is difficult to provide one general definition of this term.

Old age conventionally begins at the age of sixty and is associated with many changes such as deterioration of health or physical fitness, deprivation and change of social roles, lower adaptive predisposition. *Old age* is also defined as “the final time of aging and is regarded as a static process - *old age* begins conventionally at the age of 60 or 65 and ends inevitably with death” [2].

Health becomes the most important problem in *old age*. It is the health that affects physical and mental state. Fitness, physical and mental state are also connected with cessation of work. “The time of retirement is connected with an excess of free time. Unless it is planned usefully by elderly people, it can limit social contacts, cause isolation, increase pessimism and finally lead to depression and other diseases” [3].

The opportunity to communicate with others, be in touch with the family, have an active social life are very important to the elderly. According to Małecka [4], their psychosocial needs are of a particular character and their intensity changes as a result of decreasing abilities to satisfy them. The needs of the elderly person develop more intensely.

In deliberations on the situation of elderly people, crucial needs are the ones vital in terms of the organization of the system of satisfying them (**financial needs**, complicated by the fact that the income of the *old age* pensioner comes usually from one source only; **physical needs**, associated with decreasing fitness and progressive weakness; **socio-emotional needs**, aimed at maintaining emotional and social contacts as well as interactions with the local community[4].

The elderly feel a stronger need for mental security; a need to belong to a group, take a specific place in it; a need for warmth, for recognition as well as a need to be useful [5].

The need for satisfaction in life is particularly important in the process of adaptation to *old age*. The degree of satisfaction depends on perception of *old age* in the category of a threat (existential). That is why the problem of *psychological aging* is crucial and it encompasses “the effect of time on human personality, emotional and spiritual life” [6]. The elderly are often

perceived as lonely, resigned, with a passive attitude to life and awaiting inevitable death.

In people of advanced age, spirituality has a direct impact on their mental and physical functioning. It often stimulates personal development, despite biological deterioration and plays an important role in creating a positive attitude to self and others. It helps discover the value of *old age* and contributes to “aging beautifully” (spiritual beauty is decisive for the beauty of *old age*, which is the emanation of spirit, and not the function of body) [7].

According to John Paul II, the most difficult experience for the elderly person is the rejection by family and friends as it leaves them without care and stimulates feeling of **solitude** and **loneliness** [8].

The feeling of **loneliness** often accompanies elderly people. The fear of solitude is one of the worst anxieties associated with *old age*. **Solitude** and **loneliness** are not only attributed to the last stage of life but also experienced in a special way. Leon Dyczewski points out that **solitude** is experienced by man through life and in *old age* in particular. In his view, both **solitude** and **loneliness** intensify especially in *old age* when one has a lot of time and often remains alone. Even living together with children and grandchildren does not eliminate loneliness [9].

The feeling of loneliness has objective and subjective sources.

The objective source is the real social isolation which leads to withdrawal from an active participation in social life.

Subjective sources of loneliness concentrate on the elderly person and refer to:

- health (physical and mental),
- personality,
- life experience,
- unsatisfied need for recognition and a desire to exert control over others,
- lack of preparedness for retirement
- inability to plan free time (forced inactivity leads to apathy),
- lack of preparedness for the death of the loved ones; inability to accept own death,
- inability to experience closeness; feeling of neglect by family and friends (the elderly wants to have a specific place in the family and in return they can contribute their free time, experience and life wisdom – which is not always welcomed),
- lack of support from family and friends (deepens senile depression and can lead to suicide).

The terms **solitude** and **loneliness** can refer to the life of elderly people in terms of their situation in and outside the family. The elderly are often ill, disabled, and lonely. They need help to overcome

difficulties, satisfy needs and support in adapting to new circumstances (e.g. institutionalization). Coming to an institution triggers an *adaptation syndrome*: need to accept the role of a resident, leave 'former' life and adapt to new (different) conditions. The obligation to share (often long-term) a room with a stranger deprives the residents of privacy, routines and exposes them to constant social control.

Residents most often stay in the institution until the end of their life. Often (due to psycho-physical impairment) they do not make proper use of their skills – they are passive, reclusive and isolated. Feelings of hopelessness, negation, pessimism, apathy, passive acceptance of their existence often lead to depression. Elderly residents often lack success in interpersonal relations which are crucial to satisfaction and pleasure, development of empathy and sense of security. Failure can be associated with a low self-esteem. Very few express will to live, are cheerful, have a positive attitude to life and people [10].

Passive lifestyle dominates among residents and encompasses:

a) **apathetic pessimism** – the elderly is often alone, apathetic, pessimistic, reserved, rejects the concept of living in an institution, avoids contacts with others, "escapes" into sleep, and is frequently depressive;

b) **resignation** – experience of solitude and loneliness (walking alone at a slow pace along the corridor and waiting for a meal, and in summer sitting alone outside the institution) [11].

Passing away, departing became an unwelcome subject for the contemporary (avoiding problems of *old age* and death, *cult of youth and body*). Solitude may affect humans at any time of their life (and it intensifies in *old age*). Therefore an urgent need exists to seek interdisciplinary solutions to eliminate solitude and loneliness in the elderly (or at least reduce their impact). Active participation of the elderly in the life of the family and society is crucial. Moreover people supporting the elderly (physicians, nurses, social workers, volunteers) should promote the concept of old age being valuable, full of possibilities, often hidden developmental reserves. It is a natural stage of human biography, which should not be devoid of optimism and self-fulfillment.

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