Aging Societies

Starzenie się społeczeństw

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Introduction

We are happy to bring you the issue of our journal featuring a series of articles devoted to various aspects of aging and old age.

Due to the rapidly aging population in Europe and the whole world, the problem of aging appears to be of great relevance, therefore there is a need to address this issue in its various aspects, i.e. both social and medical. The constantly growing number of elderly people has become a motivation to look at this topic from a broader perspective. Until recently, the predominant stereotype of the elderly was that of a person with limited mobility and lacking opportunities for an active life. This has led to negative consequences in social life. Widespread ageism reinforces the powerlessness and helplessness of seniors. The world of marketing and advertising, the Internet and the social media contribute to the negative stereotype of aging and old age. Elderly people tend to be marginalized professionally, absent from popular culture and excluded from various services, isolated in care-oriented institutions and often treated as addicts. Meanwhile, old age is clearly a time when one's life experience can be used for the good of family members, society and the entire human population.

Respect for the dignity of the elderly, as well as the variety of problems related to the aging process and old age lead us to believe that this important issue needs to be addressed. We believe that avoiding or rejecting public discussion of old age shows a lack of maturity in society and a denial of objective, biological reality, since the transience of human life is the natural consequence of being

human. It is worth underlining that old age, often called late adulthood, is only another stage of human existence in the cycle of human life from birth to death.

Every person dreams that their aging will be relatively trouble-free, i.e. without disease, with good physical and mental fitness, as well as with the opportunity to engage in social life, like in Rowe and Kahn's model of successful aging. Taking into account the continuous development of medicine, and thus the possibility of extending average life expectancy, as well as the decreasing fertility rates and migration processes, both Europe and the whole world are struggling with the problem of the constantly increasing number of older people. Because the aging process is accompanied by biological, psychological, social and spiritual changes, the variety of problems associated with it is extraordinary. The steadily growing number of older people poses new challenges and demands on health and social care services, as well as on local and state authorities.

One of the most typical characteristics of geriatric patients is multimorbidity, i.e. the co-occurrence of several diseases. With multimorbidity comes the increase in the need for board geriatric care, which is still insufficient in Poland. Therefore, the goal of every health care system is to provide and deliver the fullest possible range of medical services to elderly people. Senior care requires a balance between health care and social care. Lack of social support is as strong a risk factor for death as are recognized health factors. Therefore, there are several areas of social problems in senior care that can be distinguished at the micro, meso and macro levels.

Social issues related to the micro level mainly concern the problems of the individual, i.e. loneliness, reduced functional activity, limited access to social and medical care, financial hardships, difficulties in meeting one's spiritual needs and often low involvement of the community and family. The meso level is associated with difficulties in adapting the family to the presence of the older person, challenges in accepting changes in the older person's mentality, limited access to social and medical care, housing problems and the inability to meet one's social needs. Macro-level social issues include increased demand for social care, greater financial expenditure on medical and social care, adaptation of public facilities to serve the elderly and disabled, and social problems resulting from the marginalization of older people.

It is necessary to continuously improve the quality of life of seniors, which involves both external and internal factors. We must therefore work to create a civil society that is open to intergenerational cooperation and dialogue and that effectively counteracts generational antagonisms and negative stereotypes about old age. Population aging is one of the greatest socio-economic challenges facing the European community in the 21st century. It is also the largest challenge on a global scale because of the need to prepare an adequate medical and social base. It is worth remembering that an older person requires a different approach, both in medical and social terms, than someone in the prime of life.

The series of articles on the process of aging and old age, collected in this issue of the journal *Studia Paedagogica Ignatiana*, is part of the discussion in the areas of theoretical gerontology, clinical gerontology, social gerontology, as well as those touching on the issue of institutional care for seniors.

The articles in this issue attempt to define what the aging process is and what old age is, as well as what medical, sociological and ethical implications are associated with the lives of elderly people and what role institutional social care plays and should play in their lives. They also address the risks posed by disease and unsafe practices that occur in the aging process. Although aging is a natural phenomenon that is intrinsic to human life, it also involves certain disruptions to the structure of the human personality.

The topics covered in this issue look at the question of aging and old age in various contexts. They are interdisciplinary and address fundamental dimensions of human life. The point of reference is that an elderly person requires not only medical care, but also spiritual and social assistance.

We hope that the articles gathered in this issue, which deal with various aspects of aging and old age, show that medical and social care should complement and balance each other, which is the basis of proper care for seniors.

As thematic editor, I would like to thank the editorial team for entrusting me with this responsible task, and the P.T. Reviewers for their substantive commitment and time. I hope all readers will enjoy these inspiring essays.

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Wprowadzenie

Przekazujemy w Państwa ręce zeszyt naszego czasopisma poświęcony różnym aspektom starzenia się i starości. Znajduje się w nim cykl artykułów poświęconych temu problemowi.

W związku z dynamicznie starzejącym się społeczeństwem Europy i świata problem starzenia jawi się jako niezwykle aktualny, dlatego też istnieje konieczność podjęcia tematu dotykającego różnych jego aspektów, a więc zarówno aspektów socjospołecznych, jak i medycznych. Ciągle rosnąca liczba osób starszych stała się motywacją do podjęcia tego tematu w szerszym aspekcie. Do niedawna jeszcze dominował stereotyp człowieka starego jako osoby ograniczonej ruchowo i pozbawionej możliwości aktywności. Taki stan rzeczy prowadził do negatywnych odczuć w życiu społecznym. Szerzący się ageizm umacniał bezsilność i bezradność ludzi w podeszłym wieku. Świat marketingu i reklamy, internetu i najnowszych medialnych technologii sprzyja pogłębianiu negatywnego stereotypu starzenia się i starości. Ludzie starzy zazwyczaj są marginalizowani zawodowo, nieobecni w kulturze popularnej i usługach, izolowani w instytucjach nastawionych na opiekę i często traktowani jako osoby uzależnione. Tymczasem starość staje się niewątpliwie czasem korzystania ze zgromadzonego doświadczenia życiowego, z którego może czerpać cała ludzka populacja.

Szacunek do godności człowieka w podeszłym wieku, jak również wielorakość problemów związanych z procesem starzenia i starości, rodzi przekonanie o konieczności podjęcia tego ważnego tematu. Uważamy, że unikanie dyskusji o starości na poziomie

ogólnospołecznym i odrzucenie refleksji na jej temat dowodzi braku dojrzałości społeczeństwa. Jest to wyraz negacji konkretnej rzeczywistości, gdyż przemijalność stanowi naturalną kolej ludzkiego życia. Warto zauważyć, że starość, nazywana często późną dorosłością, jest kolejnym etapem ludzkiej egzystencji zamykającej się w rozdziale od narodzin aż do śmierci.

Marzeniem każdego człowieka jest, aby zgodnie z modelem Rowe'a i Kahna proces starzenia przebiegał pomyślnie, a więc bez chorób, z dobrą sprawnością fizyczną i umysłową, a także możliwością zaangażowania się w życie społeczne. Biorąc pod uwagę ciągły rozwój medycyny, a tym samym możliwość wydłużenia się przeciętnej długości życia, oraz obniżenie się współczynnika dzietności i ciągłe migracje, zarówno Europa, jak i świat borykają się z problemami nieustannie przybywającej liczby osób starszych. Ze względu na to, że procesowi starzenia towarzyszą zmiany biologiczne, psychiczne, społeczne i duchowe, różnorodność problemów z tym związanych jest niezwykła. Ciągle przybywająca liczba ludzi starszych stawia coraz większe wyzwania i wymagania zarówno przed służbą zdrowia, jak i opieką społeczną, a także władzami samorządowymi i państwowymi.

Jedną z najbardziej typowych cech pacjentów geriatrycznych jest wielochorobowość, czyli współwystępowanie kilku chorób u tej samej osoby. Wielochorobowość prowadzi także do konieczności zapewnienia szeroko pojętej opieki geriatrycznej, która w Polsce jest w dalszym ciągu niewystarczająca. Dlatego też celem każdego systemu opieki zdrowotnej jest zapewnienie i dostarczenie możliwie pełnego zakresu świadczeń medycznych osobom w wieku podeszłym.

Opieka senioralna wymaga konieczności zrównoważenia opieki zdrowotnej z opieką socjalną. Brak wsparcia socjalnego jest równie silnym czynnikiem ryzyka zgonu, jak uznane czynniki zdrowotne. W opiece senioralnej istnieje zatem kilka obszarów problemów społecznych, które można wyodrębnić w skali mikro, mezo i makro.

Zagadnienia społeczne związane z poziomem mikro dotyczą przede wszystkim problemu danej osoby, a więc jej samotności, ograniczonej aktywności funkcjonalnej, ograniczonej dostępności do opieki socjalno-medycznej, trudności finansowych, trudności w realizacji potrzeb duchowych, a niejednokrotnie małego zaangażowania środowiska i rodziny.

Poziom mezo związany jest z trudnościami w adaptacji rodziny do obecności starszego człowieka, trudnościami w zaakceptowaniu zmian w mentalności starego człowieka, ograniczonej dostępności do opieki socjalno-medycznej, problemów mieszkaniowych i niemożności realizacji własnych potrzeb socjalnych.

Zagadnienia społeczne związane z poziomem makro to zwiększone zapotrzebowanie na opiekę socjalną, zwiększone nakłady finansowe na opiekę medyczno-socjalną, przystosowanie obiektów użyteczności publicznej do obsługi osób starszych i osób z niepełnosprawnościami, a także problemy społeczne wynikające z marginalizacji osób starszych.

Konieczna jest ciągła poprawa jakości życia seniorów, co związane jest zarówno z czynnikami zewnętrznymi, jak i wewnętrznymi. Dlatego należy pracować nad tworzeniem społeczeństwa obywatelskiego, które byłoby otwarte na współpracę i dialog międzypokoleniowy, a także skutecznie przeciwdziałałoby antagonizowaniu pokoleń i negatywnym stereotypom na temat starości.

Starzenie się społeczeństwa to jedno z największych społeczno-gospodarczych wyzwań wspólnoty europejskiej XXI wieku. Jest to także największe wyzwanie w skali całego świata ze względu na konieczność przygotowania odpowiedniej bazy medyczno-socjalnej. Warto pamiętać, że człowiek starszy wymaga innego podejścia zarówno w aspekcie medycznym, jak i socjalnym niż człowiek w sile wieku.

Cykl artykułów poświęcony procesowi starzenia i starości, zebrany w niniejszym zeszycie czasopisma „Studia Paedagogica Ignatiana", wpisuje się w dyskusje prowadzone w obszarach z zakresu gerontologii teoretycznej, gerontologii klinicznej, gerontologii socjalnej, a także dotykające tematyki opieki instytucjonalnej nad seniorem.

Artykuły zebrane w tym zeszycie są próbą zdefiniowania, na czym polega proces starzenia się i czym jest starość, a także jakie konsekwencje medyczne, socjologiczne i etyczne związane są z życiem osób w podeszłym wieku i jaką rolę odgrywa, a jaką powinna odgrywać, instytucjonalna opieka społeczna, a także, jakie zagrożenia niosą choroby i niebezpieczne praktyki pojawiające się w okresie starzenia. Choć niewątpliwie starzenie się jest naturalnym zjawiskiem wkomponowanym w ludzkie życie, to pociąga ono także określone perturbacje w strukturze osobowościowej człowieka.

Problematyka podjęta w niniejszym zeszycie przybliża tematykę starzenia i starości w różnych kontekstach, ma wyraźny charakter interdyscyplinarny i dotyka zasadniczych płaszczyzn ludzkiego życia. Chodzi o to, że osoba w podeszłym wieku wymaga nie tylko opieki medycznej, ale także pomocy duchowej i socjalnej.

Mamy nadzieję, że teksty zebrane w tym zeszycie, poświęcone różnym aspektom starzenia i starości, pokazują, iż opieka medyczna i socjalna winny się wzajemnie uzupełniać i równoważyć, co jest podstawą prawidłowej opieki nad seniorem.

Jako redaktor tematyczny serdecznie dziękuję zespołowi redakcyjnemu za powierzenie mi tego odpowiedzialnego zadania, a P.T. Recenzentom za zaangażowanie merytoryczne i poświęcony czas. Wszystkim zaś Czytelnikom życzę inspirującej lektury.

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Articles and dissertations

Artykuły
i rozprawy

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Formal Care for an Elderly Person in Terms of Geragogy: Conceptual Assumptions of Supportive Care

Opieka formalna nad osobą starszą w ujęciu geragogiki — założenia koncepcyjne opieki wspierającej

ABSTRACT

In an era of progressive aging of societies, the care of the elderly is becoming an important gerontological issue and an important area of interest for the educational sciences. Designing properly administered care for seniors is a special challenge and task of geragogy. The article explores the care of the elderly as a subject of interest of various scientific disciplines, in particular geragogy. The main discussion focuses on the author's concept of formal supportive care for the elderly. The concept uses the ideas of the following theories: social support, activity, education for old age, gerotranscendence, selective optimization and compensation. Reference is also made to the concepts of successful and positive aging. The article ends with conclusions and recommendations for those providing formal care for the elderly. The most important conclusions are that formal carers should be professionally trained and have the necessary competences, including gerontological knowledge and skills, based on a methodology-based approach to working with the elderly. It should also be

required that their actions be consistent with a culture of care for the elderly, according to which, guided by the principle of the good of the elderly, one strives to ensure the highest possible quality of seniors' life and creates conditions for them achieving well-being. Formal care for the elderly should be so-called supportive care, founded on all types of social support and including activities in the field of developmental support.

ABSTRAKT

W dobie postępującego starzenia się społeczeństw opieka nad osobami starszymi staje się istotnym zagadnieniem gerontologicznym oraz ważnym obszarem zainteresowania nauk o wychowaniu. Kształtowanie właściwie sprawowanej opieki nad seniorami jest szczególnym wyzwaniem i zadaniem geragogiki. W artykule ukazano opiekę nad ludźmi starszymi jako przedmiot zainteresowań różnych dyscyplin naukowych, w szczególności geragogiki. Zasadniczą treść stanowi autorska koncepcja formalnej opieki wspierającej osoby starsze. W koncepcji wykorzystano założenia teorii: wsparcia społecznego, aktywności, wychowania do starości, gerotranscendencji, selektywnej optymalizacji i kompensacji. Odwołano się także do koncepcji pomyślnego i pozytywnego starzenia się. Tekst kończą wnioski i rekomendacje dla osób realizujących opiekę formalną osób starszych. Najważniejsze z nich wyrażają się w postulacie zadbania o profesjonalne przygotowanie opiekunów formalnych, którzy powinni posiadać stosowne kompetencje, obejmujące wiedzę z zakresu gerontologii, jak i umiejętności oparte na metodycznym warsztacie pracy z osobami starszymi. Należy też wymagać, aby ich działania były zgodne z kulturą opieki nad człowiekiem starszym, zgodnie z którą – kierując się zasadą jego dobra – dąży się do zapewnienia jak najwyższej jakości życia oraz tworzy warunki do osiągnięcia dobrostanu. Opieka formalna nad ludźmi starszymi powinna być tzw. opieką wspierającą, opartą na wszystkich rodzajach wsparcia społecznego i zawierającą działania z zakresu wspomagania rozwoju.

Introductory remarks

In the age of progressive demographic ageing, gerontological issues concerning human ageing and old age are becoming very important. Ageing is a natural process, inherent to human nature, and old age itself is the last period in human development. The article

assumes that old age (late adulthood) is a phase of life that begins at the age of 60. This threshold for old age is in line with the opinion of the World Health Organization (WHO), as well as the Law of 11 September 2015 on the elderly.

Among various gerontological issues, the problem of care is extremely important today. This is not only due to the increasing number of older people, but, above all, to the phenomenon known as double ageing, i.e. the increasing number of people aged 80+ among older people. Most people aged 80+ need varying degrees of care, which is determined by their condition of health and psychophysical fitness. Older people can receive care from informal carers (usually immediate family members or neighbours) and/or from formal carers. Formal care is provided through care services at the patient's place of residence (e.g. by community nurses/carers), in day care institutions (such as day care homes or community self-help homes) or in 24-hour care institutions (e.g. social care homes, family care homes, nursing homes, assisted living facilities, sheltered housing, hospices or hospitals). At the same time, it should be remembered that the ageing process is individualised, so the need for care for a particular elderly person may arise in early old age (from 60 to 74 years of age), although most often elderly people need care in old age proper (from 75 to 89 years of age) and in longevity (from 90 years of age).

Care of the elderly is of interest to a number of sciences, including the medical and health sciences, which analyse care activities mainly from a physiological and practical perspective, related to treatment, rehabilitation and nursing. The political and economic sciences are developing systemic solutions for the care of the oldest generation, resulting in the policies of the European Union, such as the promotion of the concept of *active ageing* (WHO 2002), as well as in the idea of intergenerational integration and the related concept of "Society for all ages" (Tymowski 2015: 24). Also, in Poland the consequence is a multifaceted senior policy (Resolution of the Council of Ministers...). The aforementioned two main ideas of the European Union's senior policy, i.e. active ageing and intergenerational integration, have permeated the senior policy developed and implemented in our countries, regions and local communities.

Care activities are also the object of analysis in the educational sciences. One of these sciences is the pedagogy of ageing and old age, also

referred to as geragogy, which deals with pedagogical aspects of ageing and old age. In geragogy, elder care is viewed multidimensionally, entailing the development of the elderly and the methodology of care and therapeutic work with the elderly. Preparing both informal carers and professionals for working with older people is one of the most important areas of interest in geragogy (Leszczyńska-Rejchert 2021).

The article presents the author's concept of formal supportive care for seniors, taking into account geragogy. The interpretative perspective is provided by the following theories: social support theory, activity theory, the theory of education for old age, gerotranscendence theory and the selective optimisation and compensation theory. As the aim of the analysis was to construct the conceptual assumptions of supportive care, the text mainly discusses the social support theory and presents the assumptions of the selective optimisation and compensation theory (especially useful in working with older people with disabilities). Other theories are only hinted at within the projected concept (for more on these theories and practical indications arising from them in a pedagogical perspective, see e.g. Leszczyńska-Rejchert 2021). The content is preceded by findings on geragogy as a science and the concept of active, successful and positive ageing. The text ends with conclusions and recommendations, including postulates formulated for those who implement formal care.

Geragogy as a science

Geragogy "analyses old age as a phase of life from the perspective of pedagogical sciences, i.e. in the context of educational support for the development of people in late adulthood" (Leszczyńska-Rejchert 2021: 33). Geragogues are interested in both the aspect of long life and the factors that lead to it, as well as quality of life in old age. From the point of view of geragogy, life in old age should be "valuable, filled with experiences that enrich a person's personality and increase the quality of his/her life" (Dubas 2005: 154), and education serves this purpose (Dubas 2005).

Geragogy was recognised as a science in the 1950s. Since that time, theory, empirical research and normative approaches have been developed on the pedagogical aspects of ageing and old age (Battersby 1987). Geragogy is an educational science (alongside pedagogy

and andragogy) and part of social gerontology (which is a branch of gerontology) (Zych 2017).

Polish pedagogy of old age has its own specific features, which results from assumptions rooted in the achievements of Polish social pedagogy. Indeed, in geragogy and social pedagogy it is assumed that (1) humans are biopsychosocial beings who develop in a specific culture (Kamiński 1982); (2) education is the support of development (Kawula 1997); and (3) educational interactions should take place throughout an individual's life (Kawula 2002; Halicki 2003).

The prevailing assumption in geragogy is that quality of life in old age is determined by functioning in the physical, mental, social and spiritual dimensions in both old age and the preceding stages of life. In view of this, the field of education for old age, in old age and through old age are important (discussed in e.g. Szarota 2015). Geragogy aims to provide the conditions for active, successful and positive ageing in order to assist the individual in achieving successful old age. According to the World Health Organization, *active ageing* is "the process of optimising opportunities related to health, participation and safety to improve the quality of life of older people" (WHO 2002: 12). *Successful ageing* (Baltes, Smith 2003) is a concept that has many interpretations, as concepts of successful ageing address older people living under specific sociocultural conditions (Halicki 2010). Initially, reference was made to psychological approaches, and successful ageing was defined as "a person's ability to adapt to old age in the best possible manner" (Hill 2009: 38). In the pedagogical sciences, this term was referred to by Polish geragogues, among others. Jerzy Halicki identifies successful ageing with the acceptance of quality of life in old age: "successful ageing occurs when the subject accepts the ageing process itself, and a positive attitude to the state of old age is expressed in the acceptance of the quality of one's own life" (Halicki 2010: 56). The author distinguished two characteristics as indicators of successful ageing: a positive attitude towards one's own physical and mental self and a positive attitude towards the external world (Halicki 2010). Anna Leszczyńska-Rejchert interprets successful ageing as ageing with an awareness of the possibility of continuous development (i.e. the possibilities inherent in the potential of the individual and their environment), as well as the possibility of obtaining assistance in development (Leszczyńska-Rejchert 2021).

On the other hand, the term "successful old age" is framed by pedagogues as an old age that offers the possibility of full personal development (Uzar 2011). Another term, "positive ageing", originates from positive psychology and is defined multidimensionally, as follows: a person ages positively when, despite their psychophysical condition deteriorating with age, they cope with life, experience happiness and well-being and have a good quality of life (Hill 2009). From the geragogical perspective, the most important assumption of the concept of positive ageing is expressed in the statement that "a person can influence the aging process" (Hill 2009: 43). Geragogues see learning as one of the strategies of positive ageing (Konieczna-Woźniak 2013). At the same time, it is emphasised that learning is important not only in Universities of the Third Age (U3A) or Intergenerational Universities (IU), but also in other forms of education, for example, intergenerational education taking place in the family environment, health education taking place in health centres or education for safety provided by the police.

Outline of the concept of formal supportive care

According to the traditional interpretation of pedagogical sciences, the term "care" means assistance in meeting the supra-subjective needs of the person being cared for, i.e. the needs which they are temporarily or permanently unable to meet and regulate on their own, so other people are necessary for their satisfaction (Dąbrowski 2000). Professional care activities can take many forms, but from the point of view of geragogy it is important that the formal care of an elderly person is supportive care, containing all the elements of social support. Social support is "action […] towards individuals, groups or institutions which are in a difficult situation. This action takes the form of social interaction, and its benefits are manifested in the transfer of information, feelings, services, instruments of action, material goods, in social bonding, and in joint action (cooperation)" (Leszczyńska-Rejchert 2010: 120). The following should be taken into account in caring for an elderly person: emotional support (giving verbal and non-verbal messages containing emotions such as "we like you"), instrumental support (providing specific help and services), information support (giving advice or information), valuing

support (giving messages containing positive evaluations of the supported person, such as "you are important to us") and spiritual support (when individuals or groups, despite their own efforts or other forms of help, still remain in situations that are difficult for them, with no way out) (Leszczyńska-Rejchert 2010).

In view of the above, the social support theory and the assumptions of geragogy about the possibilities and the need to support the multifaceted development of older people, the following principles of supportive care can be formulated as specific practical guidelines for formal carers of seniors based on geragogical knowledge:

- treat the elderly person first and foremost as a human being and secondarily as a client
- remember to support the psychophysical, social, cultural and spiritual development of the older person by encouraging them to take up a wide range of activities, especially educational ones (such as self-education and intergenerational education)
- get to know the older person's resources (personal and environmental)
- look closely at the needs of the older person
- reflect on the sources of the older person's problems
- create situations in which the older person can take their own decisions
- do not do what the elderly person is able to do on their own (taking into account their current health status and mental/physical fitness)
- recognise and react rationally to the emotions of the older person, but show your own emotions in a controlled manner
- assist the elderly person in meeting their needs, whilst providing them with various types of social support.

The basic activities of supportive care for older people should include activating them, supporting their development, preventing discrimination and social marginalisation and improving their quality of life. In this aspect, elements of preparing for old age and education for old age should also be skilfully incorporated into the process of care. These measures are likely to contribute to older people experiencing active, successful and positive ageing.

A formal carer of an older person should ensure that the focus of the care is on activating the person, i.e. encouraging them to undertake

a variety of activities (Leszczyńska-Rejchert 2013). It is important to persuade them to lead a healthy, active lifestyle in old age and to pursue education (including self-education). This is because these forms of activity allow good health and physical/mental fitness to be maintained for longer. At the same time, it is important to create situations in which an older person can choose specific activities, e.g. those that give them pleasure and/or make them feel happy, or those in which they can use their personal or environmental resources. It is also important to monitor activity levels, as inadequate activity can result in monotony in life, diminished interest in the world, withdrawal from interpersonal contact and even social death, leading to physical death in the short term. Hyperactivity, on the other hand, can contribute to physical and/or psychological overload, threatening health and life (Uzar-Szcześniak 2015).

It is of utmost importance that, in the process of care, the elderly person is supported in their psychophysical, social, cultural and spiritual development, as comprehensive development supports mental and physical well-being. There are publications in the pedagogical literature indicating how to support a specific developmental area of an older person (Uzar 2011; Leszczyńska-Rejchert 2021). Activities that support the multifaceted development of older people are closely linked to a formal carer's further care tasks, namely preventing the discrimination and social marginalisation of seniors, improving their quality of life and preparing and educating for old age. Geragogues identify practical activities from these areas that can and should be implemented during the process of care. Forms of preparing for old age in pedagogical terms can be found in Aleksander Kamiński's concept of upbringing for old age, described below, and have been presented by contemporary geragogues such as Agata Chabior and Zofia Szarota (Chabior 2000; Szarota 2004, 2010).

The above-mentioned activities are united by education in its broadest sense, which should be present during the implementation of supportive care for older people. This is because education—as emphasised by educators such as Olga Czerniawska—is a form of assistance in development (Czerniawska 2007). It is advisable to use various forms of education for older people in the care process. In late adulthood, informal, lifelong education is important, taking place within the framework of everyday experiences, educational influence

of living environments and mass media; it is also fulfilled in the form of intergenerational education in the family or a care institution, or through intergenerational initiatives in the community. The education of seniors takes place naturally in social and health care institutions, where older people gain knowledge on health education and gerontological prevention. For Polish seniors, educational activities organised by the U3A or IU and other organisations and institutions is also becoming increasingly important. Older people now have many opportunities in this area offered to them by senior citizens' clubs, institutions for the promotion of culture and knowledge (libraries and cultural centres), rural housewives' clubs and local circles of the Polish Association of Retired Persons, Pensioners and Invalids. Senior education also takes place through such national initiatives as the Social Activation of Older Persons programme (ASOS), as well as projects and programmes funded by the European Union (Szarota 2014). More and more associations and organisations, as well as health centres and hospitals, which organise lectures and readings, seminars, workshops and even courses (most often as part of projects funded by the local government and/or the European Union), are becoming involved in education for seniors. Some of these institutions offer forms of remote education, which facilitates access to education for people who are disabled, dependent or bedridden. It is likely that new opportunities for older people to participate in various forms of education will arise in connection with the objectives of the European Union's Green Paper on ageing, which promotes, inter alia, education for old age and activation of older people, and which encourages older people to undertake voluntary activities, including mutual care (*Green Paper...* 2021).

From the point of view of geragogy, self-education expressed in self-learning and self-upbringing is valuable. Intergenerational education, in both natural (the family or neighbourhood) and institutional settings, can be a motivation for such activities. In intergenerational contact, some older people are eager to learn and acquire skills in order to converse with children and young people, to perform certain tasks together or to provide assistance to younger generations (Kilian 2011; Leszczyńska-Rejchert 2014, 2019a, 2019b, 2023).

During the process of care, it is useful to refer to the interests that the older person has, as well as to create situations that allow for

the discovery of new ones. This is because focussing on the development of interests contributes to the acquisition of new knowledge and skills (Konieczna-Woźniak 2011), and if interests are pursued with other people from the same generation or with younger people, intra- or intergenerational integration occur. Research in the field of gerontology also indicates that having interests and devoting time to one's passions makes it possible to forget about health problems and feel somatic and psychological ailments less acutely. Thus, development through the pursuit of hobbies has therapeutic qualities.

From the geragogical perspective, it is advisable for formal carers of old people to make greater use of the theory of selective optimisation and compensation (SOC), developed by Paul and Margret Baltes, which is referred to as the theory of optimum development over the life cycle. This theory assumes that successful development is about an individual's proper management of resources and losses. Successful ageing is served by maximising gains and minimising losses (biological, personal and social) by means of a so-called strategy of selective optimisation with compensation (Kilian 2020). The aforementioned strategy includes (1) selection, i.e. choosing activities that the older person wants or needs to withdraw from (e.g. due to declining physical fitness) and continuing those that they care about (e.g. taking into account their goals, skills, interests, passions or requirements), (2) optimisation, i.e. taking action to maintain or improve fitness and competence despite the ageing of the body (e.g. through memory training) and (3) compensation for (replacement of) lost resources or unattainable activities with others, as well as using other opportunities or means to undertake preferred forms of activity (Halicki 2010).

Using the achievements of the SOC theory is advisable in the care of older people, as it gives them hope that—despite the need to withdraw from some activities—other activities are available. It emphasises that in order to be able to continue living actively despite a decline in (physical and/or mental) fitness, one must successfully adapt to the changing situation (and care for one's own development) by (1) strengthening one's motivation and effort, (2) allocating more time and energy for preferred forms of activity, (3) engaging in educational activities (including learning new skills), (4) using the help of others (through formal and/or informal care) and (5) supporting

oneself with resources (e.g. telecare or rehabilitation equipment) (Leszczyńska-Rejchert 2021).

The process of supportive care should take into account the gerontological educational tasks formulated by pedagogues. These tasks are specific to particular periods of life. Inspiration in this regard can be found in Aleksander Kamiński's concept of education for old age (Kamiński 1978; 1982), among other works. Adapting it to current realities and reinterpreting it in line with contemporary gerontology findings, the following can be postulated:

- In the case of people in early old age (60 to 74 years of age), we should ensure that the older person engages in a wide range of activities (e.g. physical, cultural, entertainment and social) and self-education; deepens their interests and discovers new ones; has some leisure time and uses it rationally; has cultural habits; considers the possibility of continuing to work in retirement (the type and duration of such work is important); and adapts their living conditions to the needs of an older person.

- With regard to old age proper (75 to 89) and longevity (90 and older), one should strive to improve and enrich the older person's life by informing and convincing them of what is beneficial and what is detrimental to their health and well-being (e.g. with regard to diet, hygiene and exercise); encourage neatness, cheerfulness and friendliness, as well as participation in social and cultural life; and create opportunities to use day-care centres and cultural and educational institutions. It is also important, as Kamiński points out, to "subtly inspire reconciliation with the inevitable" (Kamiński 1986: 114), including physical decline, especially over the age of 80, and saying goodbye to life. A similar statement is made by Adam A. Zych, promoting "the preparation of the individual, including the disabled one, for suffering, dying and death" (Zych 2013: 73).

In any sub-period of old age, limited physical ability may appear, as a result of which the elderly person will be forced to carry out self-service activities only at home, to a certain extent and they will not be able to go out independently. In this case, the carer should strengthen the older person's motivation to be active, especially to take up leisure time activities, participate in culture and adopt a reflective approach to life. When the elderly person is totally incapacitated, it is also

necessary to motivate the family and other relatives to maintain contact with them and to become more involved in caring activities. The formal carer should also inform the elderly person and their relatives about the specific features of the ageing of the human body and old age as the final phase of life, about the needs of dependents and about the good things that come with advanced age. If necessary, they should also suggest to the older person the possibility of living in a 24-hour care facility and provide the necessary support to help reduce the fear of moving to such an institution. If the elderly person has the need to do so, the carer should discuss death with them (Kamiński 1978; 1982). It would be good for the carer of an elderly person to become familiar with the theory of gerotranscendence and to skilfully use geragogical practice. This is important because gerotranscendence makes it easier for an older person to develop spiritually (for more on this, see Leszczyńska-Rejchert 2021).

Summary, conclusions and recommendations

In the light of the demographic forecast, everyone has the chance to live until old age, and even to longevity, as human life expectancy is increasing. As the length of life increases, and because we lose our fitness in old age (which is a natural phenomenon, particularly for people 75 and older), many older people will need not only activation and support, but also care. Unfortunately, not all elderly people will be able to rely on support from family members, as the caring function of families is weakening. It is therefore important to shape formal care for older people. In gerontology, including geragogy, a great deal of theoretical and practical work is being undertaken to ensure that such care is delivered at an appropriate level.

The rapidly developing system of services for older people (within the so-called silver economy, which includes economic activities to meet the needs arising from the ageing of the population) requires, among other things, initiatives to monitor whether professionals involved in caring for older people have the right competences and whether they carry out their tasks in a professional manner and with a humanistic approach to older people. Therefore, a very important challenge for geragogy as a science is the education of formal carers of older people.

They should have interdisciplinary knowledge of ageing and old age as a phase of life and of the methodology of care and therapeutic work with the elderly. There are many books on the market discussing various aspects of the methodology of working with older people (see e.g. Baścik-Danisz 2000; Skibińska 2008; Brzezińska, Graczkowska 2012; Brzezińska, Graczkowska, Kwaśniewska 2015; Cybulski, Krajewska-Kułak 2016; Leszczyńska-Rejchert 2016; Jedlińska, Bieńkowska 2021; Grudziewska 2022). There are also journals in which methodological guidelines for working with seniors can be found, such as *Praca socjalna* [Social Work], *Wspólne Tematy* [Common Topics] or *Na temat* [On the Topic]. It is also advisable for formal carers to have the right skills (e.g. communication skills, empathy and compassion, the ability to motivate an older person to cooperate, the ability to create activating situations and pedagogical skills—for example, positive behaviour modification strategies). It is also important that carers have personality traits that enable them to maintain good interpersonal relations with their clients and members of their social environment (e.g. self-awareness, authenticity, sensitivity, empathy, agility, persuasion and the ability to function under stress). They should also display appropriate attitudes towards older people and old age and should base their actions on the humanistic values they have internalised, such as the welfare and happiness of others. In the process of improving care activities for the elderly, efforts should be made to shape an appropriate culture of care for the elderly (Leszczyńska-Rejchert 2015). An essential element of this culture should be a philosophy of care orientated towards multidimensional support for the older person, which is referred to in the article as supportive care. Such care can contribute to an elderly person's high quality of life and feelings of well-being, even until the last moments of life.

In the light of theoretical findings and empirical research in the field of geragogy, the quality of life in old age depends on many factors, primarily on the older person themselves (among other things, their activity and approach to life and other people), but also on the sociocultural context of ageing (e.g. valid stereotypes of old age), social and economic conditions (determined by senior policy) and the social environment (mainly on the scope and level of support received from loved ones and professionals) (Leszczyńska-Rejchert

2019b). Supportive care undoubtedly makes it easier for an older person to create a favourable living space. This dimension of care should be sought by geragogues—both theorists and practitioners.

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Challenges for a New Old Age:
An Essay on Gerontology

Wyzwania dla nowej starości —
esej gerontologiczny

ABSTRACT

The purpose of the essay is to forecast a picture of the elderly and the macro problems resulting from an aging population. The article takes up the question of what older adults, i.e. today's forty- and fifty-year-olds, will be like in 20-30 years. What professions will emerge in connection with the aging population, what changes will occur in the labor market, and in care and social assistance? What will social relations, dialogue with other generations be like? Will and how will the experience and social perception of old age shift? In planning solutions (for the future), it is important to take into account the diverse needs of older adults, as well as socioeconomic, cultural and technological trends. My hypothesis is that as a result of aging processes, seniors in the "young-old" group will be more socially and professionally active than they are now and the life space of the next generation of aging people will expand. On the other hand, old age proper — the cohort of "the old-old" and "the oldest-old" cohort, people," who are usually chronically ill, often lonely, and have impaired functional independence, will be covered by institutional care, using digital technologies.

ABSTRAKT

Celem artykułu jest naszkicowanie obrazu osób starszych oraz makro-problemów wynikających ze starzenia się społeczeństwa. W artykule podjęty został namysł nad tym, jacy za 20–30 lat będą starsi dorośli, czyli dzisiejsi czterdziesto-, pięćdziesięciolatkowie. Jakie zawody powstaną w związku ze starzeniem społeczeństwa, jakie zmiany nastąpią na rynku pracy, a jakie w opiece i pomocy społecznej? Co będzie cechować relacje społeczne, dialog z innymi pokoleniami? Czy i jak zmieni się sposób doświadczania i społeczne postrzeganie starości? Planując rozwiązania (z) przyszłości, należy uwzględnić różnorodne potrzeby starszych dorosłych, trendy społeczno-ekonomiczne oraz kulturowe i technologiczne. Stawiam tezę, że w wyniku procesów starzenia się społeczeństw seniorzy z grupy „młodych-starych" będą bardziej niż obecnie aktywni społecznie i zawodowo, a przestrzeń życiowa (*life space*) kolejnych pokoleń ludzi starzejących się ulegnie poszerzeniu. Natomiast starość właściwa – kohorta „old-old" i „oldest-old" – osób zazwyczaj przewlekle chorujących, częstokroć samotnych, z osłabioną samodzielnością funkcjonalną zostanie objęta instytucjonalną opieką, wykorzystującą cyfrowe technologie.

Introduction

The considerations in this article are a subjective view of ageing and old age in the future. This perspective is shaped by the results of the author's long-term gerontological research and analysis.

Can old age be fascinating to anyone but its researchers? Imagine a photograph from a distant journey, showing fertile fields in the foreground. They are separated by a road from the desert rocks in the background. The green of the crops symbolises the vitality, fertility and social usefulness of young age. In contrast, the grey of the rocks in the background seems to symbolise the stillness, emptiness and barrenness of old age. Colourful balloons carrying tourists equipped with cameras float above the rocks. The barren rocks are so uninteresting; nothing happens there. But the cameras are directed at them... If we look carefully at the photograph, it becomes clear that these rocks hide a great mystery, a great attraction: the Valley of the Kings in Egypt, a treasure that attracts travellers and researchers from all over the world.

The mystery of old age arouses the interest of researchers—gerontologists—but also of younger generations whose members display different attitudes towards old age and the elderly (Łukasiewicz, Kowalski 2021). It is therefore important to look into the changing shape of old age, evolving from the "hateful age", the "hard old age" (Hesiod 1914, poem 220), into the "desired age", as the ancient Chinese used to say (Zych 1999: 63; Szarota 2010: 30). The new attitude towards old age may be popular among those who are growing old now, in postmodernity, the generation of the flower children era, who will enter the phase of old age proper (75 and over) in a decade. In this article, I want to talk about the changes taking place in the quality of life at the stage called late adulthood, more often old age. The vector of those changes is leading from the gerontological model of weakness, so strongly rooted in social perception, attitudes, stereotypes and prejudices (Trempała, Zając-Lamparska 2007), to a model based on the quality of life, personal dignity, active participation, strength and agency of older adults, i.e. based on the paradigm of successful ageing.

I am interested in the culture of the "new" old age, i.e. one that is self-determining. I am interested in older adults who, with their attitude, oppose the stereotypical image of the elderly, ageism and so-called elderly speak (*Konkurs…* 2020) (Grimme, Buchanan, Afflerbach 2015; Parlak 2017), as well as the marginalisation and designation of peripheral social roles for seniors. I am interested in an old person in a developmental perspective (Dubas 2019), seen as the perpetrator of their own actions, as a self-creator. But I will not be writing about Joe Biden, who—as I write this text—is 80 years old and the leader of a world power; I will not be talking about popes, creators, artists or scholars, celebrities or elderly models (although their fashionable silhouettes will serve as illustrations later in the text). I want to reflect on what seniors—today's 40- to 50-year-olds—will be like in 20–30 years' time. What new professions will emerge? What changes will occur in the labour market and what changes will take place in the area of care and social assistance? What will social relationships and dialogue between generations be like? Will the experience and social perception of old age change, and how?

On old age in a metaphoric manner

An African proverb says that when an old man dies, the whole library burns. Recognition of wisdom and experience, as well as respect shown to those who are older than oneself are inscribed in the cultural canon, in human morality, in the axiological system, irrespective of cultural affiliation. But at a time when the culture promotes young age, in the era of the universal cult of youth, the organisation of an old age-friendly society which is favourably disposed to all generations is a challenge.

Old age (*sĕnex* in Latin) is a phase of life with two dimensions—*sĕniŭm and sĕnectŭs*—depicting, on the one hand, withering, sadness, suffering, a gloomy disposition and the deterioration of body and mind, and on the other hand, the wisdom of life resulting from old age, dignity, seriousness, authority and sagacity (*Słownik łacińsko-polski* 1965: 453–454). *Sĕnectŭs*, i.e. the phase of life lasting from age 56 to 67, according to Claudius Ptolemy (100–168), is characterised by wisdom and maturity, whilst *sĕniŭm*, i.e. the phase beyond 68 results in the weakening of physical and mental powers (Jurkiewicz 2011: 192–193).

The god Senectus was the Roman equivalent of Geras (Γῆρας, *Gễras*), the Greek spirit of old age (mythworld.fandom.com/wiki/Geras). According to Hesiod (1904), Geras was the son of Nyx (*Mała encyklopedia kultury antycznej* 1990: 530), the goddess of darkness and night. Little is known about him. Some of his numerous siblings caused fear, perhaps even terror, among the people: Nemesis (goddess of vengeance), Moirai (spinners of human fate) and Keres (Atropos, Lachesis and Clotho), Erinyes (goddesses of vengeance and retaliation), Charon (carrier of the dead), Thanatos (death), Lyssa (rage), Achlys (poison), Apate (deceit), Eris (known from the myth of Helen of Troy, as Eris' apple of discord was the cause of the many years of war over Troy), Hecate (magic), Moros (personification of fate and violent death), Momus (mockery, derision) and his twin sister Oizys (misery, grief, misfortune) (cf. Jurkiewicz 2011: 186; mitologia-grecka.fandom.com/pl/wiki/Nyks). Many of these deities, including Geras, were locked in a box from which they were freed, to the doom of humanity, by the irrepressible curiosity of Pandora (Morley 2004). Among the siblings were, of course, also the deities

of good states (Hezjod 1904), which reveals various aspects of human fate. On the one hand, we fear old age; on the other, we desire and wish each other a long life. A paradox is born, for old age is given only to those who live to see it.

Thus, is old age a curse or a blessing? Does retirement really have to be something that separates us from social prestige and assigns peripheral roles which supposedly belong to the elderly? I will focus on these issues in the following sections of the article.

On old age in a demographic manner

The strongest megatrend of modern times is demographic change, expressed in increasing life expectancy, a greater number of older people and fewer children. In 2021, one in four Poles was 60 or older. There were 9.8 million of them (NSP [Census] 2021), and in 2050 they will constitute more than 40% of the population. The process of population ageing brings about many challenges related to the labour market, pension systems, culture, education, health care and social assistance. Social policy must create social programmes that take into account senior issues.

In 1889, by an edict of Otto von Bismarck, the Invalidity and Old Age Act came into force in Germany, granting retirement benefits to workers over the age of 70 (Szarota 2010: 7). In 1916, the retirement age was lowered to 65 (Petelczyc 2020). Life expectancy in the Roman Empire was 35 years (Williams 2016: 9). Two thousand years later, at the beginning of the 20th century, it was around 45 years in Europe. Thus, not many people lived long enough to receive the retirement benefits. As a result of improvements in the quality of life in later decades, life expectancy in Poland rose steadily to reach 72.6 years for men and 80.7 years for women in 2020 (GUS [Central Statistical Office] CSO 2022: 9–10), as illustrated by Figure 1.

Figure 1. Life expectancy in Poland, for both sexes

	1960	1970	1980	1990	2000	2010	2020
– – – women	70,6	73,3	74,4	75,2	78	80,6	80,7
—•— men	64,9	66,6	66	66,2	69,7	72,1	72,6
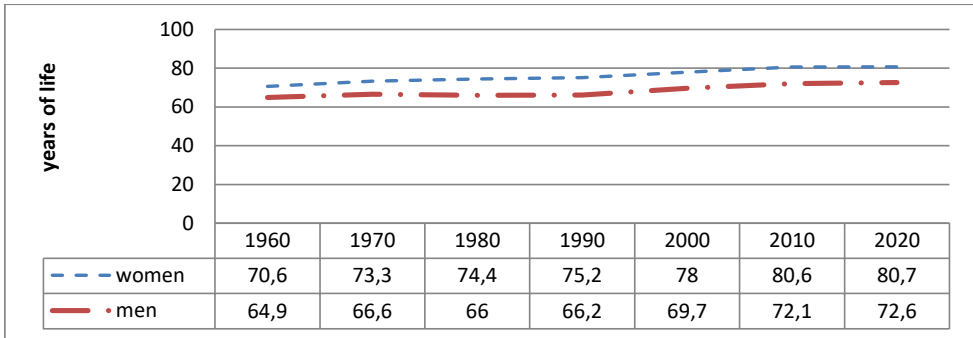
Source: Based on data from GUS 2022.

Importantly, life expectancy has also lengthened, which means that a 60-year-old person in 2020 had possibly another 17.9 years ahead of them for men and 23.2 years for women (Table 1). Retirement has become a universal good. This time is worth spending in a satisfactory manner, and it should not be a time of sluggishness, stagnation or apathy: "You're old, take a rest", Diogenes was told. And he said: "Why? If I were an athlete, as I approach the finish line, should I slow my stride or should I speed up even more?" (*Hellada i Roma* 1958: 117).

Table 1. Further years of life for people at the age of 60 and over (Poland)

Sex / Age	*1960		*2020		**2050	
	60	75	60	75	60	75
Men	15,9	7,5	17,9	8,6	21,3	7,6
Women	18,7	9,2	23,2	11,9	24,5	9,2

Source: Based on data from *GUS 2022 and **Eurostat 2023.

Europeans are living longer and healthier lives than ever before. A demographic forecast (Eurostat 2023a) shows that by 2050, one in three Europeans will be 60 or older. In 2021, female life expectancy was 82.9 years, higher than male life expectancy of 77.2 years. The proportion of people aged 80 and over, as a proportion of the EU-27 population, is projected to increase from 5.8% today to 14.6% in 2100. However, it appears that the upward trend in human life expectancy

will be halted (Raleigh 2019) and fertility levels will not increase (Kotowska 2021: 27–28). Poland is among the countries most at risk of depopulation. Poland's population is expected to decrease by almost four million people (nearly 10%), from 37.9 million to 34 million in 2050 (Kotowska 2021: 23). At that time, the 60+ population is expected to constitute 40% of Poland's population. The median age of Poles was 42 in 2022, one of the lowest in the European Union, but this will rise to 50.4 by 2100 (Eurostat 2023a).

There is also a mental phenomenon of the boundary of ageing being shifted, as argued by Adam A. Zych (2004) in his theory of development moderation. The experience of ailments associated with old age has shifted by about 10 years. Today's 75, considered the threshold of old age proper, is like the former 65. The "rejuvenated" third age is a time of activity. Today's 60-year-olds see themselves as middle-aged, with a vitality characteristic of those aged 50+. They feel "younger" than their parents once did (Trempała, Zając-Lamparska 2007: 450). It is therefore worth considering the validity of situating the lower limit of old age at 60 or 65. For example, Warren C. Sanderson and Sergei Scherbov (2019) reject the idea of chronological age. They suggest replacing it with a "prospective age", predicting—in combination with certain health indicators—further life expectancy. Thus, we should define the beginning of old age on the basis of the time potentially left to live: "it has been suggested that the age of an individual (people) should be considered in two categories: the chronological (calendar) age and so-called prospective age […]. The chronological age is connected with the number of years lived by an individual, and the prospective age is based on the number of years an individual may still live. […] Along with the increase in the expected duration of life, the border of old age also increases" (Abramowska-Kmon 2021: 12). Such a change in the caesura of old age shifts the focus from research on ageing processes to research on the functioning of long-lived people (Withnall 2023).

Challenges for the "ageing" future

The dynamics of sociodemographic changes are resulting in increased interest in demographic ageing from global organisations (e.g. the WHO or the UN), national governments, social policymakers,

economists, health services, etc. These processes, known as the second demographic transition, have been taking place in Europe since the 1960s–1970s, with the effects of the progression of ageing now being particularly strongly recognised. Economic sectors are emerging that respond to changing consumer needs. In the service sector, there is a strong trend towards a *silver economy*, which encompasses a range of areas, from leisure and social care services to commerce, robotics, (tele)medicine, transport, architecture, culture, tourism etc.

This raises several challenges. Firstly, there is an urgent need to find a way to build an economy based on sustainable growth in a society with such a high median of age, given that the ageing population consumes differently, invests differently and is not necessarily willing or able to work until its vital resources are exhausted due to its state of health. Secondly, we must solve the rapidly growing problems of prevention and health care, given that older and older people are falling ill more often and for longer (and more costly). Thirdly, escalating social issues, e.g. loneliness, epidemic proportions of depression and dementia disorders or multiple disabilities must be solved (*PolSenior2* 2021). How do we address the deficit in families' caring capital when there will be more seniors in the future than those who can potentially care for them? The answers to these questions are a concern for governments of ageing welfare states.

Apart from systemic measures to update and evaluate social policy vectors and to optimise social assistance services, measures related to the economy and labour market are important. Equally important is robotisation, automation of the economy and social services. For the quality of supportive care, social, medical and nursing innovations that multiply the independence and functional capacity of older adults and exploit the possibilities of smart housing, neighbourhood services, telemedicine, etc., are important. Innovative instruments of social policy include so-called welfare technology (Klimczuk 2011), which refers to technical solutions, usually digital ones, which improve the quality of life of those who need it and help solve the problems of everyday life in the social environment (Zander et al. 2021). In Poland, we have tested digital innovations to increase the sense of personal security, including the Małopolska Tele-Anioł (Tele-Angel), which has been operating since 2018. This innovation combines traditional care services (including neighbourhood care)

with the operation of a telecare centre, where a qualified rescuer receives SOS signals sent with a safety button by a person equipped with a "life band" worn on the wrist (Małopolski Tele-Anioł 2022). Mobile alarms with a GPS function are in operation. With the consent of the service user, webcams for health monitoring or tele-advice can be installed. Mobile phones are used as carriers for applications that make it easier for people to function in their daily lives and—if they have hearing/visual impairments or limited cognitive functions—to move about in public. "Smart" clothing is being put into practice in everyday life, e.g. "Innotextil", sports trousers that stimulate the proper way of walking, or "Uniodzież", unique raincoats for wheelchair users.[1]

The stage of old age is being reached by successive generations of the post-war baby boomers, and it is slowly being entered by Generation X, i.e. well-educated people, digital natives[2] open to technological novelties and pop culture, travellers without borders. I think those people will change the objectives of gerontological research.

Activeness in grey colour

"In winter you need warm clothes, in old age—no worries", Socrates is supposed to have said (*Hellada i Roma* 1958: 117). What does contemporary gerontology have to say about this? A good end of life is worth earning and preparing for. According to Renata Konieczna-Woźniak, an indicator of adaptation to old age is experiencing "maximum satisfaction at minimum psychological cost" (2011: 251). This thought is derived from one of the so-called "grand" gerontological theories, authored by Paul P. Baltes and Margareth M. Baltes (1990). This is the theory of Selective Optimisation with Compensation ("SOC theory", the successful ageing model). It may be summarised as follows: in the process of ageing, a person becomes adjusted to functional and social limitations and copes

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1 I provide this data as an expert of the Incubator of Social Innovations, the All-Poland Incubator of Accessibility and the Incubator of Social Inclusion (near the Lesser Poland Regional Centre of Social Policy) For more, see rops.krakow.pl, 2019; rpo.malopolska.pl, 21.03.2022).

2 Forty-one per cent of people aged 65–74 use the internet. In the age group of 75+ the proportion of internet users is 22%. See CBOS (2022: 2).

with this reality by choosing and focussing on the most important issues (selection), reducing negative phenomena and their results and withdrawing from actions they find less significant. The SOC theory assumes that high levels of functioning, success and well-being can be maintained in old age despite changing abilities and limitations. The individual plays a central role in designing their own ageing process. People perform three main adaptation processes whilst ageing:

1. selection—older people focus their resources and energy on the most important goals and areas of life and activities, leaving out other activities
2. optimisation—older people focus on maximising the use of available resources to achieve their goals
3. compensation—certain resources are lost or limited, older people compensate for these deficiencies by using alternative strategies, resources or social support; they may look for new ways to achieve goals or use available aids and technologies.

To sum up, the SOC theory assumes that as people age, they adapt to changing opportunities and constraints by selectively pursuing important goals, optimising available resources and compensating for lost resources.

The boundaries of activity shift to increasingly later years of life. Of course, the prerequisite for this activity is good physical and mental health, a strong social support network and economic resources. We live in postmodernity. As Marcin Muszyński (2016: 22) argues, "postmodernism reveals its distrust of objective truth, rigid divisions, classifications and metanarratives. It postulates an extreme constructivism in which the power of language, interpersonal relationships and individual motivations is forcefully revealed".

Referring to one of the components mentioned—language with causal power—I want to take up the theme of words that not only determine, but also mark and shape attitudes. Some associations arouse fear in younger generations; they are taboo. One example is climacterium (κλιμακτήριος, *klimaktḗrios*), which in our culture is perceived as the end of womanhood. The truth, however, is that this word "means the highest rung of the ladder" [κλίμακα, *klímaka*, "ladder", according to the Polish–Greek online dictionary], i.e. the highest level of initiation (cf. Długołęcka 2022: 57). On a similar basis, andropause (Gr. άνδρας, *andras*, "man" + "pause") means a break in

manhood, which is not the same as the end of male activities and possibilities.

Between the age of 45 and the time we become pensioners, we move into what is known as the immobile labour force. This term suggests immobility, stagnation, apathy and a lack of energy. Perhaps this is why employees in this age group are virtually devoid of stimulation from employers? It is worth appreciating the power of experience, prudence, wisdom and even routine of older employees. It is also unadvisable to send them to retirement too early. The term "pensioner" defines a type of social and professional activity. Society expects retirement to be a time of leisure. However, I agree with the idea of a well-deserved leisure; this expression is obvious for social educators, leisure time organisers and those researching adult learning, interests and passions (e.g. Litawa 2021a). Leisure is time for one's own development. Old age is not only a loss, but a gain in the form of social and professional experience and life wisdom, which bring potential to be managed in leisure time. The paradox is that neither modern society nor the labour market are interested in using this potential.

Geragogy studies older adults' daily life practices, rituals and preferred everyday activities. Its field of interest includes daily schedules, routines, habits, forms of domestic activity—e.g. reading and other hobbies, social activities, caring for pets, using electronic media—and forms of nearby activity, in the community, with neighbours or family. It also includes the use of cultural institutions, leisure activities (including sports and outdoor recreation), short-term personal trips (including tourism), outdoor education etc. It turns out that older adults learn and develop in everyday life (e.g. Szarota 2018), creating amateur art or undertaking informal cognitive activity (Litawa 2021b), for example exploring the secrets and space of new media. This is particularly true for Generation X, i.e. people born in the 1960s, who are slowly entering the old age phase. This is the generation that first grew up and worked in the reality full of such media (Gruchoła 2020: 48).

Certain signs connected with customs and image are heralding changes in the perception of the "ability" and "disability" of older people. More and more often we hear and say "silver economy", "silver dollars", "old age glamour", "grey (silver) media" etc. With older

people involved in local and digital communities, social activists, entertainers, the entertainment industry, artists and wealthy people embracing new and often lavish lifestyles, old age is coming out of the societal shadows. The silver economy will contain more offerings for older adults than before. The clothing, pharmaceutical and cosmetic industries, retail, services, banking, architecture and housing, digital technologies and virtual reality solutions are creating the future of mature consumers and beneficiaries of social services and benefits. Silver modelling,[3] grey influencers, the entertainment industry (artists, actors and singers), silver marketing, medical industry, tourism,[4] leisure services and many other areas of life are becoming a reflection of the purchasing power of pensioners' wallets. It was only a decade, perhaps two decades ago, that cosmetics which are pro-age emerged, and the elderly Barbie doll was created. Today's "muse" and the face of those cosmetics is the centenarian Iris Apfel (1921-), interior designer, style icon and one of the most dynamic personalities in the fashion world.

Nonetheless, a "colourful", socially stereotype-free, uncompromising lifestyle is not available to most older people. This state of affairs is consistent with another of the "great" psychosocial theories of gerontology, namely the theory of continuity. According to this concept, older people tend to maintain the same lifestyles, behaviours and relationships as in earlier stages of life, or at least they aspire to do so (Atchley 1999). People who are passive and not involved in the community will remain the same at retirement age.

The culture of the new old age already includes collective and individual practices of social participation, most strongly represented by NGOs and federations or associations (e.g. University of the Third Age—U3A), senior citizens' councils at local authorities, senior citizens' clubs, a network of social activity centres and associations such as the Polish Association of Retired Persons, Pensioners and Invalids. Older people have a rich repertoire of suggestions, offers and social programmes at their disposal, which they can use to their advantage. Whether they want to actively participate in them is another matter. Many people choose not to use them. Activity is a natural

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3   E.g. Iris Apfel (1921–), Helena Norowicz (1934–) or Andrzej Żylak (1950–).

4   According to data from GUS (2021), 33.5% of Polish seniors travel.

manifestation of life, but few show an institutional, formal commitment that is quantifiable and amenable to statistics. Obstacles to taking up new forms of activity are bad habits or a lack of good ones, poor education, poor health, succumbing to stereotypes and disliking oneself. It is, of course, possible to stay well and fulfil oneself in the comfort of one's home, particularly when one has many family burdens, health issues, limited independence and a lack of energy for activities outside the home. Another barrier can be a lack of internal consent to a "colourful" life. Older people are not ready for change and self-expression. The reasons for inactivity are often linked to the belief that it may no longer be appropriate to do certain things. Beliefs and mental prejudice derived from opinions such as "It's awful, unpalatable, unacceptable! It's not appropriate! It isn't right! What will people say? At my/your age?" are particularly limiting for older people, leading to self-marginalisation, inner ageism and turning away from the world. Therefore, discovering self-acceptance is one of the most important challenges and gifts of old age. Then, being "in the here and now", with the emphasis on "in", i.e. mindful immersion in the present, becomes a developmental task.

Geragogy argues (e.g. Leszczyńska-Rejchert 2021: 63–77) that it is possible to prepare oneself for a successful and satisfying life in retirement by maintaining a healthy lifestyle, rational nutrition, physical activity and rational recreation, as well as undergoing preventive medical examinations and regular check-ups. Emotional balance, life satisfaction, family ties, friendships, being married/in a relationship with a partner, enjoying hobbies, ensuring financial abundance and having decision-making autonomy are important factors for functional and efficient longevity.

In creating a new image of old age, it is very important to have a dialogue between the generations (Kilian 2011), to show the younger generations the power of the baby boomers' experience, lessons learnt from groups like the "Grey Panthers"[5] and learning through old age by interacting with the elderly (Szarota 2015). This

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5   The Grey Panthers is a generational political party that existed in Germany between 1989 and 2008. The party fought for the rights of the elderly and decent pensions for people who are over 65 years of age.

could be cooking according to grandma's recipes, using proverbs and wisdom from grandpa's calendar or having important conversations with them.

Contrary to beliefs about the digital exclusion of senior citizens, many of them play computer games, offered by a growing number of providers (e.g. silvergames.com/en/t/games-for-elderly or https://edziadkowie.pl/internetowe-gry-dla-dziadkow). Digital culture allows games to be used in educational and therapeutic processes (Gałuszka 2020). Older adults take part in artistic, literary and scientific activities (Henricks 2020: 117). A growing trend in (gera)education is edutainment: learning through entertainment, recreation and play—including outdoors. Research among older adults carried out in UTAs, senior citizens' clubs, activity centres and similar spaces, shows a preference for "light" educational content with a predominantly socialising and entertaining function. In learning in old age, it is important to recognise that older adults give places/spaces/events an educational meaning (Szarota 2022).

According to Ewelina Konieczna (2016), cinematography supports the activity of older people in film culture. Films with documentary and therapeutic value show the advantages and disadvantages of old age through their artistic expression (Tylikowska, Tucholska 2017). Some films or television series entertain and teach older people, e.g. "Grace and Frankie" (2015–2022) which shows the big and small problems of older people in over 100 episodes with original, hilarious plots. The main actresses are 78 (Jane Fonda) and 76 years old (Mary Jean "Lily" Tomlin).

Some older people are graduating from university, doing PhDs, looking for love without necessarily tying themselves down formally (as seen, for example, in the TV show "Sanatorium of Love"), running marathons, singing (e.g. "The Voice Senior"; see Bugajska 2023), and so on. They simply live, sometimes putting their juniors to shame with their vitality, determination and energy.

The new old age is characterised by the use of digital technologies to support older adults and people with disabilities. These technologies are represented, for example, by the safety wristband or the humanoid robot Pepper, whose task is to assist, facilitate communication and entertain the elderly. Pepper can be a companion for an elderly person, e.g. in a seniors' club or care facility. Social robots

support interactions with and among patients in health care facilities, as they have the potential to promote social interactions and facilitate group activities. In the case of patients with dementia, social robots can be helpful to carers, as is the case with the robot dog (Papadopoulos, Koulouglioti, Ali 2018).

Challenges for social policy in the context of the "new" old age

Not all of us are/will be lucky enough to age successfully. Those people need to be supported. Demographic change is posing huge challenges for the labour market and for social policy, the welfare and care system and health care. Depopulation processes, the phenomenon of double ageing, the strong growth of people in the oldest age group, the declining (with the decreasing number of children) care capital of families and informal carers, the loneliness and disability experienced by a large proportion of older adults, neurodegenerative diseases: all these factors will necessitate new forms of support and institutional and community care. The price of a long life is the medicalisation of the needs of increasingly elderly people and the increased demand for medical, physiotherapy and rehabilitation services. Living alone will drive many to use external catering, e-catering, e-commerce, hygiene and housekeeping, nursing and social services. There will be stronger demand for the services of cleaning companies and, above all, for the company of another human being.

Changes in the labour market will lead to a shift away from the existing economic transfers and will replace them with support for those willing (and able) to work longer. The phenomenon of delayed retirement (Working Forever or Unending Employee) is coming, and Lifelong Guidance (LLG) will be needed to support the integration and reintegration processes of senior citizens and life-long geragogical counselling. Due to the mechanisation of production and services, labour law will have to change and human working time will most likely be significantly reduced.

Societal needs and the market are generating products and services based on modern technological solutions, e.g. on artificial intelligence (AI). Thus, the provision of services will be handled by personal social robots: carers, therapists, humanoids and avatars of doctors. Due to the increasing trend towards the singularisation of old age,

the emotional needs of lonely seniors will be met by avatars of family members or phantoms of friends. As a result of declining family caring capital, the safety of the elderly will be ensured by electronic life bands.

Mechanisation, automation and robotisation are changing traditional service, care and social professions, bringing about social and technological innovations in (tele)medicine, (tele)care, (tele)services and social services. New professions will soon emerge, such as time planner, virtual activity coordinator, assistant for the elderly, virtual exercise instructor for seniors or human enhancement designer. Markets are already looking for drug developers and programmers, counsellors and geragogical counsellors (e.g. nutritional therapy assistant, consumer advisor or counsellor in finance, law, psychology, technology etc.), people who can combine the activities of an interior designer and a carer for the elderly, someone to decorate a home in the style of a particular decade), meaning-of-life consultants, robot educators (therapists) and end-of-life planners (*Pracownik przyszłości* 2019; mapakarier.org).[6] The profession of digital death manager may have a frightening name, but considering how many people use digital platforms and social media, it becomes obvious that someone has to take a professional interest in eradicating the profiles and virtual online traces of the deceased. In April 2023, there were 5.2 billion internet users worldwide. Forecasts suggest that, by the end of 2023, two thirds of the world's population could be online. As of January 2023, 88.4% of the population in Poland used the internet (Digital Around the World 2023).

The coming era of 5.0, known as the age of imagination, will perhaps provide mankind with an opportunity to return not only to the idea of humanism, but to tangible actions for human well-being. Technological solutions will become an integral part of our lives. Intelligent systems will collect information about us from a wide variety of digital devices. Robots will anticipate our wishes. One can imagine commonplace services related to accommodation with assistance, aesthetic medical services or beauty, hairdressing and

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6 End-of-life planning is taking action to get your affairs in order and determine how you want to spend your final days. Such planning usually involves drawing up health care powers of attorney and a last will and testament.

styling services dedicated to old people. Also, we can imagine production lines of the clothing industry using patterns and models that reflect changes in the figures of people who are getting older. We may see elderly travellers in cars equipped with an automatic transport function.

We will live in intelligent, friendly cities—smart cities—in smart homes designed for half of the population by gerontoarchitects. Due to the fact that seniors, as they are getting older, spend more and more time in their houses (Niezabitowski 2018), these homes will offer various services and assistance to the elderly (Cieśla A., Cieśla J.P. 2018). Nowadays, there are assisted and protected flats in Poland (Bugajska, Iwański 2018), so-called assisted living, but the supply cannot meet the demand for it.

Gerotechnology, optimization and robotization of care services

By 2100, the number of people aged 80 and above is expected to rise to 64 million in EU countries. In 2022, there was one elderly person in Europe for every three people of working age. According to the forecast, in 2100 there will be almost two older people for every three people of working age (Eurostat 2023b). We need to learn to live in a hybrid society, made up of humans and social robots taking over the care of the elderly.

The robotisation and digitisation of services, entrusting humanoid robots with supportive and therapeutic tasks, clearly correlates with various social innovations. New professions are emerging in which humans are being replaced by AI and robots. Social robot services in seniors' activity centres and senior residences, in cultural institutions and administration and commercial establishments, are already a reality. Pepper is an autonomous social robot, meaning that it is not controlled by a human. It is the result of the global CARESSES (2020) programme, funded by the European Community and the Government of Japan. The aim of CARESSES is to develop and implement AI into the care of seniors and the ill. The possibilities for applying AI are almost limitless. In care facilities Pepper can be used for entertainment, therapy, cognitive training and strengthening group bonds between service users (Vidovićová, Menšíková 2023). Particularly for patients with dementia, social robots such as Paro

the white seal and Dog the robot dog can be of great help to carers, especially those with dementia (Papadopoulos, Koulouglioti, Ali 2018). Here, the social robots act as a companion or organiser. The main partners in this interaction are the patients or residents who can play games or perform exercises with the robots. But it is not only conventional social robots such as Paro or Pepper that are found in care facilities; many robots used in health care are classified as service robots, supporting humans in physically demanding tasks such as disinfection, logistics and monitoring (Holland et al. 2021).

Conclusion

The vision of dehumanised care is frightening. It is difficult to come to terms with a future in which elderly people will be accompanied in their daily lives by robots. However, what if these elderly people are lonely without the families they did not start, without the children they did not raise? It will be necessary in our (your) old age to accept the company of AI, e.g. the robot named Pepper.

The robotisation of social services and the achievements of neurotechnology, biotechnology and nanotechnology may prove to be an indispensable and integral part of the future life of today's 40-year-olds after 2050. New narratives, new ideologies, culture, education, even metaphysics: all of these may contribute significantly to a different quality of life for (future) seniors than we know today.

There are paths leading to old age. We grow old the way we have lived. It is important that access to successful old age is universal in the future. Inequalities start early in life: in our childhood. In order to minimise them, fair social policies are needed, particularly universal education, stable employment and income, good health and sustainable pensions (UNDESA World Social Report 2023). The concepts of successful, healthy and active ageing and social sustainability presuppose optimal individual and social functioning within a social policy framework that is friendly to all generations, solidarity between generations, intergenerational equity and integration, democratic participation and self-determination of the oldest generation, as well as respect for human rights.

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Pedagogy of Existence in the Face of an Ageing Society

Pedagogika egzystencji w obliczu starzejącego się społeczeństwa

ABSTRACT

The main idea of this article is to highlight the possibility for people to receive important developmental stimuli that are relevant to their existence at every stage of life, not excluding the last phase of life, through the use of knowledge in various areas of the humanities and social sciences. This scattered knowledge should be comprehensively utilized by pedagogy as a science that is particularly sensitive to the developmental impact on all generations of people in every stage of their lives, with special attention to the elderly. Aware of the multidimensionality of human existence, pedagogy should take care to assimilate new stimuli for human development, which are necessary in every phase of human life, not excluding the last one: old age. In view of the multiple existential challenges facing modern society, it is necessary to consider whether pedagogy in its various disciplinary scopes is able to approach a person holistically and understand human life integrally. The responsibility for the quality of human life, both young and old, makes it necessary to draw inspiration and "read" the tropes across all scientific disciplines, while treating the human being holistically and caring for a life lived in a valuable way.

ABSTRAKT

Osią narracji tekstu jest uwypuklenie możliwości uzyskania przez człowieka ważnych impulsów rozwojowych, istotnych dla jego egzystencji na każdym etapie życia, nie wykluczając ostatniej jego fazy, dzięki wykorzystaniu wiedzy rozproszonej w rozmaitych obszarach humanistyki i nauk społecznych. Ta rozproszona wiedza winna być wszechstronnie wykorzystywana przez pedagogikę jako naukę szczególnie wyczuloną na oddziaływanie rozwojowe wobec kolejnych pokoleń ludzi w każdej fazie ich życia, ze szczególnym uwzględnieniem osób w wieku podeszłym. Świadoma wielowymiarowości egzystencji ludzkiej pedagogika winna dbać o przyswajanie i przetwarzanie nowych impulsów rozwojowych, koniecznych w każdej fazie ludzkiego życia, nie wykluczając tej ostatniej, czyli starości. Z powodu wielorakich wyzwań egzystencjalnych, przed jakimi staje dziś współczesne społeczeństwo, niezbędna jest refleksja nad tym, czy pedagogika w jej poszczególnych zakresach dyscyplinarnych potrafi podchodzić do człowieka integralnie i czy integralnie rozumie życie ludzkie. Odpowiedzialność za jakość egzystencji człowieka, zarówno młodego, jak i starego każe czerpać inspiracje i „odczytywać" tropy w poprzek dyscyplin naukowych, traktując człowieka integralnie, dbając o życie przeżyte w sposób wartościowy.

Introduction — development impulses in the face of human concern

Existential issues are essential in social sciences and humanities research. They are studied for their own sake and with their own methods, which is also true of all pedagogical subdisciplines that deal with existential issues concerning both children and adults. Each of the subdisciplines of pedagogy refers to human existence, but because this knowledge is not always fully used we can say that the achievements of one discipline or subdiscipline are insufficiently used by others. The various achievements of the social sciences and humanities are often considered in general terms, but are not reflected in other fields that can benefit from them, provided they are used appropriately (Orzelska 2012–2013: 107–108).

In this text I emphasise the possibility of obtaining some important developmental impulses[1] that serve existence at every stage of human life, not excluding the last one. This is possible thanks to a wider use of knowledge dispersed among various humanities and social sciences. This dispersed knowledge should be comprehensively used by pedagogy, as a science that is particularly sensitive to the developmental impact towards successive generations of people in every phase of their lives, with a particular focus on late adulthood[2] (Orzelska 2012–2013: 108). Thus, a broader and more insightful (in terms of application) reflection, with sensitivity to the needs of people in each phase of life, turns out to be necessary.

This reflection should be aimed at a better implementation of both the achievements that are already practically present and recognised, as well as those that are lost, forgotten or disregarded by, on the one hand, an overly superficial approach to social progress, the quality of democracy or the macro-social processes of civilisation, and the process of ageing on the other hand. It is because such oversights do not go unnoticed with regard to the micro-phenomena related to people of all ages, their psyche and ability to cope with everyday life, as well as the broader developmental mechanisms of the civil society

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1 I understand developmental impulses as inspirations that arise from an alternative "reading" of humanities and social sciences research with a view to the "benefits" for contemporary pedagogy in the context of human beings and their well-being. The inspiration for giving new meanings and the area of reading alternative references to responsible perception of the processes of education and upbringing should include the works of authors (admittedly not included in the canon of pedagogical readings) that contain, as Zbigniew Kwieciński (2007: 119–120) writes, "extensive areas of 'discrete' pedagogies can be found, that is, those that can be read indirectly as pedagogies, although their authors did not regard their works as pedagogies themselves."

2 To denote people over 60, as Zygmunt Wiatrowski (2015: 17) writes, "various names and terms are used: retirement age, third age, senior age, old age, late adulthood, and others, with the term senior age being popularised since the 1990s." Wiatrowski (2009: 26–27) distinguishes between periods of late adulthood and old age, without treating them identically, indicating successive sub-periods and corresponding age ranges within them. Late adulthood is from 50 to 60–65 years of age (earlier phases of adulthood are (1) early adulthood, from 17–21 to 33 years of age and (2) middle adulthood, from 33 to 50 years of age). Old age (as defined by the World Health Organization) includes (1) old age, from 60 to 75 years of age; (2) senile age, from 75 to 90 years of age and (3) very old age: over 90 years of age.

in which older people should play key roles, and not remain on the margins. In the face of an ageing society and increasing intergenerational distance, it becomes important to define the relationship between various disciplines of knowledge—such as between pedagogy and psychology—and especially to activate the possibility of cross-inspiration with research achievements within individual disciplines of the humanities and social sciences (Orzelska 2012–2013: 108). This must be done with the awareness that traditional relationships and circulating notions of interdisciplinary cooperation are no longer sufficient, and that advanced suggestions for seeing these references and changing interpretative perspectives are needed.

In order for pedagogy to develop a strategy of existence that is sensitive to the well-being of people of all ages, including seniors, it seems particularly important to realise that in the life of both individuals and society as a whole, today we can observe a shortage of non-occupational competences and an overgrowth of formalism that makes it difficult to take care of a person's true well-being.[3] This is particularly true for people who are (no longer) able to take care of themselves and are dependent on the care of others. Old age has different phases and an individual, heterogeneous course, depending on one's previous lifestyle, health status, degree of involvement in work and economic resources, among other things (Straś-Romanowska 2002: 265). However, it can be generally stated that old age is characterised by "a decline in vital functions and a number of morphological changes in individual systems and organs" (Wiatrowski 2009: 26). Thus, the example of elderly people, some of whom are lost, burdened with illnesses or unable to improve the comfort of their lives, can be an invitation to discuss how pedagogy copes with the requirement of preparing a person to experience their own old age.

What is particularly important are manifestations of helplessness in difficult situations, stress, depression and hopelessness, sometimes increasing aggression, an inability to influence one's emotions, to give meaning to one's life or reach for higher forms of self-fulfilment, a readiness for empathy and attitudes open to benevolent cooperation

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3 Helping older people "to make maximum use of psychological reserves and to make old age a satisfying time" (Straś-Romanowska 2002: 264) is a concern for a multigenerational society and, at the same time, the fulfilment of an important social task.

(Orzelska 2012–2013: 108). Societal expectations of pedagogy arise from changes, among which the issue of an ageing society and the complexity of human existence should be a priority in the debate on the most pressing social challenges. I believe that it is necessary today to develop an existentially sensitive pedagogy which should prioritise concern for the quality of human life, whatever stage it may be in. Such a pedagogy would match the challenges brought about by the current changes in the social structure which, at the same time, determine the directions and scopes of the support and assistance required.

In various fields of humanities research, in the scientific examination of human development and in the promotion of this development, there has long been a search for methods that can be inscribed in the scientific practice of the humanities. On the other hand, it has also been understood that this "scientific" practice must be sensitive in a humanistic manner, in a special meaning of this word. On the one hand, this has resulted in the emergence and development of various versions of sociology in different disciplines (e.g. with a so-called "humanistic factor" in Florian Znaniecki's texts), also those dealing with "human affairs", as in the title of Jan Szczepański's book or, in recent decades, in Zygmunt Bauman's considerations on the human condition in "postmodernity" or "liquid modernity", which have become very successful and popular in recent decades (Bauman 2008, 2010; Witkowski 2007b: 273–280; Jaworska-Witkowska 2008: 213–242).

In the field of psychology, a broad current of psychoanalysis has emerged, as have its complementary elements in the form of humanistic psychology and psychotherapy. It is worth recalling that in the 1930s, Charlotte Bühler—the author of one of the most important psychological inspirations for Polish pedagogy of the time—postulated a vision of embracing the "course of life" and noted that "the psychology of spiritual attitudes, interests and initiative has not yet found its creator" (Bühler 1933: 325). I take this as a signal that the category of "human attitudes" demanded the development of research methods that were intended to yield important insights into the complexity of human life and the "phase" approach to development, crowned by Erik H. Erikson's life course model. There was also the prospect of understanding the situation of a human being

in each phase of life, not excluding the last one, entangled in developmental and situational challenges for which one must be able to prepare oneself or with which one must struggle as obstacles, but also as thresholds, in spiritual or psychological development (Orzelska 2012–2013: 109–110).

It is also worth noting that—given the pedagogical search for a valuable and useful psychological concept for pedagogy—elements present in Gestalt psychology (reconstructed by Lech Witkowski; see Witkowski 2014) can be distinguished in approaches such as that of Helena Radlińska. On the other hand, attempts at a humanistic reflection on existence, which include Paul Tillich's reflections (Tillich 1951, 1952, 1957, 1963), are complemented by "depth psychology" or, as the researcher calls it, "analytical psychology", which is particularly related to Carl Gustav Jung's concept underlying those references. We should also emphasise Teresa Borowska's (1998) important use of the analyses of Victor Frankl (1948, 1950, 1963, 1988), for whom the cognitive sensitivity of pedagogy concerns the interface with the therapeutic reference to the limitations of human existence, which one must be able to recognise and overcome. The importance of inscribing in pedagogy (through Frankl's inspiration) a concern for the "meaning of life" in the face of existential difficulties (e.g. the suffering and worries of the elderly, but not only) is indicated in the work of Jarosław Tomasz Michalski (2011). Pedagogy can, and even should, engage in the process of assimilating and processing such new impulses, especially concerning the complexity of human existence subject to deep reflection by various disciplines of human sciences. This is all the more important because, for a long time now, the category of "difficult life" or life dominated by "difficult situations"—in the sense of developmental barriers, obstacles and adaptation difficulties in the face of rapidly progressing social changes—including various experiences of deprivation, exclusion, stigmatisation or humiliation—has become extremely important for pedagogy (Orzelska 2012–2013: 110). This becomes important if we refer to the needs of a person of senior age, weaker in health and not always able to cope efficiently in a given social situation. A changing reality, which brings about new challenges, confronts people—especially older people—with difficult tasks arising from a rapidly changing world. Then it often turns out that we need to make

a comprehensive effort that encompasses various aspects of human identity in order to reach out, establish contact, obtain consent to intervene (if only by being present), be sympathetic, understand or mitigate resistance to our support and assistance.

It is important to consider the extent to which pedagogy in its various disciplinary scopes is able to approach the human being integrally, bearing in mind first and foremost the prevailing existential challenges, whether it is itself an integral discipline (i.e. whether it understands life and the care of life integrally) and whether it draws on the achievements of other fields of the humanities. Many prominent figures in the pedagogical tradition have long emphasised the need for such integrity. In Poland, Bogdan Suchodolski (1959, 1967, 1968) and Irena Wojnar (1964, 2000, 2016) were leaders in such an approach, although we also find it in the new generation of researchers or in various disciplines, including the concern for integrity or the integration of different didactic approaches found in contemporary pedagogy (Orzelska 2012–2013: 112).

Existential challenges, due to their complexity and importance at every stage of human life, always prompt pedagogical reflection. This is particularly true of reflection on old age, which, in the face of the problem of an ageing population, seems to be an existential challenge in itself. It seems that, when faced with a concern for human life, we make insufficient use of the achievements of various disciplines and, above all, can perhaps be too optimistically content with their narrow and one-sided approaches. Perhaps those one-sided approaches are proving to be of little use in perceiving the full subjectivity of the addressees of our interventions at different stages of their lives, particularly in old age. Perhaps, with a concern for the depth of impact and responsibility for the quality of society's existence, it is worth interacting and drawing on each other's inspiration, "reading the tropes" as it were, across various disciplines, keeping in mind not only the "restorative" intervention, but, above all, the need to treat a human being in an integral way.

Such a perspective makes it possible to highlight the theoretical connections and the importance between perspectives that are formally non-contiguous and disconnected in the biographies of individual researchers, yet may be related to each other against the narrowness of their inscription in particular disciplinary frameworks.

It is clear to me that the existential aspects of education do not allow themselves to be placed within a single pedagogical discipline, but require a whole range of theoretical contexts operating across the formal divisions of various disciplines. They should certainly be taken into account more widely in pedagogy and used in individual areas of concern for the fate of seniors.

In contemporary pedagogical discourse, there is an increasing emphasis on the need for interventions or developmental support addressed to the "frail human being" facing "difficult situations". This is pedagogy's response to the existential challenges of the elderly, which constitute a barrier for them looking after their well-being. Weaknesses can be exposed by the magnitude of the challenge, which—situated, for example, in the human experience as bearing an "identity crisis"—even requires a state of "re-birth", as echoed in Erikson's rhetoric, if one uses a perspective that highlights the drama of dealing with existentially difficult situations (Orzelska 2012–2013: 113–114). Non-trivial emphases are present in literature (both fiction and specialist books) in terms of challenges to pedagogy, which of course have a variety of narrative forms; the concern for the pedagogical shaping of human existence requires a broader view of the processes that determine the developmental profiles of identity, recognised by tracing the phenomena that make up the phase structure of the life cycle.

The dramaturgy of older people's existence as a pedagogical challenge

A key premise for a new perspective on the tasks of pedagogy seems to be the growing "paradigmatic fracture", which consists in moving away from what I would call a classical attitude, based on ideas of harmony and harmonisation, or perfection and improvement, or at least comprehensiveness, and an ideal project equipped with ready-made hierarchies of values and unambiguous criteria for the good of virtues and the evil of transgressions. Meanwhile, the modern world is dominated by a new type of problem that people, especially older people, have with themselves, with their own lives, that is, answering questions about its meaning, its value and its

orientation. In the face of a civilisation-wide identity crisis, life itself does not become a sufficient excuse for it to last and for people to feel responsible for it. Thanks to Margaret Mead and other contemporary anthropology and sociology researchers, in the face of an ageing society we are aware of a change in the direction and scale of intergenerational distances towards a variant in which it is the elderly who cannot keep up with the world to which the young adapt most easily. This destroys intergenerational ties and deepens distance, even rifts, especially for an older generation unable to keep up with a rapidly changing world. From the young generation, being without civilisation complexes and without the ballast of outdated encumbrances or rigid identifications, it is necessary to learn how to overcome psychological barriers resulting from new technologies and cultural/civilisational equipment, not only in the form of gadgets but also in the form of completely new procedures and devices populating a world increasingly alien to the older generations. Meanwhile, without becoming familiar with this new instrumentation, there can be no question of settling into the social world, and a sense of alienation may even be born. For contemporary pedagogy, the triad of types of these distances has even become canonical, as Margaret Mead writes about in her book *Culture and Commitment: A Study of the Generation Gap* (1970), where the sequence is marked by categories modelling intergenerational relations in terms of post-figurativeness (stability in the long-term dominance of the past), co-figurativeness (removal of the past beyond the acquiescence of the intergenerational compromise of dominant adults in their relation to the younger generation) and pre-figurativeness (the older generation's orientation towards the dominant power of the younger generation's adaptation to the changing conditions). Not surprisingly, modern psychoanalysis makes us sensitive to (as Erikson says) the fact that, having many problems in the world (with choosing to be right or understanding otherness in a dynamic lifestyle), older people increasingly have a problem with themselves, failing to cope with the challenges of their own lives and to give them meaning, value and an identity based on a sense of coherence, distinctiveness and stability.

As I understand it, it is not the task of the pedagogy of existence to give answers to the questions of how to live, what to believe or what is right and what is wrong. It primarily should develop the cognitively

and morally difficult capacity to cope and to help others cope with the complexities of life inscribed in various situational dilemmas or challenges of everyday life. Raising awareness of structural complexities which make it difficult to make clear choices, which are instead entangled in aporia or ambivalence, is a task linked to the concern for a creative approach to existential tasks—seen not only as inscribed in the challenges of the successive stages of human life, but linearly, looking at life as a whole. Existentially relevant pedagogy draws on a diversity of impulses and inquiries, rarely put together or treated as different sides of the same coin, which is used to price the value of concern for the quality of our being in the world and coping with life, diagnosing the difficulties, complexities or dangers of human beings, both young and old. It seems that too many of the effects of cognitive endeavours have so far been treated in isolation, not sufficiently seen not only in the interdisciplinary but even in integral manner, especially if they concern the same phenomena and challenges. We are obliged to think first and foremost of the fullest possible promotion of human development and its potential to shape a world that does not primarily carry the threat of collective annihilation or individual degradation. At the same time, it is a matter of reaffirming the hope that reference will be made to the noble ideals of respect for human dignity, freedom, the right to personal happiness of every human being–including the elderly, in the last phase of life—and to the absorption and multiplication of the cultural heritage of humanity to which everyone has the right to feel heir.

Existential tasks in the face of an ageing society – inspirations from Erik H. Erikson

Concern for the human being at any age, and especially old age, requires a sensitive pedagogy that understands the existential tasks found in each phase of life, in which successful solutions to various crises are a response to existential challenges that often require reorganisation and support of vital forces with new qualities. From a pedagogical point of view, the developmental process seen in this context requires the learning of new adaptations and the assimilation and taming of new psychological forces and social conditions that

appear in the situations that an individual has to experience according to their age and, even more so, to a given developmental phase.

It is therefore worth taking a closer look at the possibility of programming an existentially relevant pedagogy from the perspective of the existential tasks of different phases of the life cycle in Erikson's (1998) terms, whilst simultaneously treating this task as a clarification of how the problem of residualness looks, based on the example of an individual's identity profile.

According to Erikson, each of the eight phases of the life cycle is characterised not only by a different vital energy, representing the derived residual potential that comprises the full vertical profile of the individual's identity. Erikson characterises these phases by describing their guiding energies through eight pairs of structural tension, which requires a constant balancing of phase dominants. The problem of distinguishing and relating the types of vital energy of the phases is what is particularly interesting, as it draws our attention (in a different way than usual) to a series of pedagogical tasks that complete, as Erikson expressed it, the set of existential tasks that the individual gradually faces in the life cycle, not excluding the last phase of old age. Even in old age, in the face of death, it is necessary to be able to re-learn something, to maintain the vital energy of this phase, understood in its final version as "life wisdom", which balances our ability to value life against the reasons for despair in relation to the realities of one's own existence.

According to Erikson's description of the life cycle, in the process of human development there is a displacement of the developmental dominance of individual phases; thus, age is not a sufficient marker of advancement in development. Alongside this process, a new existential task arises each time, related to the discovery of a new vital energy—the main one in a given phase, but also one that is indispensable for the entire life cycle. A pedagogical task therefore arises, and sometimes—because of the scale of the challenge, in view of the lateness of intervention or the weakness of developmental support—already a therapeutic one, perhaps even one requiring clinical practice and special medical assistance (e.g. in the face of suicide attempts). In such a situation, the task of the pedagogy of existence is to intervene in a process that does not yet require stronger measures such as pharmacological intervention, hospitalisation or serious therapy, when

a real threat to life comes to the fore (e.g. in depression, dementia or other illnesses that may occur in old age). It should also be noted that disruptions to human vitality, which make up deficits of energy that can dynamise or stabilise the functioning of the individual, can also be expressed in excesses that make it difficult, in a given phase, to balance the structurally inevitable tensions.

It appears necessary to recognise various components (residues) of vitality, which can determine energy levels of life-giving impulses or new potentials of vitality, as energy for life or life activity, or at least its potential. Without this, one may lack the will to live, lose the sense of meaning in life or experience a sense of hopelessness, anxiety, despair or inner chaos. Complementing the eight phases, seen from the perspective of eight pairs of developmental dominant tensions, we have eight vital energies that allow us to recognise eight existential tasks and eight areas of intellectual (theoretical) and practical concern in the field of pedagogy. These tasks do not coincide with traditional divisions into pedagogical (sub)disciplines, but run across them and require drawing on each other's output. The point is that the vitalities present in the different phases are permanent and inalienable components of human equipment, even though their location in the identity constellation of the individual changes.

With these categories in mind, the following lines of reflection can be distinguished: (1) the pedagogy of hope, (2) the pedagogy of will, (3) the pedagogy of imagination, (4) the pedagogy of expertise, (5) the pedagogy of fidelity, (6) the pedagogy of care, (7) the pedagogy of creativity and (8) the pedagogy of life wisdom. Of course, the names could be different, but the point is to indicate the focus of pedagogical reflection. From each phase of the life cycle, residual (i.e. essential as components of the whole process) answers to questions about what a person creates or what makes up their identity, are brought into the identity profile. The above reconstruction shows that each of us is constituted by (1) what/who is the source of my hope, (2) what I am able to want and what I am able to claim, (3) what/who I am able to imagine, (4) what I am able to be professional at (at the highest possible level), (5) what/who I am able to identify with, deeming them worthy of my faithfulness, (6) what/who I want to care for by withdrawing from other relationships and forms of commitment, (7) what I want to leave from myself as important for

others, also for the next generations and (8) what/who allows me to value life with its limitations (illness or death), fears and even despair.

I treat the above remarks as indicative only, and due to the needs of the text, in the following part I only refer to the last line of pedagogical reflection. In suggesting the adoption of such names for residual pedagogies, I follow Lech Witkowski's juxtaposition of Erikson's identity residues that emerge from particular life phases (Witkowski 2007a: 342–344; 2009). Thus, Erikson's life cycle model makes it possible to profile the identity of pedagogy in terms of indicating the scopes for which responsibility is determined, in turn, by particular spheres of pedagogical thinking.

The vital energies indicated in different phases of life can, at the same time, define important categories of existential pedagogy which are aspects of pedagogical concern towards the condition of every human being, whether child, adult or older person. Below, I take a closer look at the residue relating to the last phase of life in the human identity profile.

The pedagogy of life wisdom seems perhaps the most paradoxical in this set, but it is the one that is most necessary in the face of an ageing society. Its importance also stems from the fact that the importance of life wisdom here is based on the need to balance the "need for integrity" understood as the ability to value life itself integrally in the face of the coming death. In the context of caring for the elderly, the need for this kind of pedagogy becomes obvious, if only because of their gradual psychophysical deterioration, increasing anxiety and even despair. It is also about a paradoxical affirmation of life in the face of death, and therefore a kind of rehabilitation of death as an immanent stage of human life, or at least taming it in a way that not only does not require dreaming of immortality, but—as John Paul II amazingly highlighted in his testament—allows one to open up to the hope that "death will be useful", i.e. it will be good to those who, in the time of mourning after the loss of their loved ones, are able to make a deep reflection on the meaning of their own lives. The pedagogy of life wisdom requires the existence of a philosophy of death that supports the care of the experience of mourning understood as an effort to "work through lack", which thanks to Freud's psychoanalysis is recognised as an extremely difficult experience and, in terms of ritualising mourning, even impossible to carry out. Specialists in

pedagogical approaches to death are much needed here. It is also necessary to create a pedagogical approach to preparing people (including volunteers) to work in hospices or to make mature decisions, e.g. to include children in family funeral ceremonies, as well as to help them to experience mourning that directly affects them, e.g. after the loss of a favourite pet or in the face of a death that they cannot be spared from experiencing. Existentially lived religious faith can help in such situations, taking the form of a communal religious experience, it can also be psychotherapeutic or logotherapeutic due to its emphasis on the meaning of human suffering and protecting the value of life with its painful experiences and even traumas. Inscribing this kind of experience in a perspective of meaning can serve to work through emotions, liberating people from the danger of removing value from their own lives.

Conclusion

In the brief reference to various forms of existentially oriented pedagogy, approaches that emphasise fundamental tropes in different ways should not be neglected in the concern for both education for old age and for a meaningful, satisfying life for older people. Some of the identified tropes focus on the importance of a meaningful life; others emphasise the need to grapple with existential destiny. Meanwhile, it seems reasonable to postulate the creation of such a pedagogy which looks at existential challenges from the perspective of tasks characteristic of individual developmental phases, though they also permeate all links of the life cycle, causing the situation—inconvenient from the point of view of traditional disciplinary divisions— that one should be a specialist in universal problems, and not only in those phenomena linked to a given phase of life. In such a view, for example, andragogy, in its approach to adults, cannot fail to take into account problems that involve other phases. Similarly, care and educational pedagogy cannot fail to take into account more broadly the needs of children, treated as challenges that influence the quality of human functioning in subsequent life phases. Recognising vitality deficits requires reference to a broader palette of possible life-cycle disruptions, but this cannot be achieved with a narrow perspective,

dissected from the general mechanisms present in the structure of lifelong experience.

Acknowledging a range of references that do not belong only to the canon of pedagogical readings, but are inscribed in the significant output of other disciplines and narrative types, is essential to further inspire pedagogy in its search for an "optimum experience" (Csikszentmihalyi 1990) consistent with the highest standards of concern for human "being" (freedom and development). This is possible if one takes into account the pedagogical ideas that are, in various ways, hidden, fake or dispersed beyond the author's intentionality, but inscribed in the texts themselves, which will allow one to understand, for example, the types of discourses cited by Zbigniew Kwieciński and Monika Jaworska-Witkowska (2011). The guiding idea for change in pedagogy should be a concern for human vitality in the form of an integral valuing of life, or more precisely the meaning of one's actions and situation in the context of one's whole life, in each phase of life. Pedagogy, if it is to be valuable, in all its forms faces the task of caring for the existential aspects of the human condition. Above all, it is not about a narrow focus, but about opening up a broader horizon of understanding of man and his world in a changing and ageing society. Fortunately, the humanities are full of impulses that can greatly contribute to the formula of existentially relevant interactions towards the human being in every phase of life, including old age, according to the ideas of upbringing to old age, upbringing in old age and upbringing through old age (Janke 2000: 171–176). Pedagogy's emphasis on the value of human existence, which should also be reflected in its curricular implementations in education, is not merely academic, but refers to civil society and its ability to transmit to the next generation the impulse to undertake communal and individualised concern for man and the future of civilisation—with a view to the fate of every human being, young and old. As pedagogues, we must not expose ourselves to the statement in the title of Milan Kundera's famous novel that *Life is Elsewhere*. Life is where there is human community, where there is concern for every human being, including those at the end of their lives.

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Intergenerational Learning Within the Home Reading Environments: The Role of Grandparents in Developing the Language and Reading Skills of Preschool Children

Międzypokoleniowe uczenie się w ramach domowych środowisk czytelniczych — rola dziadków w rozwijaniu umiejętności językowych i czytelniczych dzieci w wieku przedszkolnym

ABSTRACT

The article focuses on the issue of the importance of multi-generational families for the functioning of home reading environments, especially for the development of reading and language skills of children in middle childhood. A descriptive and critical analysis of the literature was conducted in order to find an answer to the question of how grandparents can contribute to their grandchildren's early literacy education, as well as to identify the theoretical and empirical grounds for the possibility of mutual intergenerational learning between grandparents and grandchildren through joint activities in the home reading environment. The text discusses the following issues: selected

aspects of home reading environments, the importance of grandparents in developing grandchildren's cognitive and language skills, opportunities for intergenerational learning, and the benefits of grandparents' involvement in raising grandchildren. I also point out implications for pedagogical practice, including the need to intensify educational partnership activities to foster the development of children's language and reading skills through their interactions with grandparents. The data collected from the analysis of Polish and foreign literature provides arguments in favor of the need to promote activities supporting intergenerational learning initiatives in home reading environments.

ABSTRAKT

W artykule podjęto problematykę dotyczącą znaczenia rodzin wielopokoleniowych dla funkcjonowania domowych środowisk czytelniczych, w szczególności dla rozwijania umiejętności czytelniczych i językowych dzieci w okresie średniego dzieciństwa. Przeprowadzona analiza opisowo-krytyczna literatury miała na celu znalezienie odpowiedzi na pytanie, w jaki sposób dziadkowie mogą się przyczyniać do wczesnej alfabetyzacji wnuków, a także rozpoznanie teoretycznych i empirycznych przesłanek pozwalających określić możliwości wzajemnego międzypokoleniowego uczenia się dziadków i wnuków w ramach podejmowanych w środowisku domowym wspólnych aktywności czytelniczych. W tekście omówiono kolejno zagadnienia dotyczące: wybranych aspektów domowych środowisk czytelniczych, roli dziadków w rozwijaniu umiejętności poznawczych i językowych wnuków, możliwości wynikających z międzypokoleniowego uczenia się oraz korzyści z zaangażowania dziadków w wychowanie wnuków. Wskazano również implikacje dla praktyki pedagogicznej, odnoszące się m.in. do potrzeby intensyfikacji podejmowanych w ramach partnerstwa edukacyjnego działań sprzyjających rozwijaniu umiejętności językowych i czytelniczych dzieci poprzez kontakty z dziadkami. Zgromadzone w wyniku analizy polskiego i zagranicznego piśmiennictwa dane dostarczyły argumentów na rzecz potrzeby promowania działań wspierających inicjatywy międzypokoleniowego uczenia się w ramach domowych środowisk czytelniczych.

Introduction

For many years, researchers have been interested in the determinants of children's school achievements, particularly at the early stages of education. Much of the research has been directed at identifying

selected aspects of children's home learning environments, including home literacy environments, which provide a space conducive to children's acquisition of valuable language experiences, activate their cognitive and motivational mechanisms and play a significant role in the acquisition of basic school skills. Whilst this analysis addresses many diverse aspects of the family environment, it takes little account of the multigenerational context of child development. Meanwhile, the successive lengthening of life expectancy observed today, as well as changes in the dynamics of family life—linked, among other things, to the increasing pace of life and the imbalance between work and family life—are factors that could contribute to grandparents participating more in their grandchildren's education and upbringing. Such participation becomes particularly important in the context of professionally active young parents, single-parent families and families with children with special educational needs, for whom—according to research—grandparents' participation in raising the children contributes greatly to the family's wellbeing (Prendeville, Kinsella 2019).

Grandparents seem to play not only the role of educators and caregivers, but also of the first teachers, who can make an important contribution to the development of children's language and reading skills, particularly during early and middle childhood. Thus, they can contribute significantly to their grandchildren's educational achievement. Although this may not always be an easy task for various reasons—such being employed, living away from the grandchildren's home or having limited digital competence and familiarity with fast-changing new technologies—intergenerational learning seems to offer an opportunity for grandparents to actively participate in their grandchildren's education, which could also very likely have a positive impact on the wellbeing of the seniors. However, is there a theoretical/empirical rationale behind this thesis? The descriptive critical analysis of the literature carried out in this study investigated whether (and if so, how) grandparents can contribute to their grandchildren's early literacy. Furthermore, the aim was to identify opportunities for mutual intergenerational learning in grandparent–grandchild relationships within home literacy environments.

Home literacy environment as a research category

Apart from the category of cultural capital introduced by Pierre Bourdieu (1986), an important starting point for a theoretical and empirical analysis of the environmental conditions of children's and adolescents' language and reading competences seems to be the home literacy environment. This term is becoming more and more popular, especially in research in the humanities and social sciences. It refers to activities related to both reading and to the diverse reading resources available in the home that can be used to develop literacy (Puglisi et al. 2017). In the literature it is usually considered in the context of two types of experiences related to children's early literacy: emergent literacy and early literacy. The first of these, referred to as formal, focusses mainly on code and involves primarily modelling literacy skills and directly teaching the child through work—initially with materials without letters, and later materials with letters. The second type, known as informal, focusses primarily on meaning and making reading material available as part of a shared object and play activity with the child, such as storytelling, reading dialogues, singing songs, drawing and taking the child to libraries, bookshops, community centres or theatres (Sénéchal, LeFevre 2002).

Although the two types of experiences appear to be weakly correlated according to empirical research (Hamilton et al. 2016), in practice they may be relevant to different aspects of literacy. Thus, there is no doubt that early reading initiation in the home environment enriches children's cognitive and linguistic experiences and enables them to explore both the abstract and pragmatic aspects of reading. It should be added that, according to William Teale and Elizabeth Sulzby's concept (1989) of developing literacy, depending on the predominant type of experience and the degree of involvement of the parent and child in reading and reading-related activities, the home literacy environment used to be described as active, passive or child-directed. The first type involves children and adults interacting with each other during shared reading activities; the second type involves preparing the child for literacy by observing adults' reading behaviour; and the third type primarily involves children's own reading play activities.

An analysis of the literature on the subject makes it possible to identify at least several aspects of home reading environments that are of interest to researchers from various research centres at home and abroad. One of the main areas of research inquiry appears to be the literacy activities taking place in the family home by parent–child pairs. Empirical research in this area is relatively often directed towards identifying paired reading sessions, the verbal involvement of parents during dialogic reading or the frequency of joint parent–child visits to libraries and bookshops. The second research area is identifying parental literacy as a determinant of children's later language achievements. The third focusses on parents' beliefs and attitudes towards reading, as well as their reading habits. Another is concerned with determining the size of the household library, measured by the number of books owned by the family (at the declarative level) and verifying its predictive function on children's educational success (Kuracki 2022). Although the empirical analyses appear to address many different levels of home literacy environments and to provide valuable data confirming that parents' education, beliefs about literacy, expectations of children and reading resources at home are important for the frequency and course of family reading practices (Frijters et al. 2000; Deckner et al. 2006; Dolezal-Sams et al. 2009; Torppa et al. 2011; Davidson et al. 2014; Esmaeeli et al. 2017; Giménez et al. 2017; Kuracki 2022), a rare few research projects take into account sociodemographic variables related to children being raised in multigenerational families. Thus, many analyses of environments conducive to the accumulation of children's linguistic experiences fail to take into account the actual participation of grandparents, who—in the light of contemporary social changes associated with the increasing prevalence of multigenerational households—increasingly seem to assume the role not only of carers, but also of more experienced partners and teachers, accompanying the child in episodes of shared involvement (Schaffer 1994).

Grandparents as a significant link in home literacy environments — opportunities for intergenerational learning

Evidence for perceiving grandparents as important members of the home literacy environment is provided by research showing the

complementary nature of parents' and grandparents' involvement in the child-rearing process. In a research project conducted by Stefani Milovanska-Farrington (2021), it was shown that although parental care has a greater impact on the social and behavioural development of children between the ages of three and six, grandparents can have a stronger impact on the development of their communication skills, in particular by helping to expand their grandchildren's lexical resources and narrative skills. According to the author's suggestions, being able to care for grandchildren for a minimum of 10 hours per week can lead to an increase in the children's cognitive skills of about 2%. The potential of grandparents and grandchildren aged 3–6 learning together was also recognised in a study of families of Bangladeshi origin living in East London (Jessel et al. 2011). The study found that a collaborative intergenerational learning space, in which the grandparents' relationship with their grandchildren is reciprocal and open, was highly conducive to the grandchildren's development of both reading and writing skills.

Grandparents may therefore significantly reinforce and/or complement the effect of parental interactions. However, it should be noted that, in the light of cross-cultural research, the links between grandparents' involvement in the upbringing of grandchildren living in shared three-generation households and grandchildren's school readiness may be influenced by variables such as race and ethnic origin (Pilkauskas 2014). Although empirical work also indicates that the same parenting styles used by parents and grandparents may affect children's emotional and social functioning quite differently (Li et al. 2019), there is no doubt that grandparents' participation in raising grandchildren can actually contribute to developing the cognitive functions of children with and without special developmental needs (Hillman et al. 2017). This is because contact with the grandchild creates an opportunity to co-create a space for reading together, telling fairy tales and stories, recalling past events, looking at family photographs, learning through word games and rhymes established in oral tradition (often forgotten by the parents' generation), passing on information about traditions and culture, singing, drawing, being in proximity to nature and going together to various cultural institutions. This can be an important step towards providing children with

both formal and informal early literacy experiences, as well as building an active and passive home literacy environment.

However, it is worth noting that, according to empirical analyses, grandparents' involvement in activities that develop children's language and reading skills increases with the age of the child in their care (Nyland et al. 2009). Furthermore, it may also be influenced by the type of relationship between grandparents and grandchildren, which can be identified as distanced, involved or social. In the first type, the grandparents' contribution to a home literacy environment could be described as negligible due to the rare opportunities for physical contact. In the case of the other two types, however, grandparents seem to have more opportunities to help develop their grandchildren's cognitive and language skills. In their role as "caring guardians" or "wise companions"—as Karolina Appelt (2007) describes both groups of grandparents—they have significantly more opportunities not only to meet their grandchildren's basic needs, but also to explore, play and experiment together.

In light of the analyses cited above, it also seems interesting to mention the research conducted by Jeylan T. Mortimer and Mark Lee (2021), who showed that grandparents (generation 1) can significantly influence parents' (generation 2) expectations of their children (generation 3). The analysis of data from over 470 American families made it possible to determine that the educational expectations that grandparents (generation 1) had of their own children (generation 2) allow us to predict the expectations that parents (generation 2) had of their children (generation 3). This relationship is particularly important in the case of grandparents who have a university degree and, as can be assumed, have made a great deal of effort to ensure that this level of education is also achieved in subsequent generations. Therefore, based on the results, it can be assumed that grandparents can be a significant source of motivation and support for their children (parents' generation) in co-creating a conducive learning environment for their grandchildren. Moreover, the grandparents' participation in the development of their grandchildren's cognitive and communication skills may also be indirect. This is also confirmed by the findings of Hannu Lehti and colleagues (2019), who report that grandparents, as the eldest in the family—by bringing their grandchildren into contact with other, distant family members (aunts, uncles or

cousins)—may contribute to the transfer of knowledge and other intangible resources (e.g. skills) from the extended family network to the grandchildren.

Moreover, the reading and related activity between grandparent and grandchild, which fosters the grandchild's cognitive and linguistic skills, seems to provide an opportunity to activate the learning processes of the grandparents themselves. This is because, according to Appelt (2007), this relationship is an opportunity to maintain a kind of balance between variability, which is not usually challenging for the grandchildren's generation, and the constancy and continuity provided by the grandparents' generation.

Thus, the home literacy environment appears to be a space that offers a real opportunity for intergenerational learning, i.e. a reciprocal process of transferring new skills between generations, which can take place on three levels: learning from each other, learning with each other about issues that are important to both generations and learning about each other with a view to exchanging experiences or worldviews (Brown, Oshako 2003). As Ryszard Kałużny (2014) points out, in such an arrangement of reciprocity, both grandparents and grandchildren with certain beliefs and values have the opportunity to include them in areas of shared reference. Thus, multigenerational learning not only creates favourable conditions for the development of the actors involved, but it also encourages the development of different communication strategies between older and younger participants in the educational process. Moreover, it is also an opportunity to encourage the grandparents to make an intellectual effort and motivate them to learn more and more about newer technological discoveries (Muszyński 2014). This fact was confirmed by an international study conducted in Colombia, Italy, Peru, Romania and Spain among seniors over 65 years of age, which showed that family intergenerational dynamics can facilitate grandparents' acquisition of digital skills (although not in all areas) (Rosales, Blanche-T 2022). This issue seems particularly important in relation to the opportunities seen in virtual reading activities, increasingly undertaken within home literacy environments due to the restrictions imposed as a result of the COVID-19 pandemic. Interesting results of an experimental study have been reported by Caroline Gaudreau and her colleagues (2020), which examined the extent to

which teachers and grandparents reading books via new technologies to support distance learning can contribute to the development of language functions such as reading comprehension and vocabulary expansion in four-year-old children. The results show that, regardless of the three modes of text transmission (video chat, live streaming and video playback), the children involved in the experiment scored significantly higher than the children in the control group, who did not participate in any reading or reading-related activity. It should be added, however, that the best results were recorded in the group of children who participated in video chats or live broadcasts, and thus had the opportunity to interact and ask questions in real time. In the light of these results, it seems reasonable to claim that the process of intergenerational learning can be seen in terms of mutual benefits for both grandparents and grandchildren. Furthermore, as Wendy Mitchell (2008) rightly points out, the possibility for both generations to participate in joint learning activities is also extremely beneficial from the point of view of building an educational partnership among students, parents and teachers. Grandparents developing their grandchildren's cognitive and linguistic competences can take the form getting involved with the school, where they could volunteer for a number of national campaigns and programmes aimed at raising the reading skills of children and adolescents.

Opportunities to support grandchildren's development and grandparents' psychological well-being

Grandparents' participation in their grandchildren's education, in addition to the mutual benefits of intergenerational learning, can also contribute to seniors' quality of life and psychological well-being. Analyses using data from the American Time Use Study (ATUS), which examined the relationship between the time grandparents spent with their grandchildren and other measures of their subjective well-being, show that grandparents living with their grandchildren in three-generation households experienced more happiness and had a higher sense of meaning in life when they had the opportunity to engage in joint activities with their grandchildren, rather than spending time alone or in the company of other people (Dunifon et al. 2020).

Similar conclusions were also provided by a Chinese longitudinal study which found that grandparents who had the opportunity to care for their grandchildren showed significantly better mental and physical health compared to those who did not have this opportunity. Even higher levels of life satisfaction and fewer depressive symptoms and somatic symptoms were shown by those respondents who cared for their grandchildren along with the parents or elderly in-laws (Xu 2019). Thus, it is highly probable that looking after grandchildren or being involved in educational activities with them makes it easier for seniors to maintain their self-esteem and to satisfy the need for affiliation and belonging. This is because, as Kałużny notes (2014), the active role played by older people as grandparents can foster a sense of usefulness and can contribute to receiving acceptance and support from other family members. It should be noted, however, that active participation in the upbringing and education of grandchildren depends on a number of factors and can also be a burden for seniors. According to research by Jessica Zamberletti and her colleagues (2018), whilst the likelihood of grandparents providing intensive care is determined by the gender, health status, professional activity or financial resources of the seniors, non-intensive or even occasional care is far more likely to be provided by grandparents regardless of their individual characteristics. In both cases, however, it is important that grandparents' involvement in their grandchildren's home learning environment is unforced, driven by an inner need and appropriate to their available time and psychophysical condition.

Developing children's language and reading skills through contact with grandparents — lessons learnt and implications for practice

This review of Polish and foreign theoretical and empirical works allows us to conclude that grandparents, being an important link in home learning environments, including home literacy environments, can significantly contribute to their grandchildren's early literacy. Indeed, many studies emphasise the fundamental role of grandparents, not only in providing informal care for their grandchildren but also in developing their language and cognitive skills. Moreover, from

the analysis of the literature on the subject, a number of mutual benefits also emerge with regard to the opportunities for mutual intergenerational learning between grandparents and grandchildren. This state of affairs could contribute to further, in-depth interdisciplinary research which, by adding to the important area of ignorance regarding selected aspects of home reading environments, could result in a number of indications for both social policy and pedagogical practice.

However, the results of the literature review can already be used to formulate important postulates regarding the development of children's language and reading skills through contact with grandparents. The first of these concerns the need perceived by teachers and pedagogues working in kindergartens to raise awareness of the importance and value of intergenerational learning opportunities among families (in the form of lectures, workshops, informative materials etc.). The second is related to the need to promote educational partnerships and to initiate rewarding, multi-stakeholder cooperation between the family home—(pre)school environment—and local environment for the early literacy of children in middle childhood. With collaboration in mind, it seems particularly valuable to organise instructional classes for seniors that would provide an opportunity for them to learn to use various text materials (including e-books and audio-books) and new technologies for reading with their grandchildren. Moreover, it also seems reasonable to provide both parents and grandparents with methodological training on how to select and adapt reading materials for children with special developmental needs. Finally, it may also be important for the early literacy of grandchildren to invite grandparents to participate as guests/volunteers in preschool programmes and activities that promote the idea of reading books with children.

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Growing Old with the Films: The Case of Clint Eastwood

Starzejąc się z filmami — przypadek Clinta Eastwooda

ABSTRACT

Old age is one of the main themes in cultural discourse, which is present in literature, art and music. In this context, this article analyzes representations of old age in the works of Clint Eastwood, an outstanding American actor and director. Feature films significantly impact society by shaping people's thinking, decisions and behavior. They promote values, social norms, traditions and customs, but also portray current cultural, social, economic and political issues. Films can influence the perceptions of different social groups, inspire people to pursue their goals, change their lives or help others. Their analysis reveals the dark side of the aging process and "anti-aging" practices. Eastwood's work over the past 30 years as a director, producer and actor has contributed significantly to the fight against negative stereotypes associated with the aging process. Aging in public during his film career, Eastwood has become an informal spokesman for a positive image of old age, by portraying this stage of life as a period to which a person aspires throughout his life. An analysis of the stories in his films shows the monumentality of the aging process that is unprecedented in cinematic history. Eastwood's films are dominated

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by the theme of fighting against the injustice of the world, which seems to gain particular importance in the context of responsibility to one's loved ones.

ABSTRAKT

Starość jest jednym z głównych tematów w dyskursie dotyczącym kultury, obecnym w literaturze, sztuce i muzyce. W tym kontekście analizie poddane zostały przedstawienia starości w dziełach Clinta Eastwooda, wybitnego amerykańskiego aktora i reżysera. Filmy fabularne mają znaczący wpływ na społeczeństwo, kształtując myślenie, decyzje i zachowania ludzi. Służą promocji wartości, norm społecznych, tradycji i zwyczajów, ale także przedstawiają aktualne kwestie kulturowe, społeczne, ekonomiczne i polityczne. Filmy mogą wpływać na percepcję różnych grup społecznych, inspirować do dążenia do celów, zmiany życia lub pomocy innym. Poprzez ich analizę dostrzega się zarówno ciemne strony procesu starzenia, jak i praktyki „przeciwstarzeniowe". Praca Eastwooda na przestrzeni ostatnich 30 lat w roli reżysera, producenta i aktora, znacznie przyczyniła się do walki z negatywnymi stereotypami związanymi z procesem starzenia. Eastwood, starzejąc się publicznie w trakcie swojej filmowej kariery, stał się nieformalnym rzecznikiem pozytywnego wizerunku starości, przedstawiając ten etap życia jako okres, do którego człowiek dąży przez całe swoje życie. Analiza opowieści zawartych w jego filmach ukazuje monumentalność procesu starzenia, niemającą odpowiednika w historii kinematografii. W filmach Eastwooda dominuje motyw walki z niesprawiedliwością świata, co zdaje się nabierać szczególnej wagi w kontekście odpowiedzialności wobec najbliższych.

Introduction

Old age, or the process of ageing, is one of the leading themes in culture, from the Bible to contemporary poetry, from Anchises being carried by Aeneas out of the burning Troy to Mick Jagger of the Rolling Stones dancing and singing in front of a crowd of thousands. Representations of old age can be found in the paintings of Dutch masters as well as in the pages of Shakespeare's plays. Rembrandt's later self-portraits show a person lacking the twinkle in the eye that was present 30 years earlier. Also, *King Lear* is the story of an elderly man who longs for rest but, in the meantime, has to endure

humiliation from his children. In this context, addressing the topic of old age in its various dimensions therefore appears as a responsibility for those working in the social sciences. It is also an opportunity to provide insights into an important social sphere.

The object of analysis in this text is a selection of films direct-ed, produced and starring Clint Eastwood as a leading actor. It is a reflection on how this great American actor portrays old age in his films, which are watched around the world. Referring to Henry A. Giroux, it can be said that Eastwood, through his pedagogy as a "public intellectual", teaches people how to age using his own body, in front of millions of viewers, speaking to them in a communicative way, with a social concern (Giroux 2004; 2008).

As it is not Eastwood's life, but his films (which he directed) and the roles he played in them that are under scrutiny, it is only by way of introduction that I include a brief biography. Born in San Fran-cisco on 31 May 1930, Eastwood studied economics at Los Angeles City College. As a young man, he took on various jobs before gradu-ally, with increasing dedication, tying his future to the film industry. Due to his physique, he was cast in roles of strong men, enjoying the most success in his early career in spaghetti westerns directed by Ser-gio Leone. Over time, Eastwood, as an actor, director, producer, film music composer and even politician, became a very active participant in the Hollywood art scene in many fields. He now boasts numerous awards: Oscars, Golden Globes, a César and a Golden Lion (Gal-lafent 1994; Eliot 2009; Engel 2012; Vaux 2012; Eastwood et al. 2013; Friedman, Desser 2018; Frangioni, Schatz 2018).

Feature films and their social functions – a review of the literature

Feature films have a major impact on society, being a response to current social events. They are not only one of the most popular forms of entertainment, but they also shape the way people think, make choices and behave. They promote values and social norms, introducing new patterns that become widely accepted over time. Films provide a "mirror" that reflects important cultural, social, eco-nomic and political changes. Local traditions, customs, countries

or regions are promoted through film (Jarvie 1969; Ferro 1983; Płażewski 2001; Chapman 2003; Auster, Quart 2011; Brown 2011; Warmuz-Warmuzińska 2013; Mitchell 2015; Skorupa et al. 2018a, 2018b; Langdridge et al. 2019; Thangavelu 2020; Kubrak 2020; Jenkins 2022).

Practices such as product placement and idea placement, which aim to promote specific brands, products, services, ideas, values or beliefs, have been present in the film industry for years (La Ferle, Edwards 2006; Wyrwisz 2013; Sharma, Bumb 2020). A film can have a significant impact on consumer decisions, as was the case with the 1934 film *It Happened One Night*, in which a character played by Clark Gable did not wear a waistcoat, leading to a crisis among manufacturers (Troy 2008).

 Films are a powerful medium that can influence our perception of different aspects of society. They are often used as tools to draw attention to important social issues such as education (Konieczna 2011; Cywiński 2020), obesity (Dąbrowska 2020) or disability (Mironiuk-Netreba 2020; Wlazło 2021). By presenting such topics in a narrative context, films can help increase public awareness and empathy towards people struggling with various problems.

Old age is another important aspect of society that is often addressed in films. This theme is present in the academic literature in a variety of contexts that show many perspectives and shades of this phase of human life. Some studies focus on the darker sides of the ageing process (Serkowska 2018), whilst others focus on analysing films made by ageing filmmakers or films about old age (Cohen-Shalev 2012). Films show a stereotypical, often negative image of old age, especially with reference to women (Bazzini 1997; Cohen-Shalev, Marcus 2007; Robinson et al. 2009; Gatling 2013).

There is a wealth of research describing attempts to break down various stereotypes related to old age (Richardson 2019; Medina, Zecchi 2020). Some films feature idealised characters of older people to attract older audiences to cinemas (Shary, McVittie 2021). Other studies note the use of double standards for ageing female and male characters (Lauzen, Dozier 2005; Kaplan 2010; Dolan 2018), as well as "anti-ageing" practices employed by some characters, such as those played by Clint Eastwood and Sylvester Stallone (King 2010; Boyl, Brayton 2012; Tracy, Schrage-Früh 2022).

Some studies highlight the positive impact of ageing actors on the health of seniors, as for example in Swedish films (Koskinen, 2019). Others focus on societal problems caused by the loss independent functioning, especially due to dementia (Kaplan, Chivers 2018; Deng 2023). Attention is also paid to the prevailing ageism in films (Gravagne 2013; Whelehan 2013) and to the need to raise awareness of this issue (Casado-Gual 2020; Hackett 2021).

The process of ageing in Eastwood's films

I intend to analyse images of the ageing process in films directed by Eastwood in which he himself has played leading roles. My starting point is the 1992 film *Unforgiven*, in which Eastwood is in his sixties; I conclude with an analysis of the 2021 film *Cry Macho*, in which the actor is over 90. This method allows us to see the 30-year period within which we can trace the trajectory of the ageing process of a great filmmaker playing various characters.

As Eastwood's films are narrative works and many of them include the theme of old age, the analysis refers to the content, leaving aside the technical dimension (for example, lighting, camera work or set design), whilst still understanding and appreciating its importance. The aim is to focus on the story that is contained in the film. By asking what the film talks about (themes), what it tells (plot) and what it says (theses) (Aumont, Marie 2013: 173–221), I reconstruct the portrayal of the ageing process in Eastwood's films, grounding my considerations in the interpretative paradigm (Kostera 1996).

What follows is a chronological list of films directed and produced by Eastwood, featuring him as an actor in a leading role. This is not Eastwood's complete filmography from this period; nevertheless, given the research problem, it is reasonable to focus on these films, as it is in them that he was able to most fully express his view of the ageing process and the way it is portrayed.

1. *Unforgiven* (1992) – Eastwood was 62 at the time of its release. Depicting an old-time western, the film tells the story of a former assassin who decides to take up arms again. It marks the beginning of a series of stories about the ageing process. In this film, Eastwood balances middle age with old age. As he hits the road, driven by the promise of a reward for killing

evil cowboys who use violence against prostitutes, he demonstrates both his fitness and his gradual loss of strength. This continual change in levels of vigour creates dissonance in the protagonist. The challenge he has undertaken becomes a great unknown for him. Despite his difficulty in riding a horse, he regains his youthful bravado after consuming alcohol. The passage of time and the protagonist's shameful past make him fearful of death. Watching Eastwood, we can almost feel with him the pain that is inflicted on him and that he himself inflicts. What is important, however, is that he chooses this task not so much out of a desire for adventure, but out of a need to support his family. Another motive is the desire to inflict punishment on those who abuse prostitutes. This is the world of the Wild West, so there is a unique morality here. Nevertheless, this world (understood both geographically and ethically) is a space where justice is brutally served. The character played by Eastwood wants a part in this regardless of age—or perhaps precisely because of age.

2. *The Bridges of Madison County* (1995) – Eastwood was 65 when the film was released. Set in the 1960s, it tells the story of an ageing photographer who, whilst travelling across the USA, meets a woman in her forties. A romance is born, even though the woman is a wife and mother. We witness an explosion of love. The elder man, who is still attractive to this woman, awakens long-forgotten dreams and desires in her. In this context, old age is not synonymous with resignation or distance. Rather, it is a moment of truth: if you love someone, you should follow your heart. The main character, played by Eastwood, communicates this truth to a woman played by Meryl Streep. His attitude provokes a storm of feelings in her (the final scene is a parting in the rain), but he is neither violent nor possessive. The film's message is clear: a lover should be an experienced man, a wanderer with no permanent home who offers exciting stories and experiences, has spent a lifetime searching and now realises he has found the one. In the film, Eastwood's wrinkles and the experience they attest to are an aphrodisiac. It is an un-Hollywood way of portraying

romance, because it is not youth but old age that is in the centre here.

3. *Absolute Power* (1997) – When this film was made Eastwood was 67. The protagonist is a thief who, during a burglary, witnesses sexual violence by the US president and the subsequent murder of the victim of that violence. Fleeing the scene, he first lowers himself down a rope from the third floor and then runs to avoid being caught by Secret Service agents. Driven by his resentment of the cynicism and hypocrisy of politicians, he decides to contribute to justice by helping another elderly man, the husband of the murdered woman. He speaks to him from the position of an experienced man who is distant but desires justice. The theme of family is important: he is caring for his only daughter, in his own way. In the course of the film, we learn that, in hiding, he has been tracing the most important moments of her life and that he cares about his relationship with her. The main character, despite being a burglar, is guided by a certain code of ethics. He cannot bear to see an injustice which has not been avenged. For him, a situation in which there is no punishment for a crime is intolerable. It seems that it is old age that causes this mode of behaviour: the need to maintain a balance between good and evil. This cosmic, Manichean force seems to originate in the life experience that one acquires with age.

4. *True Crime* (1999) – Eastwood was 69 at the time of the film's release. The main plot is the story of a black man convicted of the murder of a young woman and about to be executed. A journalist, played by Eastwood, who is an ageing womaniser, is to interview him. As he prepares for the interview, he begins to think that the condemned man may be innocent after all. The plot of the film centres on finding convincing evidence to prove the innocence of the wrongly convicted man. Despite numerous adversities, as well as his own weaknesses, the main character consistently strives to make the truth come out. Even being an "old creep", as his employer calls him, an unfaithful husband and a father failing in his duty to his daughter, his moral compass invariably points in the direction of the truth. His womanising, set in the context

of old age, makes him a comic figure. Nevertheless, we see him as a servant of justice, sometimes even against his own will, reminiscent of the characters of the biblical prophets trying to avoid fulfilling a divine command. Here, old age is the main character's resource, because it limits his weaknesses so as to ultimately bring the film to a happy ending.

5. *Space Cowboys* (2000) – Eastwood was 70 when the film was made. The main character he plays is full of vigour. Despite hearing from others "you're 70 years old", he and three other members of his former team fly into space on a mission to repair a Russian communications satellite. Once there, it turns out that the satellite is actually a rocket launcher suspended in space. These people in their seventies—and not the young cosmonauts sent with them—save the country. The protagonist and his companions appear as eternal guardians, always ready to defend the country, even at the cost of their own lives. Old age, in this case, symbolises life experience and a sense of responsibility for others, whilst the loss of physical fitness is presented as a minor aspect of the cosmonaut's functioning, serving more of a humorous role.

6. *Blood Work* (2002) – Eastwood was 72 at the time of the film's release. It is the story of an experienced FBI agent who fails to solve a certain murder case. Whilst pursuing the criminal (the theme of chasing reappears), he suffers a heart attack, which prevents him from continuing to work. Two years later, he receives a heart transplant donated by a woman shot in a shop. The woman's sister asks him to help find the murderer. Eventually, we learn that an unsolved murder is linked to this woman's murder. This story serves as a backdrop to show the older man as a person who, despite his health problems, is fully committed to solving the crime. He is driven by the imperative to uncover the truth and bring the perpetrator to justice. The reward he receives is the love of a woman and a child: an unexpected blessing in the autumn of his life.

7. *Million Dollar Baby* (2004) – Eastwood was 74 at the time of its release. The film tells the story of an ageing boxing coach. Troubled by doubts about his faith and cut off from his daughter, he lives on the sidelines, trying to salvage the remnants of

his career. He meets a young woman who dreams of a career as a professional boxer, seeing it as a chance to succeed in life. The main character, played by Eastwood, initially takes a sceptical approach. He is conservative and does not train women. However, he breaks his rules after seeing her determination. Old age, in this case, has the face of a cynical, bitter man. However, he is given another chance—perhaps his last—to be guided by what his heart tells him. This is not a film about boxing, but about a man who, in his old age, takes responsibility for another person, treating her as his own child. In the end, the young woman suffers a serious injury in the ring that prevents her from functioning independently. She asks her boxing coach to help her undergo euthanasia. The protagonist, who feels responsible for her, is plagued by the fundamental question: What is the right thing to do in such a situation? Paradoxically, the protagonist's experiences strip his old age of its mask of cynicism, rediscovering his capacity to love. The moral of the story is that it is never too late to open your heart to another human being.

8. *Gran Torino* (2008) – Eastwood was 78 when the film was released. It opens with a funeral scene during which the main character says goodbye to his wife. From his old face we can read that life has lost its meaning for him. At the same time, he expresses his disapproval of his immediate family not living up to his expectations. In this film Eastwood plays a bitter, cynical retired motor company worker and Korean War veteran, who is unable to establish a relationship with his children. His new neighbours are a family of Asian descent. Their acquaintance begins with conflict, but over time a friendship is born between him and the young residents of the neighbouring house. The protagonist decides to help them when they become victims of a street gang. He sees this as a chance to redeem his wartime sins when he murdered young, defenceless opponents. Old age is presented here as a time of redemption, sacrifice and search for justice, even at the cost of one's own life. The protagonist's sacrifice is not diminished by the fact that he is terminally ill and aware that he is about to die. Rather, it is an excuse to do something for others. Behind the

shell of an old tough guy is a man who wants to help others and be needed and who strives to make his life meaningful.

9. *The Mule* (2018) – Eastwood was 88 years old at the time of its release. In the opening sequences of the film, we are in 2005 and we see an elderly man passionately growing flowers. Then we move to 2017. The same man, played by Eastwood, gets into financial trouble and goes bankrupt. In addition, his already difficult relationship with his family deteriorates. Under these circumstances, he receives an offer to smuggle drugs from a Mexican cartel. He takes on this risky task. Due to his age and his lack of a criminal record, he becomes an excellent smuggler. Old age is not presented here as a time of tranquillity or rest. The main character seems to say that a rolling stone does not grow moss. He dances, celebrates, buys his family and friends gifts and, of course, smuggles drugs. And we, surprisingly, are on his side. We don't want him to get caught. The evil he does allows him to reconnect with his family, who become the most important thing for him. In doing so, he changes his attitude. In the past, he had prioritised work over relationships with his loved ones. In his old age, he finally realises that he was wrong, and drug trafficking becomes an opportunity for him to change.

10. *Cry Macho* (2021) – Eastwood was 91 years old when the film was made. The story opens with a scene in which the main character is driving an old pickup truck. The year is 1979 and Mike, once a rodeo star who broke his back in an accident, is now treated as a burden in the workplace (a stable). Nevertheless, the character played by Eastwood receives an unusual assignment from his boss: he is to find the boss' son, who is staying with his mother in Mexico. Once again, we are invited to watch a road movie. Eastwood, who directs, produces and plays the lead, has no mercy for himself. In the previous films, as a 60- and 70-year-old, he was still running; in this movie he is riding a horse, repairing a car, taking care of animals and lying on the ground. This is because he is playing a real cowboy who, if he is on the prairie, must sleep under the open sky, as custom dictates. Eastwood is replaced by a double only twice: while riding a horse and in a car accident scene. In the film's

other scenes, the protagonist is played by Eastwood, a 90-year-old actor at the time. Thus, we are watching an old age that knows no limits. The protagonist not only fulfils his assigned task, but also strikes up an affair with a Mexican woman he meets. It is in her arms, dancing, that we see him in the last scenes of the film. Old age, then, does not have to mean giving up the joys of life, expressed in this case by abandoning solitude in favour of being with another person and her family.

Discussion, conclusions and suggestions

Eastwood's film work over the past 30 years, whether as a director, producer or actor, has largely served to combat negative stereotypes of the ageing process. Whilst ageing in his films in front of us, Eastwood has become an informal spokesman for the image of the elderly, portraying the final stage of human existence as a time towards which one matures all their life. One might even venture to say that his multifaceted contribution to the rehabilitation of old age is unmatched by any other filmmaker.

Old age is the period when a person's lifelong experience, including that resulting from numerous mistakes and errors, tends to pay off. This is when a person has the chance to better understand what is right and how to act righteously, honourably and—most importantly—justly. In the stories that Eastwood weaves in these films, it is this ethical problem, how to fight the injustice of the world, that seems the most important. What the ageing man on screen can give to the world is the guarantee that he will make an effort to do justice in various dimensions.

Of course, this is not about justice in formal or legal terms. It is old age that justifies this approach, in which what is important is not what is written in the law, but what hides in the deeper layers of culture. If the main characters played by Eastwood break the law, they have reasons for doing so, like Antigone in Sophocles' play. Eastwood's films and the characters he creates in them speak of something more primordial than the state or its institutions. The *topos* of the family, the escape from it due to not understanding its imponderables and the return to it, the fight for it, even at the cost of deconstructing the macho myth, are strongly connected with this.

During the period in question, Eastwood was also involved in the production of other films: *In the Line of Fire* (1993), *A Perfect World* (1993), *Midnight in the Garden of Good and Evil* (1997), *Mystic River* (2003), *Budd Boetticher: An American Original* (2005), *The Stars Fell on Henrietta* (2005), *Flags of Our Fathers: Letters from Iwo Jima* (2006), *Grace is Gone* (2007), *Changeling* (2008), *Invictus* (2009), *Johnny Mercer: The Dream's on Me* (2009), *Hereafter* (2010), *J. Edgar* (2011), *Trouble with the Curve* (2012), *American Sniper* (2014), *Jersey Boys* (2014), *Sully* (2016), *The 15:17 to Paris* (2018) and *Richard Jewell* (2019).

However, I have chosen to cite and briefly analyse the ten films mentioned above on the assumption that through them Eastwood, as director, producer and leading male actor, was able to make the fullest statement about the ageing process. I believe that these films give us a unique insight into the lives, moral dilemmas or broader spirituality of ageing people, whom we are used to seeing in everyday life as wrinkled, shuffling and increasingly hunched figures.

Eastwood's work is also a testament to the importance of culture and its right to tackle important subjects. Eastwood teaches us that a filmmaker does so because they have a mission which is not just pure amusement, but also to present an epic morality play about a life that is passing but can still be valuable. Relating the above considerations to pedagogy, it is important to note that, concerning andragogy, Eastwood demonstrates the old man's ability to function independently and efficiently, also making him sensitive to the needs of the constantly changing world.

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Case Reports

Raporty z badań

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Support for People Living with Alzheimer's Disease: Local Solutions to Strengthen the Caregiving Potential of Families

Wsparcie osób żyjących z chorobą Alzheimera — lokalne rozwiązania wzmacniające potencjał opiekuńczy rodziny

ABSTRACT

As the population ages, it is becoming a challenge to provide dignified care to the growing number of elderly people with Alzheimer's disease or other types of dementia. In the absence of systemic solutions, the only way to provide dignified care for people with Alzheimer's disease is to implement local strategies to strengthen the caregiving capacity of families of people living with this disease. The subject of this study was the institutional support of families of people living with Alzheimer's disease and their families. The cognitive goal of the research was to identify forms of support for such families in Szczecin. The practical goal, in turn, was to identify recommendations for optimizing institutional support. The research procedure used an analysis of foundational data. The forms of support for families in the care of people living with Alzheimer's disease developed in Szczecin are designed to strengthen the caring capacity of families, in line

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with the Strategy for Solving Social Problems until 2027. Key forms of support include the only financial benefit in Poland, i.e. "Alzheimer 75 Benefit," daily support centers for people with Alzheimer's disease, a day respite care center, and the "Niezapominajka Caregiver Support Centre", including a mobile team providing support in the home environment.

ABSTRAKT

W obliczu starzenia się społeczeństw wyzwaniem staje się zapewnienie godnej opieki rosnącej liczbie osób starszych chorych na chorobę Alzheimera lub inne choroby otępienne. W sytuacji braku systemowych rozwiązań jedyną szansą w zakresie zapewnienia godnej opieki w chorobie Alzheimera jest wdrażanie lokalnych strategii ukierunkowanych na wzmacnianie potencjału opiekuńczego rodzin osób żyjących z tą chorobą. Przedmiotem badań przedstawionych w artykule było instytucjonalne wsparcie rodzin osób żyjących z chorobą Alzheimera. Celem poznawczym badań było natomiast rozpoznanie instytucjonalnych form wsparcia rodzin osób żyjących z chorobą Alzheimera w Szczecinie. Cel praktyczny badań wyraża się w określeniu rekomendacji służących optymalizacji wsparcia. W postępowaniu badawczym zastosowano analizę danych zastanych, jedną z metod badań niereaktywnych. Zgodnie z przyjętą Strategią Rozwiązywania Problemów Społecznych do 2027 roku, rozwijane w Szczecinie instytucjonalne formy wsparcia rodziny w opiece nad osobami żyjącymi z chorobą Alzheimera mają wzmacniać potencjał opiekuńczy rodzin. Do kluczowych form wsparcia zaliczyć można: jedyne w Polsce świadczenie pieniężne „Bon Alzheimer 75", dzienne ośrodki wsparcia dla osób z chorobą Alzheimera, świetlicę wytchnieniową, Centrum Wsparcia Opiekunów „Niezapominajka", w tym zespół mobilny świadczący wsparcie w środowisku zamieszkania.

Introduction

In caring for dependent older people, families constitute the main caregiving potential (Iwański 2016). According to the principle of subsidiarity, when an elderly person is ill, the caregiving potential of the family and their immediate environment is activated first; later, as the need for care increases, other informal groups, non-governmental organisations and public institutions are involved in the support system. Caregiving is one of the key functions performed by the family

in relation to the elderly. Its scope increases with advanced age, when the risk of multimorbidity and dependency on others increases. Bearing in mind the transformations of the modern family, which are influenced by demographic and economic factors, and taking into account the fertility rate, which remains low and does not guarantee a stable population, it can be expected that in the coming years the demand for care for dependent elderly people will increase, whilst the caregiving potential of families will decrease (Iwański, Bugajska 2019). The current social policy model for meeting the needs of the elderly (excluding the pension system and health sector financing) mainly depends on the potential and commitment of local authorities and family resources (Bugajska, Iwański 2018). Meanwhile, as Józefina Hrynkiewicz notes, "public institutions of local government—under the current legal, financial and organisational conditions—are incapable of performing the increasing scale of caregiving tasks for elderly dependents" (Hrynkiewicz 2022: 57). The lack of systemic, comprehensive care for the elderly, especially at an advanced age, when dependency levels are higher, is an increasingly discussed social problem, even regarded as a new societal risk (ibidem).

In the face of an ageing population, including the phenomenon of double ageing, i.e. the predicted ageing of the population combined with the simultaneous increase in the proportion of elderly people over 80 years old, the challenge is to provide dignified care to the growing number of those with Alzheimer's disease. Supporting carers of people with dementia is one of the key areas for action identified by the World Health Organization (WHO 2020). The risk of developing dementia, including Alzheimer's disease, increases with age (Hausz-Piskorz, Buczkowski 2013: 200; Wojszel, Bień 2002). According to estimates, between 300,000 and 500,000 people in Poland may suffer from Alzheimer's-type dementia (Gabryelewicz 2014: 17; NIK 2016). It is a progressive disease that cannot be cured or prevented (Kozak-Putowska, Iłżecka 2016). The ageing of the population will lead to an increase in the number of people with Alzheimer's disease, which in turn will increase the demand for caregiving services provided by family members as well as for local and government support programmes (Bugajska, Iwański 2021). A nationwide audit of Alzheimer's care and support for families conducted by the Supreme Audit Office shows that the universal health

care and social assistance system operating in Poland has not created tools to effectively and efficiently address the problems of people with Alzheimer's disease and their families (NIK 2016). In the context of an ageing society, local governments have to come up with local strategies with alternative, effective and economically efficient solutions to support the elderly.

Szczecin is one of the cities where different forms of support for dependent elderly people, especially those with Alzheimer's disease, are being systematically developed, with attention being paid to the need for family support in the caregiving process. The Szczecin Municipality, like most municipalities in Poland, is facing the problem of a growing population of people with dementia. The percentage of people aged 65 and over in 2022 will account for 24% of Szczecin's population. Of the 85,310 people aged 65 and over, 32.1% are 65–69, 45.15% are 70–79, 18.58% are 80–89 and 4.18% are 90 and over (*Population Register...* 2022). Demographic forecasts indicate a phenomenon of double ageing of the population, understood as an increase in the share of the oldest group in the population, i.e. those aged over 80.

Caregiving potential of the family of an older person with Alzheimer's disease

Old age is a phase of life in which the family becomes the most important reference group, and its absence is perceived as a problem more strongly than in earlier periods of life (Szatur-Jaworska 2014). The family is the primary environment for the emotional functioning and everyday activity of older people. It assists in the process of adapting to old age, provides a sense of security and supports the old person in various areas: financial, emotional and spiritual (Fabiś, Wawrzyniak, Chabior 2015). Each chronic illness represents a difficult situation for the family, requiring the implementation of effective coping strategies in the face of a new situation and an increased need for nursing and care (Doroszkiewicz 2007). In case of illness, the family is the first to provide assistance to an elderly person, which is crucial from the point of view of the elderly care system, but it does not mean the family is willing to take total responsibility for the care of the

dependent elderly person, despite the fact that a family carer is the most common caregiving solution in Poland (Rosińska et al. 2018).

The concept of the family caregiving potential is defined "as the family's capacity to provide care to needy members of its own close family […], the exchange within the family of care and nurturing services; grandparents to grandchildren, parents to children, children to parents, grandchildren to grandparents, their own siblings and siblings of their parents (grandparents)" (Hrynkiewicz 2022: 52).

The changes taking place in the family structure (the disappearance of multigenerational families and living in separate houses) and loosening intergenerational ties lead to a lower family caregiving potential (Fabiś, Wawrzyniak, Chabior 2015). Intergenerational relationships depend on transfers of gifts such as time, space and emotions (Szukalski 2002). It is good that family carers of the elderly in Poland strongly identify with the caregiving role and cope well with it, despite the underdeveloped system of support from external services (Czekanowski, Synak 2006). The main motives for taking on the role of caring for a close elderly relative are emotional ties (47.5%), a sense of duty (22%) and a sense of obligation to the elderly person as a family member (21%) (ibidem). More than 80% of the people participating in the PolSenior study rated the relationship with their immediate family positively (Szatur-Jaworska 2014).

The factors contributing to the decline in the family's caregiving potential include demographic changes in the family that affect its size and structure, economic conditions (e.g. labour migration) and social situations (e.g. disrupted relationships among family members) (Szweda-Lewandowska 2014, Hrynkiewicz 2022). The caregiving capacity of the family depends on a variety of internal and external factors. Among the internal factors, Zofia Kawczyńska-Butrym (2008) lists family members' level of physical and mental fitness, family structure, number of children, phases of family life, motivation, availability of family members, financial situation, knowledge and skills, level of education and special situations, such as the occurrence of social pathology. The fulfilment of the family's elder care function is also hindered by the carers' professional activity and poor health (Halicka 2006).

The expected increase in the number of people with Alzheimer's disease will influence the lives of many families, as immediate family

members become informal carers of dependent older family members (Lepore, Ferrell, Wiener 2017). The regressive and progressive nature of Alzheimer's disease places a heavy burden on carers. The worsening symptoms of the disease make the patient increasingly dependent on their family, necessitating assistance with the most intimate personal hygiene activities, which can be a source of stress and exhaustion for carers (Fauth, Femia, Zarit 2016). Caring for people with dementia is associated with higher levels of anxiety, stress and depression, as well as a reduced immune response, which may lead to frequent infections (Beard, Donkin 2009). Carers are less likely to engage in preventive health behaviours than non-carers, which may further contribute to the former's poorer health (Grunfeld, Coyle, Whelan et al. 2004). The role of the family carer is more exhausting than that of the formal carer (Halicka 2006). Daughters and daughters-in-law of the elderly are the most involved in the caregiving process, providing essential daily living, care and nursing services to those family members who need it (Szukalski 2002).

Physical burden results from carers' taking on too many household responsibilities and helping elderly relations with daily activities (Sadowska 2014). Carers, especially when they cannot rely on the support of others, neglect their own needs and develop chronic fatigue, and consequently, a syndrome of physical, psychosomatic and psychosocial symptoms called "caregiver syndrome" (Grochmal-Bach 2007). The involvement of family carers in the care of an older person can lead to burnout manifested in inefficient caregiving. "The caregiver's state of psychological and physical exhaustion may trigger hostility, resentment, mistreatment and even aggression in the caregiver themselves, which may be directed not only towards the elderly person, but also towards other people in their environment. Such a situation may result in care neglect in the family" (Halicka 2006: 250).

According to the results of the PolSenior study, as dependent persons grow older, the proportion of family members providing assistance decreases, which is related to both the ageing of carers and the increasing range of care activities requiring professional support (Błędowski 2012). At the same time, the decreasing number of people in a single generation due to lower fertility rates, combined with an more generations living simultaneously due to rising

life expectancy (so-called family network verticalisation), leads to more older people requiring support and fewer potential family carers (Szweda-Lewandowska 2014). Thus, taking action at the level of local government to support the families of dependent people with Alzheimer's disease in the absence of systemic solutions within the social assistance and health care system, combined with the lack of early diagnosis and the possibility for early interventions, becomes a priority and, at the same time, the only chance to provide dignified care to the increasingly large group of people dependent on the care of loved ones (Bugajska, Iwański 2021).

Research method

The subject of the research was support for family carers of people living with Alzheimer's disease, while the cognitive aim was to identify institutional forms of support for family carers of people with Alzheimer's disease in Szczecin. The practical aim of the research was to identify recommendations for optimising institutional support. The research problem was formulated as a question: What kind of institutional support for family carers of people with Alzheimer's disease exist in Szczecin? Three specific problem areas were identified: (1) What is the rationale for developing a support system for family carers of people with Alzheimer's disease in Szczecin? (2) What institutional forms of support for family carers of people with Alzheimer's disease are being developed in Szczecin? (3) How do social care homes for the chronically somatically ill and the elderly care for people with Alzheimer's disease, and what kind of measures do they take to cooperate with families? The research procedure was to analyse existing data (a non-reactive research method) (Babbie 2008): two strategies for solving social problems, i.e. the strategy for 2015–2020 and the one in force until 2027, as well as annual reports on their implementation, statements prepared by the Szczecin Benefits Centre concerning the "Alzheimer 75" benefit for the period 2018–2022 and information on the activities of social care homes submitted to the Department of Social Affairs of the Szczecin City Hall for 2022–2023. Diagnoses of support for family carers of people with Alzheimer's disease, on which institutional forms of support for older people in Szczecin are planned, were also analysed.

Research results

Rationale for developing a support system for family carers in the care of people with Alzheimer's disease in Szczecin

In order to identify the process of development of forms of support aimed at strengthening the caregiving potential of families of people with Alzheimer's disease, an analysis of the rationale behind such solutions in Szczecin was taken as a starting point. For this purpose, documents such as the Strategy for Solving Social Problems for the Municipality of the City of Szczecin for 2015–2020 (*Strategia...* 2015) and the Strategy for Solving Social Problems for the Municipality of the City of Szczecin until 2027 (*Strategia...* 2022) were analysed, as well as other internal documents made available by the Department of Social Affairs of Szczecin City Hall evaluating the tasks in the policy that concern the elderly. It was also important to identify the diagnoses and recommendations on which these activities were based.

Comparing the analysis and demographic forecast in the two strategies, one can notice a much greater identification of the challenges resulting from the ageing of Szczecin's population in the Strategy for Solving Social Problems until 2027, especially in connection with double ageing. In the strategy in force from 2015 to 2020, the demographic analysis was limited to presenting the general demographic structure in 2012–2014, showing the number of people aged 65 and over without breaking it down into further categories of old age. The demographic forecast highlights the expected increase in the number of people aged 60 and over, the feminisation of old age and the decline in the population, generally indicating the consequences of the ageing of Szczecin's population. The risk of dependency increasing along with advanced age and the role of the family in caring for the elderly were not taken into consideration.

The current strategy refers to demographic forecasts of an increase in the number of people over 65, divided into particular age groups (*Strategia...* 2022). Attention was drawn to the sharp increase in the number of people aged 85 and over, the feminisation of old age and the phenomenon of double ageing. The link was recognised between demographic processes and the decline in the potential support ratio

(the number of people at working age divided by the number of people aged 65 and over) and the potential support ratio of elderly parents (the subpopulation of pre-old-age people divided by the sub-population of seniors aged 85 and over). A clear decline was identified in the caregiving potential of families, and thus a rising demand for care services provided to dependent older people by institutions in the social assistance and health sectors.

The Strategy for Solving Social Problems for the Municipality of the City of Szczecin for 2015–2020 did not directly indicate the problems of people with Alzheimer's disease and the need to support families in providing comprehensive care among the most important social problems related to the elderly, which then provided the rationale for the recommended and adopted courses of action. However, most of the problems identified as key ones were related to issues of inadequate care. Attention was drawn to the insufficient number of 24-hour care centres (including temporary care), overly formalised admission procedures to day care homes and their limited hours of operation, insufficient access to hot meals and the inability to pay neighbours for their care. With regard to the families of the elderly, two problems were identified: limited awareness among seniors and their families about forms of assistance and limited awareness among the public of the family's responsibility for caring for the elderly.

In the Strategy for Solving Social Problems until 2027, the diagnosis of needs highlighted the challenges resulting from the expected increase in the elderly population, including the problems associated with the growing group of people suffering from Alzheimer's disease or other types of dementia. The strategy emphasised the need to provide such people with comprehensive care, which expands in scope as the disease progresses in its course. The following issues were identified as priority problems in the area of support for the elderly: too few 24-hour rest care places (short-term and long-term), insufficient family support in caring for dependent elderly people, insufficient support for elderly people in the community, limited public awareness and understanding of the needs of the elderly, limited access to care services due to the high costs, rising costs in institutional care and the need to adapt available resources to the growing proportion of elderly people who do not leave their beds.

It is worth noting that even at the stage of evaluating the Strategy for Solving Social Problems for the Municipality of the City of Szczecin for 2015–2020, the solutions were evaluated by expert opinion, as a result of which the assumptions of the senior policy of the Municipality of the City of Szczecin were detailed and new solutions were designed (cf. Bugajska et al. 2017). The basis for setting directions of the policy concerning seniors in Szczecin was the need to change the approach to elderly care, in line with the modern vision of social welfare and the idea of deinstitutionalisation, understood as a process of transitioning from institutional care to community-based services (*Ogólnoeuropejskie wytyczne...* 2012). Recommendations were developed in five areas: (1) bringing the approach to elder care in line with the idea of deinstitutionalisation, (2) developing forms of 24-hour care to serve as alternatives to social care homes, which are less costly and more acceptable to the elderly (e.g. sheltered housing or assisted living), (3) improving the day and community support system, (4) supporting people with dementia and their families and (5) creating a Seniors' Centre.

The following forms of support for people with dementia and their families were recommended:

1. extending the range of support for people with dementia and related diseases, involving specialists and NGOs
2. optimising the operation of day care centres by profiling their work, paying particular attention to supporting people with dementia, including Alzheimer's disease
3. gradually adapting one of the social care homes to meet the needs of people with dementia, including Alzheimer's disease, as well as gradually specialising the home in subsequent years, including support for families
4. developing and implementing a health policy programme for older people that entails comprehensive geriatric assessment and screening for dementia problems
5. supporting family carers in the care of dependent senior citizens with dementia and similar diseases (counselling, psychological support, training, support groups and a rest centre).
6. introducing a financial family benefit for carers of people with Alzheimer's disease.

These recommendations have been implemented or are in the process of being implemented, and a health policy programme has been developed. What proved to be important in the process of planning activities and improving the forms of support, in addition to the analysis of existing data (including demographic forecasts), were the opinions of carers of people with Alzheimer's disease collected as part of the "Alzheimer 75" benefit introduced in Szczecin in 2018.

The diagnosis of the needs of family carers of people with Alzheimer's disease, which was carried out in 2018 in Szczecin as part of the "Alzheimer 75" benefit (N=486), allowed for the support to be tailored to the needs of carers. According to the research, the care of people aged 75 and older with Alzheimer's disease is mainly provided by women (72%)—first of all by daughters (48%)—followed by wives and husbands (26%) (Iwański, Bugajska 2019). The average age of carers was 62 years, with the oldest being 90 and over. The caregiving lasted an average of 5.4 years. Thirty-one percent of working-age carers, especially women, had to permanently or temporarily reduce their working activity, which has a direct impact on pension benefits. The research indicates a declining caregiving potential of the family, yet a willingness to care, as can be seen from the fact that 73% of the respondents would not consider placing an ill person in a nursing home and 94% believe that an ill person should be able to stay at home for as long as possible, with appropriate family support (ibidem). The analysis of empirical data obtained from carers of people with Alzheimer's disease aged 75 and over indicates that most families feel responsible for providing care for their loved ones, but they need systemic support from public institutions that is tailored to their needs and caregiving potential. The results were used, among other things, to develop a project subsidised under the Regional Operational Programme of the West Pomeranian Voivodeship 2014–2020 (RPZP.07.06.00 – Support for the development of social services provided in the general interest) entitled "Under care: Systemic strengthening of the caregiving potential of families", which tested solutions to support carers in providing day-to-day care to an ill person between 2020 and 2023.

The institutional forms of support for family carers of people with Alzheimer's disease which have been developed in Szczecin are intended to strengthen the caregiving potential of families, as adopted in the Strategy of Solving Social Problems until 2027. The key forms of support include the "Alzheimer 75" benefit voucher, day support centres for people with Alzheimer's disease, a day rest centre and the "Niezapominajka" Carers Support Centre, including a mobile team that provides support in the patient's home.

"Alzheimer 75" benefit care voucher

The "Alzheimer 75" benefit care voucher is a cash benefit addressed to family carers of persons aged 75 and over with Alzheimer's disease. The legal basis for the benefit is Article 22b of the Family Benefits Act of 28 November 2003 (Act... 2003), according to which the Municipal Council, taking into account local needs, may establish a family benefit for residents of its municipality. The Benefits Centre in Szczecin is responsible for the implementation of the voucher and other family benefits.

Table 1. Statistics of applications and payments related to the "Alzheimer 75" benefit voucher from 2018 to 2022

Year	Number of applications submitted	Number of decisions of payment	Amount of money paid within the "Alzheimer 75" benefit voucher (PLN)
2018	534	486	823 000,00
2019	757	731	1 764 000,00
2020	782	763	1 947 000,00
2021	773	662	1 818 000,00
2022	676	590	1 133 000,00
Total			7 485 000,00

Source: Based on data from the Department of Social Affairs of Szczecin City Hall.

The condition for receiving the benefit is caring for an elderly person aged 75 or over who has been diagnosed with Alzheimer's

disease by a psychiatrist, neurologist or geriatric doctor, specifying the disease according to the ICD-10 classification: F00.0, F00.1, F00.2 or F00.9 or equivalent G30.0, G30.1, G30.8 or G30.9.[1] In addition to the doctor's certificate, which, due to the progressive nature of the illness, does not need to be updated annually, the recipient of the benefit is required to provide the following documents: a statement of personal details of the carer and the senior, a statement that the elderly person does not live in an institution providing 24-hour care, a statement of residence in Szczecin, a statement of support for the senior and the recipient's relationship with them. The following family members may apply for the benefit: spouses, children, grandchildren, parents, siblings, daughters-in-law and sons-in-law. The catalogue of beneficiaries had to be limited due to the lack of a clear definition of family in the Act of 28 November 2003 on family benefits (Act 2003). In the first year of the programme's operation (2018), funds were secured in the budget of the Municipality of Szczecin for the payment of two tranches of PLN 1,000 each. In 2019–2021, as a result of the ongoing evaluation of the programme, the benefit was increased to PLN 3,000 per year (three tranches). From 2022, the annual amount was reduced to PLN 2,000 due to the Municipality of Szczecin's need to secure funds to counteract the lower income of the local government (a nationwide problem). The voucher was designed based on the idea of social trust. Among other things, it did not specify the scope of expenditure for which the voucher funds could be used. It was assumed that the needs of carers are diverse and that the recipients would be able to decide for themselves whether to spend the money on, for example, a new bed or mattress, medicine and hygiene products, a bathroom renovation to accommodate a person with reduced mobility, etc. The granting of the voucher was also no longer dependent on an income criterion. With the assumption that the benefit exceeds the scope of the Act of 12 March 2004 on social assistance, it is addressed to everyone and is not combined with social assistance. From the point of view of designing new solutions,

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1   International Statistical Classification of Diseases and Related Health Problems: F00.0—Dementia in Alzheimer's disease with early onset (G30.0), F00.1—Dementia in Alzheimer's disease with late onset (G30.1), F00.2—Atypical or mixed dementia in Alzheimer's disease (G30.8) and F00.9—Dementia in Alzheimer's disease, unspecified (G30.9).

it is worth noting that at the application stage, carers agree to participate in surveys to evaluate the programme and identify the needs of carers and patients in order to optimise the institutional support system for people with Alzheimer's disease. Building and improving local support systems based on evidence from the direct beneficiaries of the programme is a valuable practice that does not require the additional expense of a survey and sampling process. In designing the benefit, it was also necessary to establish an age limit for the patient who would be entitled to the benefit. At the budgeting stage it was difficult to establish exactly how many older people in Szczecin have Alzheimer's disease. It was mainly based on demographic estimates. The age of 75 and over was established due to the fact that with advanced age comes an increased risk of multimorbidity, both for the patients and their caring spouses, which entails greater expense. People under 75 are offered other institutional forms of support through community-based services.

Day support centres for people with Alzheimer's disease or other kinds of dementia

According to the idea of deinstitutionalisation, support is offered in day support centres for older people in Szczecin. Two of the seven centres specialise in caring for people with Alzheimer's disease or other types of dementia; a total of 40 people are supported in such centres. These centres are open from 6.30 a.m. to 4.30 p.m., i.e. two hours longer than other centres, which is in response to carers' reported need to combine care and professional work. Older people who stay in such centres receive two meals: breakfast and lunch. Fees for the centres' services and the method of admitting someone to the centres are defined in the Act of 12 March 2004 on social assistance (Act... 2004). Day support centres provide care services for people living with Alzheimer's disease or other kinds of dementia, in particular for those awaiting placement in a social care home for the elderly and chronically somatically ill. The centres offer memory therapy, general development gymnastics, art therapy, cleanliness and personal hygiene training, social skills training, bibliotherapy, music therapy and relaxation classes, including playing in the world experience rooms. The participants meet together at the nursing home and

attend concerts and performances (according to the stage of their illness). Counselling and assistance in dealing with everyday life issues are provided, as are counselling and support for those caring for the person with the illness. In the case of people who have no family, day care centres for patients with Alzheimer's disease make it possible, together with other forms of support, to postpone their move to a nursing home. In the case of persons in family care, the centres provide support for the families involved in the care. Therefore, out of concern for the quality of care, the staff of the centres seek direct contact with the family to exchange information on the health status, the forms of care and nursing and the older person's behaviour and habits. The information on the activities of the homes, which is provided to the Department of Social Affairs, shows that the willingness of the family to cooperate depends on their degree of involvement in the care process. The lower the degree of involvement, the lower the need to participate in the patient's life. The biggest problem in day support centres is the difficulty regulating the issues connected with the termination of the patient's stay when their health deteriorates to such an extent that day care becomes insufficient.

Day care rest centre

A rest centre is a short-term, day care service that provides care for people with dementia-related dependency. The care services provided in a rest centre support family carers in the care process by providing them with the opportunity to rest from their daily duties and deal with their personal matters. The rest centre is open from Monday to Friday from 6.30 a.m. to 4.30 p.m. The services are provided at "Dom Kombatanta" [Veteran's House] Social Care Home at 17 Krucza Street in Szczecin. In order to rest, a carer may leave the dependent person in the centre for up to 9 hours a day. The care is free of charge for 18 months during the project. The rest centre may support a maximum of 14 people per day, with a maximum of 10 people in the centre at the same time. The rest centre provides the following services: care, support services, i.e. facilitating activities, health-orientated activities, art classes, music activities and other forms of therapy adapted to the participant's health. The centre also provides food during the day (breakfast and lunch).

Between March 2020 and March 2023, 176 carers (116 women and 60 men) benefited from the rest centre. A total of more than 23,000 hours of support were provided during this period. Carers appreciate this type of support because they can use the rest centre occasionally, in special situations, when they need to take care of their own affairs or when they are not provided with care at home or are ill themselves. The procedure for using a day care centre is not complicated, unlike the formal procedure for placing an ill person in a day support centre (by administrative decision).

"Niezapominajka" [Forget-Me-Not] Support Centre

The "Niezapominajka" Support Centre offers support to carers in the form of individual specialist counselling, which includes the following:

1. psychological counselling, in particular crisis intervention, working on emotions, counteracting burnout related to the long-term care of a dependent with dementia, as well as support after the loss of a loved one
2. legal advice, in particular on the rights and entitlements of dependents and their carers, incapacitation, disability assessments and entitlement to benefits—pensions, guardianship benefits and allowances
3. socioeconomic counselling, in particular service and support options in institutions for social welfare, health and social security
4. care advice, in particular advice on caring for a dependent person with dementia, assistance in adapting the home to the patient's needs, training in caring activities, including the development of skills to assist with activities of daily living and coping with difficult situations.

The following are provided within the framework of individual specialised counselling at the carer's place of residence (mobile support team): care counselling, physiotherapy counselling, therapeutic counselling and socioeconomic counselling.

The counselling schedule is set according to the needs of carers. It includes a website with a fact sheet, instructional videos for carers,

information about the support system in Szczecin and support from an information consultant—telephone advice and email exchanges.

The centre runs self-help groups and a therapy group, as well as training for factual carers of dementia dependents. Between March 2020 and March 2023, 351 carers (251 women and 100 men) benefited from the support. A total of 1,221 hours of support were provided (individual support: 892 hours; group support: 329 hours).

The forms of support for families caring for people with Alzheimer's disease that were selected for analysis do not represent all possible forms of support available to elderly people within the social assistance system, for example, care services in the home or a hot meal. Some individuals with Alzheimer's disease may occasionally be directed to the systematically created sheltered housing in Szczecin, but these forms are by definition not addressed to older people with Alzheimer's disease.

Despite the solutions for developing services for the elderly in the community, in line with the idea of deinstitutionalisation, it may turn out that the family of people diagnosed with Alzheimer's disease, depending on the course of the disease—despite their involvement in the care process and the support received from public institutions—are unable to cope with the difficulties of care. In situations in which the patient's behaviour threatens their life or health (self-aggression) or that of their carers (aggression), it is necessary to provide 24-hour care in a social care home, which does not exclude and even points to the need to involve the family in the care process.

Organising care for people with Alzheimer's disease in residential care homes

The Municipality of Szczecin runs three social welfare homes with a total of 564 places. Two social welfare homes specialise in the care of the elderly and chronically somatically ill. One is for people with mental disorders. In addition, the city has the option to direct its residents to social welfare homes outside the region (poviat), and it subsidises 100 places in a private social welfare home in Szczecin (Bugajska 2020). In the social care home "Dom Kombatanta" (DPS DK), at 17 Krucza Street, there are 240 residents, 60 of whom have been diagnosed with Alzheimer's disease or another kind of dementia. In the social care home "Dom Kombatanta i Pioniera Ziemi Szczecińskiej" [The House of a Combatant and Pioneer of

the Szczecin Region] (DPS DKiPZS) in Romera Street, 115 of the 250 residents have dementia. The fact that almost 70 per cent of the residents of the above-mentioned homes are more than 80 years old increases their risk of a health crisis due to multimorbidity, as well as the development of Alzheimer's disease or other types of dementia. Regardless of the community-based services being developed, the social care homes are preparing for the expected increase in the number of people requiring care due to their dementia. In DPS DK, there is a separate residential ward dedicated exclusively to people with Alzheimer's disease. There is no such ward at DPS DKiPZS, but residents in the more advanced stages of dementia live in supervised parts of the building.

At DPS DKiPZS, those people with Alzheimer's disease whose health allows it can passively and actively participate in individual and group therapeutic activities in the house. These include activities using elements of culinary therapy, music therapy, bibliotherapy, art therapy (drawing, papermaking, handicrafts and painting) and elements of ergotherapy (knitting, sewing, carpentry and horticultural therapy). In addition, dog therapy classes and cognitive function exercises (e.g. memory training, playing bingo, solving crosswords, board games and puzzles) are held regularly at the facility. Once a week, group general fitness classes are held. During the warmer months of the year, residents spend time in the garden near the house. An important part of the therapeutic process is the therapy carried out by the carers providing direct care for the residents, which involves motivating the patients to perform intimate activities, such as washing, dressing, using the toilet, combing their hair or eating, for as long as possible.

DPS DK offers art therapy, i.e. drawing (pencil, crayons or pastels), painting (watercolour paint), applied arts (collage or paper cutouts), occasional and seasonal decorations, music therapy (passive, i.e. relaxation training or activity music, as well as active, i.e. singing popular songs) and bibliotherapy (passive, i.e. the therapist reads aloud texts from newspapers, excerpts or whole books, individual reading in residents' rooms or poetry meetings). Depending on the severity of the illness, sociotherapy is provided (group meetings), as are play therapy (didactic, manipulative and construction games), recreation (silvotherapy, i.e. therapy through walking in the garden), relaxation

training sessions (interaction with the senses in the world experience room), memory training and reminiscence training.

Assuming that the family remains involved in the care for their family member even after the family member moves to a 24-hour social welfare home, it can be concluded that such institutional forms also strengthen the family's caregiving potential. From the information provided by social care homes to the Department of Social Affairs in Szczecin, it can be concluded that families participate in the care of residents to a very limited extent. They occasionally go to medical appointments outside the social care home, and they rarely walk with their loved ones or help feed them. The vast majority of families withdraw from providing care once their loved ones start living in an institution. In addition, the COVID-19 pandemic has resulted in family members reducing face-to-face contact with residents in favour of telephone contact.

Family members of nursing home residents mostly participate in organised celebrations (e.g. Christmas, Easter, World Alzheimer's Day celebrations, bonfires or outdoor parties). Occasionally, especially at first, they collect materials used in various kinds of therapy.

Among the problems identified by managers of nursing homes in providing care to people with Alzheimer's disease, attention was drawn to a lack of access to doctors specialising in the disease and long waiting times for appointments with psychiatrists, neurologists and other doctors. Other situations that need to be resolved are the lack of proper diagnosis of dementia diseases prior to residence in a social care home and the lack of a regulated formal and legal situation (no appointed legal guardian, interim counsellor or notarial proxy), which hinders and prolongs the treatment process during residence in a social care home.

Conclusions and recommendations based on the research

The analysis of the collected empirical material leads to conclusions that can form the basis for further recommendations to optimise support for people with Alzheimer's disease and their families. First of all, a comparative analysis of the Strategy for Solving Social Problems for the Municipality of Szczecin until 2027 and the strategy in force in the period 2015–2020, as well as the recommendations

developed from the evaluation of the planned activities carried out during the implementation of the adopted strategic assumptions, draws our attention to the increased awareness of the challenges resulting from the ageing of the city's population, which is visible in both the diagnosis and the planned activities. In particular, the intensification of support for dependent older people and family support in the care process, as well as the creation of short-term and long-term rest care places, were considered priorities.

Secondly, the analysis of measures taken for the benefit of people with Alzheimer's disease indicates a purposeful strengthening of the caregiving capacity of families and solutions based on a diagnosis of needs and the close participation of carers. The most important forms of support include the only cash benefit in Poland ("Alzheimer 75" benefit, day support centres for people with Alzheimer's disease, a rest centre and the "Niezapominajka" Carer Support Centre, including a mobile team providing support in the home.

Thirdly, the progressive nature of Alzheimer's disease, especially in the case of worsening psychiatric symptoms, involves professional care that cannot be provided by family carers. The possibility for a dependent elderly person to live in a nursing home can be seen as a form of family support, which is not tantamount to excluding the family from the care process. The trust-based cooperation with the family of the older person requires special care, which implies the need for the professional competences of the formal carers working in the social care home.

Faced with an ageing population, the challenge is to provide decent care for the growing number of elderly people with Alzheimer's disease or other kinds of dementia. In the absence of systemic legal and financial solutions, the only chance to provide dignified care for a patient with Alzheimer's disease is to implement local strategies aimed at strengthening the caring capacity of families. The family is an invaluable source of support throughout the course of a person's life. During old age, especially at its advanced stage, the need for support and care from family carers increases. However, without the development of systemic support mechanisms appropriate to their needs, the family will not be able to care for the patient without suffering excessive health, social, psychological and financial costs, which may eventually lead to a situation in which the carers

themselves will need help. This, in particular, refers to the spouses of the ill elderly person, but also the person's children—especially daughters.

Taking into account the growing demand for support for people with Alzheimer's disease and the decreasing caregiving potential of the family, organising care in social welfare homes may turn out to be the only solution, due to the high cost of care in the community and the lack of related legal regulations. Thus, irrespective of the development of community forms of support for dependent elderly people, and irrespective of convictions regarding deinstitutionalisation, in the absence of systemic legal and financial regulations, local governments will be faced with the growing problem of financial security due to the growing costs of care in the community (e.g. the cost of care services in the place of residence and in sheltered accommodation), and, in future, with the increasingly serious challenge of ensuring access to services for a growing number of dependent elderly people, including those with Alzheimer's disease.

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Without Anaesthetic: Transformative Learning Among Therapy Ward Seniors

Bez znieczulenia — transformatywne uczenie się seniora oddziału terapeutycznego

ABSTRACT

In this article, I attempt to portray the symptoms of an elderly person being in crisis circumstances that encourage change through taking individual risks to increase control over one's own life. The goal of my research was to (re)construct the process of transformative learning trajectory of a senior patient in a therapeutic ward, which constitutes the stages of healing. This study was an attempt to understand the subject's inclusive effort on the road to recovery from the perspective of a therapist working in the Alcohol Addiction Treatment Unit (AATU). My focus on the principles of the interpretative paradigm led me to choose the concept of the kinesthetic subject and attempt to reformulate it on the basis of Jack Mezirow's transformative learning theory. The empirical part sought to find an answer to the question: how do interactions in AATU settings with a patient with alcohol use disorders enable transformative learning? The empirical material was derived from an in-depth interview with an addiction psychotherapy specialist, including the patient's subjective testimonials on the effectiveness of intentional and unintentional therapeutic interactions which illustrate the patient's learning experience during behavioral changes. The findings indicate that a change in the patient's frame of

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reference may result from an adaptive commitment to the rules of the therapy process, which force radical transformations of their previous behavioral patterns.

ABSTRACT

Inspiracją do podjęcia próby przedstawienia przejawów kryzysu kondycji starszego człowieka w okolicznościach mobilizujących do zmian była potrzeba zaakcentowania możliwości podejmowania ryzyka indywidualnego, zwiększającego kontrolę nad własnym życiem. Celem badań uczyniłam (re)konstrukcję konstytuującego etapy zdrowienia procesu trajektorii transformatywnego uczenia się pacjenta w wieku senioralnym w przestrzeni oddziału terapeutycznego. To próba rozumienia inkluzyjnego wysiłku podmiotu w drodze do zdrowienia z perspektywy terapeuty pracującego na Oddziale Terapii Uzależnień Alkoholowych (OTUA). Koncentracja uwagi badacza na założeniach paradygmatu interpretatywnego zadecydowała o wyborze koncepcji podmiotu kinestetycznego oraz próbie przeformułowania jego statusu w teorii uczenia się transformatywnego Jacka Mezirowa. Część empiryczna zmierzała do znalezienia odpowiedzi na pytanie: W jaki sposób oddziaływania w warunkach OTUA wobec podopiecznego z zaburzeniami używania alkoholu umożliwiają transformatywne uczenie się? Materiał empiryczny pochodzi z wywiadu pogłębionego ze specjalistą psychoterapii uzależnień, obejmującego odniesienia subiektywne pacjenta, efektywność celowych i niezamierzonych oddziaływań terapeutycznych w sytuacji doświadczenia uczenia się zmian zachowania pacjenta. Wyniki eksploracji wskazują, że zmiana ramy odniesienia pacjenta może wynikać z adaptacyjnego zobowiązania do przestrzegania reguł obowiązujących w procesie terapii, wymuszających na nim radykalne przekształcenia dotychczasowych schematów postępowania.

Introduction

A significant feature of addiction syndrome among seniors is its complexity. The layering of symptoms in various combinations and with varying degrees of severity—in addition to changes in neurobiological or cognitive structure, revealed before taking the risk of using/abusing a psychoactive substance and perpetuated during the process—combined with emotional disorders and changes in consciousness are only a part of the problem faced by patients in

therapy wards. The process of becoming sober, on the other hand, is a long-term path of struggle for oneself, which requires a significant effort from the addicted individual. Systemic measures from the state regarding prevention, counteracting substance abuse and constructively involving the staff of therapy wards aim to help addicts. For researchers, this is also material that can be described in a methodical and multifaceted manner. The actual causal capacities of therapy centres with the goal of patient sobriety are described in abundance in the literature on the subject. Undeniably, the individual, narrative approaches of therapists of addicts, full of arguments and meanings, are also of undeniable exploratory value in the patient's process of overcoming addiction. Research describing their recovery can be considered universal, and it can be analysed from a variety of perspectives, as the phenomenon of addiction, by virtue of its dynamics and important individual and societal effects, requires diagnostic exploratory action. On the other hand, the problem of learning in a situation of change is itself a specific application.

Specific features of the research

In the study, I used the results of research indicating the complexity of the cognitive-executive profile of an alcoholic, manifested by significant changes in the person's physical and mental functioning. What I referred to was a therapist's individual narrative about the meaning and conditions of an eight-week therapy programme undertaken by a patient in an alcohol addiction treatment unit (AATU), collected in an open-ended in-depth interview reflecting the biographical experience of the patient (therapy period), and a problem-focussed interview, i.e. a narrative in which the researcher can return to the main thread whilst supporting the subject, steer the conversation through additional questions when moving off-topic and ask questions about hitherto unresolved topics (Krüger 2007: 163–164). This made it possible for me to capture those experiences intended to induce the expected changes. The aim of the research was to (re)construct the constitutive stages of the patient's transformative learning process in the space of a therapy ward. In other words, it was an attempt to interpret and describe the therapist's statements evaluating the effectiveness of the therapy and certain reflections aimed

at improving the work of the therapeutic institution. The aim of the research can therefore be formulated as a question: How do interactions in an AATU with a client with alcohol use disorder enable transformative learning?

In order to analyse the learning processes in the situation of experiencing change, I used the theoretical background related to the transformative learning theory by Jack Mezirow. I indicate the stages of transformative learning on the example of the therapist's statement, and I describe the processes of objective and subjective transformation of the patient's frame of reference.

I decided to purposively sample the research (meaning that the researcher decides who is included in the sample group) with a specialised subject for working with people manifesting risky alcohol use, and to conduct the interview taking into account the subject's professional experience. This individual had experience of problematic alcohol abuse and had undergone addiction therapy as a form of transformative learning. The therapist's narrative indicates the stages of the patient's learning. The patient was chosen because of the tangible effects of change achieved through the therapy, i.e. a significant level of his thoughtfulness. The researcher's non-interference in the patient's peculiar space resulted from the patient's "burden" and the resulting fear of risking testing his knowledge, the research category I undertook, or potentially evoking a sense of his condition's "separateness". Undoubtedly, the fear of being too subjective and the likelihood of receiving answers that gain approval from both therapists and the researcher could be a factor hindering the patient's narrative. Learning about a person's path of recovery opens up the possibility of identifying those elements of institutional interventions that constitute the framework of the patient's recovery from addiction. The results of the research are presented in the form of an interpretation of the narrator's statements (Maison 2022: 271–272) in line with theory. An attempt was made to expose the boundaries and their transgression in the broad biographical perspective[1] of the patient

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1   I identify three stages of transformative learning, using the therapist's narrative as an example, and the processes of objective and subjective transformation of the patient's frame of reference. Marek Ziółkowski (1990: 3–9), Ingeborg K. Helling (1990: 15), Danuta Urbaniak-Zając (2011: 20) and Alicja Jurgiel-Aleksander (2013) point out that biographical research is not

in his entanglement with the existential/social dilemmas he experiences, which undoubtedly makes the researcher and the reader sensitive to the problems and emotions of another person; this in turn can be a condition for understanding the microcosm under study. The therapist's narrative is a subjective, but also social construction; hence, the principles of this construction, based on the stages of the patient's transformative learning, are the aim of the analysis. In order to maintain the integrity of the text as a linear and chronological structure, I use a sequential analysis which respects the order in which the text develops the theme: what has been said causes expectations for the next sequence, i.e. it explores the continuity and biographical breakthroughs. I looked for connections between key decisions made by the patient and the therapist's interpretation of those facts (see Konarzewski 2000: 170–172). In addition, in my analysis I abbreviated the statements, summarising the main idea (Kvale 1996). The research was conducted in the AATU of a district hospital in northern Poland. A therapist with a university degree and eight years of professional experience was the interviewee.

Jack Mezirow's transformative learning theory

Jack Mezirow's concept of transformative learning concerns the learning process of an adult, as a result of which a profound transformation takes place in the individual's way of perceiving and interpreting themselves and the world. When the existing frame of reference turns out to be imperfect and the individual is unable to explain new experiences with previous ways of interpretation, the need arises to abandon the existing, dysfunctional frame of reference in order to consciously direct the individual's actions. This change in frame of reference can initiate transformative learning (Mezirow 2009: 90–93). The frame of reference is the culture and language through which the subject constructs the meanings of their experiences. Thus, therapy and self-work in overcoming addiction can foster a transformative frame of reference. In this sense, the frame of reference is the equivalent of a cognitive, emotional and motivational filter

a homogeneously coherent method, but a "perspective" that includes research practices that depend on various conditions.

imposed on sensory experiences. It shapes perception, allows for the pre-selection of cognition, determines the way of interpreting experiences and thoughts and indicates the direction of action. Thus, it is one thing to have the event itself and another to have the meaning attributed to it by the individual in their autobiographical narrative (Muszyński, Wrona 2014: 48). According to the dimensions of the frame of reference defined by Mezirow (2009: 86, 87), changes in mental habits (fixed ways of thinking and acting) occur very rarely, as they are located in the subconscious, and viewpoints are understood as less permanent manifestations of mental habits, constituting judgements, feelings and attitudes towards a given situation or person. Transformative learning can be related to the transformation of mental habits or viewpoints.

In order for it to occur, critical reflection by the subject on the determinants and the context of their knowledge is necessary. Transformative learning occurs in situations of conflict as a result of transcending the revealing symptoms of a problem (Illeris: 2003). Changing the previous frame of reference is a process that consists of three stages. The first stage is a critical reflection on one's own assumptions; the second is discourse (specific internal dialogue); the third is action. This process proceeds in the following order: (1) activating the process of changing the frame of reference as a result of a disorientation dilemma; (2) analysing oneself, which may be accompanied by feelings of shame or guilt; (3) critically evaluating epistemological, sociocultural and psychological assumptions; (4) recognising that other people are experiencing a similar state of dissatisfaction, causing a similar change in them; (5) recognising the possibility of choosing new roles, interpersonal relationships and activities; (6) planning a course of action; (7) acquiring the knowledge and skills necessary to carry out the plan; (8) attempting to take on new roles; (9) building competence and confidence in new roles and relationships; and (10) reinterpreting one's life taking into account the conditions set by the new frame of reference (Mezirow 2000: 10–11; Locraf Cuddapah 2005, after: Pleskot-Makulska 2007: 90). Subjecting a patient to a therapeutic programme involves the patient acquiring new experiences and insights emerging that are incomparable to previous ones.

The patient's experience of the therapeutic process reveals elements of epiphany and provokes changes in functioning. The changes

concern the reformulation of the subject's perception, the acquisition of a new approach to the knowledge they have about themselves, others and the surrounding reality and a change in the way they approach the acquisition of new experiences (Frąckowiak 2012: 147). The theory that explains the process of adult learning, leading to a transformation of vision or interpreting and making changes, is Mezirow's theory, described as an epistemological revolution in individual human development (Mezirow 1991, after: Pleskot-Makulska 2007: 82). This change is a transformation of thinking. As Anna Perkowska--Klejman writes, "transformations may be smaller or larger, and they may have a small or large impact on adult life. Their permanence can also vary. Transformations of thinking are closely related to our cognitive perspective which consists of our experiences, knowledge and sociocultural rootedness" (Perkowska-Klejman 2018: 33).

The experiences of a person who abuses alcohol undoubtedly generate life-long disorientation dilemmas, starting from the initiation of drinking, through changes in functioning and growing personal, family and professional crises, to a sense of helplessness and humiliation. Moreover, the disorientation dilemma of a subject exhibiting risky behaviour is the social space that excludes and stigmatises the alcoholic. The research refers to an attempt to understand the subject's efforts in overcoming addiction with institutional support. In the effort to change a lifestyle in which risky behaviour loses its appeal, meaning schemas are activated, i.e. specific cognitive structures with an expanded emotional and volitional sphere which function as a frame of reference (individual map or conceptual identity). It is formed by mental habits and points of view (Mezirow 1997, after: Pleskot-Makulska 2007: 86). According to Mezirow's theory, learning is a dimension of transgression in a human being that focusses not only on the status quo (the here and now), but is also orientated towards what may possibly happen and what should be made real and improved. Potentiality situated in education is constitutively linked to the idea of a "possible" human being, constantly becoming, aiming at something, striving for something (Ostrowska 2020: 36). Using this theory, I conducted an analysis of the therapist's reflections on the patient's learning in the space where they experienced changes.

Objectives of alcohol addiction treatment

In accordance with the appropriate standards, treatment in the alcohol dependence treatment unit is focussed on achieving the therapeutic goals of the basic therapeutic programme. The treatment process allows for learning about the mechanisms of addiction and gaining the ability to recognise changing patterns of thinking and reacting. During the diagnostic process, the patient is introduced to the basic concepts of identification, genesis and possibilities of constructively overcoming cravings and avoiding relapses. This is a particularly important stage of therapeutic work. The vicious circle of new life problems emerging and the inability to solve them as a result of changes in the patient's psyche can only be broken by stopping the drinking habit. Another therapeutic goal is to profile the real identity, i.e. become aware of the problem, its scale and the areas in which the addiction is destructive. In addition, the person with a cross-addiction problem has the chance to understand their own situation. This is about being able to see the consequences and the reactivity of substance use, but also about accepting one's addiction, recognising one's powerlessness and agreeing to consciously participate in the long-term rehabilitation process. The overarching aim of treatment in a therapy ward, however, is to create relatively sustainable motivation for further treatment, incorporating elements of interpersonal training, such as assertiveness training, communication workshops or emotion management workshops. The aim is to help those in the early stages of abstinence to increase their chances of maintaining that abstinence. This is achieved through lectures and talks on treatment options and the benefits of continuing treatment. The intended effect of these activities is to create intrinsic motivation in the patient, i.e. to help them take responsibility for their own treatment, to benefit from it and to improve themselves (Brusik 2012: 452).

Transformative learning space of the patient in a situation of change – therapist's narrative

Analysing the subject's everyday experiences, it can be presumed that he ceases to fulfil the formative roles ascribed to him (husband,

father and architect). At the same time, it reveals a state of cognitive dissonance, which is the first stage of transformative learning: the subject critically reflects on his existing beliefs. The previous ways of assigning meaning fail in the existing frame of reference; the subject experiences certain disproportions or discrepancies in his perception of himself and his environment, whilst becoming aware of his own deviation. From the therapist's narrative it can be concluded that gaining insight into the patient's behavioural change is a difficult and complex task, if only due to the unavoidably subjective axiological evaluation or the patient's assessment of his own behaviour, which inform about his internal states and the circumstances. This generates the need to initiate change. Another issue is the context of behavioural change and its determinants. The reactivity of the behaviour and the self-design of the change are conditioned by past experiences constituting the essence of their genesis or the change of the behavioural pattern. With reference to the patient's case, these areas are located in the space of favourable/unfavourable behavioural changes resulting from maintaining abstinence. From the perspective of achieving behavioural changes in the patient, it is important to define a targeted direction for therapy in the AATU programme, supporting the evaluation of intended changes or those that are a side effect of the round-the-clock stay in the unit, which forces the patient to adapt to the rules there.

The next stage in the change of the frame of reference is the search for a way of evaluating one's own and others' rationality. This is a kind of internal dialogue of the subject, resembling an analysis or deliberation of how to perceive oneself and others. It is a struggle with a very complex matter, connected with cognitive diversity, the multiplicity of meanings and senses discovered in the perspective of the dialectic of becoming a subject, the redefinition of the situation in which the subject finds himself and the difficulty of answering the same questions he asks himself again and again. According to the therapist, an important aspect of this is the positive self-perception of change by the patient. Initially, the patient struggled with not being able to stop the destructive activity, and his functioning was significantly different than his established habits of reaching for alcohol. Despite the cessation of drinking in the therapy ward, destabilising and compulsive patterns of behaviour continued on a spectrum from

hiding alcohol to entrenched aggressive responses in overcoming stress. The therapist emphasised that the common belief that it is impossible to return to drinking in a controlled manner points to abstinence as an effective measure for treating addiction. He noted that the patient's maintenance of abstinence is only one element of therapy in the AATU. However, taking into account the long period of drinking, this is a beneficial manifestation of the transformation of the frame of reference which gradually becomes more flexible to the changes introduced. The third stage of transformative learning in Mezirow's theory is action, i.e. taking action or not. In the complex therapeutic procedure (behavioural training: assertiveness vs aggressiveness or submissiveness; so-called recommendations for sober alcoholics: overcoming anger and alcohol cravings), it is important to understand self-destruction and to motivate the patient to change, specifically through constructive learning in order to change established addictive reactions and to broaden the range of one's behaviour. Apart from the targeted interaction with the patient, he is influenced by additional pharmacological, hygienic and dietary stimulation; he participates in occupational therapy, meetings with the therapeutic ward community and fitness classes. These are prerequisites for therapy in the unit, and failure to comply with them may lead to exclusion from therapy.

The patient participating in the individual and group therapy programme was an older man, married, with a secondary-school education, working as an expert auditor. He had started three therapy programmes, attended AA meetings continuously for one year, had been abstinent for about one and a half years and had been referred to therapy by court order (initiation of the blue card procedure).

One of the methods used in therapy is self-analysis by means of a "self-discovery guide", i.e. a kind of notebook in which the patient writes down his reflections on his family, work or his own aggressive behaviour. The patient is supported by educational lectures, because—as his case shows—the internal, perceived emotional burden is somehow redirected as the responsibility of others or fate, which in turn reduces his own sense of responsibility. The patient grew up in a family in which an authoritarian style prevailed, so he had a sense of misunderstanding of his needs or problems. The conversational dimension of the support relationship, as well as the

programme of the therapeutic ward, are assessed by him as elements that reinforce his potential and self-discipline. The patient makes an attempt to confront his previous way of thinking and functioning with the new understanding, finding himself in a new reality. The patient treats the therapeutic process in a task-orientated manner; he does not perceive attribution in the process of changing meanings; he is not intrigued by the tasks. Instead, he shows discouragement and resignation towards the suggested written forms of interaction. The effect thus achieved does not depend on the therapist's intentions and actions.

A turning point in the process of recovery took place in the fifth week of therapy. A significant predictor in the course of therapy was the patient's formative reformulation to match the expectations of the therapist and the group. Then, the patient made some adaptive inferences appropriate for the circumstances. He was reluctant to actively complete the written work, although he recognised some symptomatic benefits and made some behavioural adjustments. Personally, he demonstrated the ability to identify his own benefits: knowledge derived from symptoms, phases and stages of sobriety; a recognition of his powerlessness, limitations, opportunities, symptoms of losing control and alcohol cravings. A decidedly positive aspect in the patient's therapy was the deeper awareness of his personal problem, though it was difficult for him to make value inferences in the statements contained in the self-discovery guide under the heading "consequences of abuse". A problem that remained an unsolved "puzzle" in his case was the issue of family relationships. He definitely showed a tendency to avoid, keep silent or marginalise this topic; he felt a sense of shame, became angry and consistently avoided addressing the issue of the blue card procedure. The patient's self-testimony occurred in the first, second, sixth and seventh weeks of therapy, although it was largely located within the wishful, future sphere. This is a typical manifestation of the mechanism of addiction, also indicating that he perceived the problem and had potential motivations to change: avoiding places, people and situations with a risk of alcohol cravings; quality relationships with loved ones; his work situation; new interests or returning to previous ones. In his case, the assessment of the actual motivation to change patterns of his functioning was essentially predictive and declarative. The patient's apparent plan

to change his behaviour, necessary for immediate implementation, was not fulfilled. He was postponing his responsibilities, as shown in the description in the guide under the heading "focus on drinking". This in turn caused him more emotional tension, reinforcing his need to consume alcohol. Regardless of the time allotted for the patient to fulfil the therapeutic task (up to two weeks), he would do so on the day before the deadline. The patient learnt to adhere to the principles of the HALT programme, an axial part of the philosophy of recovery: "How to overcome danger whilst becoming sober?" In the context of developing a "new" worldview and giving primacy to common sense over negative emotions, the patient came to the conclusion that failing to cope with alcohol cravings during the therapy programme would prompt him to break his abstinence, which discouraged him. As a result, the patient's acceptance of the principles of the therapeutic programme did not develop a resilience to stress, as he neglected to eat regularly due to his desire to lose weight. Moreover, he gave up the optimum amount of sleep because of late conversations with fellow residents. The reasons undermining the effectiveness of his process of consolidating changes, which (according to the assumptions) should have prolonged his abstinence, included a short period of convalescence, an intense psychological mechanism of addiction in the initial phase of treatment or significantly consolidated harmful patterns of behaviour. Undoubtedly, the patient's analysis of his own problems in the in-depth individual therapy was a predictor that strengthened his motivation to make changes, move away from destructive alcohol use, learn about the mechanisms of addiction and gain the ability to recognise his changing patterns of thinking or reacting. In his case, the obstacles to change appeared not only in the therapeutic process, which in turn indicated a declarative, unstable motivation; buffering emotions in the patient's psychological regulatory mechanism oscillated around personality-specific feelings and the dynamics of the recovery process, with a sense of inner confusion and higher egocentrism in this phase of therapy. The emotional rollercoaster in the patient is an example of inevitable difficulties, as well as forgotten and ambivalent feelings which are desirable and beneficial in the long term. From the patient's point of view, this represented the lack of expected outcomes, non-obvious meaning and the meaningfulness of the therapy. The patient made an individual

list of numerous substitutions to facilitate abstinence and suggestions for behaviours to counteract a potential escalation of aggression. He did not find it difficult to make the list, although some of the suggested ways of relieving tension were not realistic in terms of his abilities or the circumstances of their implementation. The activities he indicated, e.g. a film or swimming class, might be a stress reliever in everyday life, but are not feasible in a sudden stressful situation that causes tension. Among the constructive and realistic ways to counteract the escalation of emotions (possible even on the therapy ward) which he presented during the group activities and discussed with other group members, he included physical activity, exchanging thoughts with the therapist and other patients, reading books, listening to music and cooking and eating a meal. The use of several activities is symptomatic, e.g. smoking cigarettes (it was not on the list because it is an addictive behaviour) and eating (assumptions of the HALT programme). However, the patient's style of functioning on the ward did not change significantly over time. The patient went to the gym and played table tennis relatively often, and used the library in the facility. However, he was reluctant to engage in conversations about his emotional states and made no attempt to initiate therapeutic discussions, despite struggling with and being aware of his problem. He tried to delay talking about problems. When confronted with the need to disclose his emotional state, he showed a tendency to avoid talking about what he felt was an unpleasant problem. He displayed episodically aggressive behaviour, had difficulty accepting criticism about his functioning and reacted with irritability and outbursts of anger that he was unable to control. However, it is important to note the change in his attitude (in the final phase of therapy) towards the therapist's feedback, which he finally began to see as specific help aimed at correcting his own deficits. Due to the time constraints of his convalescence, the patient only made some changes to his abnormal emotional reactions.

Undoubtedly, it is always up to the patient to make rational use of the correction of problematic functioning provided through the therapeutic programme. The same should be applied to perseverance in continuing to work on changing one's way of life, which always requires strong motivation, commitment and perseverance.

An important part of living on the therapy ward is also observing the rules of personal hygiene. This mainly concerns the obligation to shower once a day, shave, dress neatly, keep one's space tidy, follow the daily schedule (meals and activities at specific times), clean, do gymnastics, perform designated functions, take medication and get proper sleep. According to the therapist the patient showed no resistance to these requirements, and consistently took care of himself within a strict diet. He allocated five or six hours to sleep, which he explained was due to anxiety and restlessness. The patient's attitude to the suggested therapy was evident in his conservative approach and even in his indifference to attempts to work on changing his current condition.

Summary and perspectives

While analysing the research, it is necessary to refer (according to Mezirow's theory) to the objective reframing of the patient's situation, in which the patient critically reflects on the rationality of the therapist, the patient group, those closest to them and to the subjective reframing in which the patient critically reflects on their beliefs. Changes to the frame of reference can range from a different viewpoint to transformed mental habits (Mezirow 1997: 7). It should be added that the man's learning in the therapy process took place within a specific spatial and temporal framework. He had the chance to be empowered, to grasp a new space of emotions, thoughts, feelings and needs and to confront them during the sessions with others and with the therapist in order to be able to specify his own developmental possibilities, free from determination, yet not deprived of the possibility to move towards authentic cognition and shape his own destiny (thanks to the subjective change of the frame of reference through transformative learning). As a result of the therapeutic experience, in contact with other participants, the patient to some extent recognised other possibilities to perceive reality or to change his beliefs. However, he did not change his own point of view; perhaps participating in further therapy will allow him to make sense of the therapeutic interventions used and to see his own potential without feeling censored by the therapists and other patients.

I relate the next stage of transformative learning to the patient's consideration of behavioural change as potentially being impossible

by virtue of his assumptions (subsequent therapy) and therapeutic experiences not going beyond the routine pattern, narrowing his cognitive and affective analysis. The patient's activity was derived from earlier stages of transformative learning, indicating the effect of change taking place during the therapeutic programme. The patient overestimated his own abilities and skills, which was likely triggered by the lack of real threats to his abstinence during his stay on the inpatient ward. This may have been due to the psychological burden resulting from the mechanism of addiction. According to Mezirow, at the third stage of changing the frame of reference, there should be an attempt to adapt the individual to a new frame of reference, constituted as a result of learning. It is difficult to assess the extent to which potential changes in the patient's behaviour were the result of therapy (adaptation to the rules of the unit) and to what extent they resulted from the regeneration of the post-drinking desire to work on one's own personal development and completely reorganise one's life in order to eliminate alcohol dependence. The research indicates how realistic the possibilities of his behavioural change are. After all, the transformation of the frame of reference is an opportunity for the individual to causally attempt to resolve disorientation dilemmas. However, as the research shows, this procedure is not fully accessible to everyone. The patient's previous understanding of events is supplemented by new experiences, through which he learns to understand his situation. He undertakes a critical self-reflection on his previous mental habits and fixed points of view. In the therapist's view, however, the patient did not display the cognitive humility that would have enabled him to gain a broader knowledge of the risks of his addiction or to understand the meaning of his transformation. In this case, this involves resisting attempts to impose meaning that he did not fully accept. The socialised frames of reference in the process of functioning in a given culture are such strong obstacles that they become, as it were, detached from the patterns of social functioning. The descriptor linking the transformative learning of the senior patient to the therapeutic process is undeniably his thoughtfulness supporting internal change. According to Agnieszka Bron (2006: 12), transformation may result in the emergence of emotional problems, contributing to individual and social crisis. However, the essence of learning is seeking in everyday experience, which implies affective and motivational

learning that also includes a social component manifested in relationships with one's social environment. Knowledge gained through feeling, experiencing and acting results from critical reflection on experience and is orientated towards pragmatism in coping with a new/foreign situation.

However, the senior patient's specific, critical reflection on his threatened, shaky identity, in the face of difficult ways of thinking about his empowerment, paved the way for change. Undergoing alcohol addiction treatment is a transformative mode quite different from the previous one, if only because of the educational potential resulting from the re-evaluation and conducive shift towards self-valuation and self-identification. The difficult process of the therapeutic struggle for oneself, which takes place within a subjective frame of reference, forces the development of change to support the regaining of control over one's destiny or liberation from habits that burden one in the "autumn of life". The loss of oneself from the past and the entanglement in addiction hold back the authentic causativeness of the addicted elderly person. The therapeutic process, however, becomes an opportunity and an attempt to work through and modify the deficits resulting from the addiction.

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Codependency and Dependency Relationships in Biographical Experiences of Parentification

Współuzależnienie i relacje zależnościowe w biograficznych doświadczeniach parentyfikacji

ABSTRACT

The article combines conceptual analysis with research. The research goal was to analyze the possibility of juxtaposing two concepts: codependency and parentification in the family. The subject of analysis was dependent family mechanisms that are activated in crisis situations and serve to maintain family functionality. The article supplements previous research on the phenomenon of role reversal in the family and its strong embedding in dependent family relationships. Analysis of autobiographical narrative interviews conducted using the technique proposed by Fritz Schütze were used as an exemplification of this problem. By using a retrospective and lifelong view of parentification and family processes, we were able to identify symptoms of codependency in reversed family roles: responsibility, dependence and taking over duties. According to the adaptive model, they perform the function of adaptation, but with a dysfunctional and often destructive effect on the individual. The system theory was used as a theoretical background, which also provided the basis for constructing the concept of "parentification". Concluding remarks call for broadening the perspective of recognizing and analyzing the experience of dependency in the family.

ABSTRAKT

Artykuł ma charakter koncepcyjno-badawczy. Celem naukowym było przeanalizowanie możliwości zestawienia dwóch konceptów: współuzależnienia oraz parentyfikacji w rodzinie. Przedmiotem rozważań uczyniono zatem zależnościowe mechanizmy rodzinne uruchamiane w sytuacjach problemowych i kryzysowych, a służące utrzymaniu jej funkcjonalności. Artykuł stanowi uzupełnienie dotychczasowych badań nad zjawiskiem odwracania ról w rodzinie oraz silnego ich osadzania w zależnościowych układach rodzinnych. Egzemplifikację dla czynionych tu refleksji stanowiły analizy autobiograficznych wywiadów narracyjnych zrealizowanych przy zastosowaniu techniki zaproponowanej przez Fritza Schützego. Retrospektywne i przyjmujące pespektywę całożyciową postrzeganie parentyfikacji oraz procesów rodzinnych pozwoliło na wskazanie symptomów współuzależnienia obecnych w odwróconym porządku ról rodzinnych: odpowiedzialności, zależności i przyjmowanych obowiązków. Zgodnie z adaptacyjnym modelem, także tutaj pełnią one funkcję adaptacyjną, mającą jednakże charakter dysfunkcyjny i często destrukcyjny dla samej jednostki. Teoretycznym tłem w podjętych rozważaniach uczyniono teorię systemową, która jednocześnie stała u podstaw konstruowania pojęcia „parentyfikacji". Refleksje i końcowe wnioski prowadzą do postulatu poszerzania perspektywy rozpoznawania i analizowania doświadczeń zależnościowych w rodzinie.

Introduction

The research I have carried out on parentification leads to a number of important accounts of this family experience. Placing the issue within a systemic understanding of the family usually directs the researcher's attention towards the roles, dependencies and correlations occurring in it, hence this attempt to juxtapose two phenomena: family role reversal and codependency. This seems to be a new perspective on the problems of the functioning of the family system and the relationships between its members. Finding examples of these experiences in the autobiographical narrative interviews, in this article I suggest broadening the analysis of dependency relationships in the family.

Parentification — the essence of the phenomenon

The term "parentification" was first used in the 1970s by Salvador Minuchin and colleagues (family systems theoreticians) (1967) to describe the phenomenon of intra-family role swapping between child and parent(s). In such situations, the child takes on or is imposed with tasks and responsibilities for the safety and well-being of family members (mainly parents, but also siblings, grandparents, etc.). These tasks are usually beyond the child's strengths and developmental level, and they are not part of the child's role (Earley, Cushway 2002).

These tasks can be twofold—instrumental and emotional—as reflected in Nancy D. Chase's definition of parentification: "Parentification in the family involves a functional and/or emotional role swap as a result of which the child sacrifices his/her own needs for attention, security and developmental support in order to adjust to and care for the instrumental or emotional needs of the parent" (Chase 1999: 5), hence the distinction between instrumental and emotional parentification (Minuchin et al. 1967). The former involves concern for the material existence of the family and the satisfaction of its physical needs. The child is used for various household chores (cooking, cleaning, shopping, laundry, and caring for a sick family member) or to care for siblings and other family members (Di Caccavo 2006). In turn, emotional parentification is concern for meeting the emotional and psychological needs of parents and/or siblings. A child experiencing this type of parentification may function as the parents' confidant, sole support, companion, mediator in family conflicts, mate-like figure, or nurturance provider (Jurkovic et al. 1999; Hooper 2008a; Hooper 2008b; Schier 2015).

In understanding the structural family system theory (Minuchin 1974), the borders between family subsystems are infringed when there is a reversal of roles, which results in the child being placed in the position of a parent. The blurring or distortion of the boundaries between the child and the parental subsystem can be seen as problematic, as the child ceases to function within generational boundaries (Sangi et al. 2013), becoming the "parental child" (Minuchin 1974) who takes over the responsibility for the "adult" areas of family functioning (Chojnacka 2022). This situation, in a way, forces them to leave the world of children and take on the responsible roles of

a caregiver, decision-maker, counsellor, educator, partner, servant, defender, confidant, intermediary, organiser, and/or breadwinner for the family (Chojnacka 2021).

Long-term role reversal can have many negative as well as positive consequences for the child acting as a parent. Thus, Gregory J. Jurkovic (1997) distinguished between destructive (pathological) and constructive (healthy, adaptive) parentification (Jurkovic 1997). The former implies overburdening the child with care responsibilities, the child feeling responsible for long-term, functional care (Hooper 2007) and the child being unable to meet their own needs due to focussing on the needs of the family (Earley, Cushway 2002). Such parentification is also treated as a kind of child abuse because it implies a certain shift (more or less abrupt, depending on the family's situation) from the position of a child (who needs support and care) to the position of an adult, which is often a traumatic experience. The mechanism of the child taking over responsibility in the family is based on a sense of loyalty, a shared responsibility for the family system and the strength of family bonds. The consequences of such a shift may be (and usually are) very severe (Chojnacka 2018a). However, researchers also notice the adaptive nature of parentification. Taking on tasks that require caring for other family members makes the parentified child more competent, independent and effective in action (Schier 2015). Assessing family roles and the processes of role reversal is possible precisely from the perspective of the consequences arising from them. Therefore, when analysing this phenomenon, it is necessary to take into account factors such as the openness in defining the child's tasks, the nature of the child's work, the scope of responsibility, the appropriateness of the tasks to the child's developmental stage, the person to be cared for by the child, the degree to which the child internalises the needs of the carers, the type of boundaries in the family and the legitimacy of the tasks performed or the responsibility taken on by the child (Jurkovic 1997).

Mechanism of dependency and codependency

In order to situate research into the experience of parentification in familial relationships, the main elements of the mechanisms behind codependency and dependency that arise there must be identified.

The following discussion follows two trends that often overlap each other. The first refers to the well-established scientific definition of codependency, which is related to the co-functioning of a child in an environment (family) with a person addicted to alcohol, psychoactive substances or specific behaviours. According to Jerzy Mellibruda and Hanna Szczepańska (1989a), codependency on an addict is considered to be a specific form of addiction, consisting in dependence on both the addict and their problem, i.e. their alcohol abuse. Therefore, it involves centring one's thoughts, feelings and behaviour around the drinker, feeling the need to control the drinker's behaviour, believing in one's own influence in maintaining safe drinking levels and developing rigid and restricted patterns of behaviour towards the family member's drinking. The second trend includes a broader view of codependency understood in terms of dependence on other people and their behaviour. According to Melody Beattie, "a codependent person is one who makes it possible for another person's behavior to affect them in a negative manner and who obsessively tries to control the person affecting them in such a manner" (Beattie 1986: 53).

The division cited above corresponds to the three models of the concept of codependency identified in the literature:

1. biological (psychopathological) model—codependency is treated as a mental illness that results from the addict's functioning in the person's immediate environment and one that requires treatment (Cermak 1991). This model assumes that the codependent person has at least three types of disorders, such as difficulties regulating emotions, depressive states, functioning under constant tension and stress, compulsive control, anxiety, psychosomatic disorders, excessive use of psychoactive substances and long-term functioning in a close relationship with the addict without seeking outside help (Cierpiałkowska 2000).

2. personality disorder model—repetitive and rigid patterns of thinking and acting appear as a consequence of persistent psychological stress in family members experiencing addiction (Sztander 2011). It is associated with a deprivation of needs, which likely originated in childhood and adolescence (Cierpiałkowska, Ziarko 2010). Symptoms of codependency according to this concept include persistently concentrating

one's thoughts on the actions of the addicted person, acquiescing to suffering more and more consequences because of them, emotional problems, depressive moods, neurosis, psychosomatic disorders and feelings of hopelessness and emptiness (Sztander 2006).

3. adaptive model—codependency is treated as a reaction to stress. The primary stressor is the addiction and the behaviour of the addict in the family, perceived by its members as a threat to the whole system (Załuska, Kossowska-Lubowicka 2009). Jerzy Mellibruda and Zofia Sobolewska describe such family relationships as follows (using the alcoholic family as an example): "the lives of all members of an alcoholic family are associated with a state of chronic tension and emotional overload. This is true not only when an addict is present at home and when he or she is intoxicated" (Mellibruda, Sobolewska 1997: 421). Thus, codependency can be seen in adaptive terms: we are talking about family members' mechanisms of adaptation to living in a family system touched by addiction or dysfunctional dependence on another person (Sobolewska-Bala 1996). It is therefore a reinforced, long-lasting form of participating in a difficult, destructive situation that significantly restricts the free functioning of family members, impairs their quality of life and blocks change for the better (Szczulkiewicz 2019).

Features of dependency – adaptive model

The considerations in this article largely refer to the adaptive view of codependency. It is therefore worth noting its main features and symptoms. In the context of family life, there is a dependence on others, which in fact stems from basic human needs, namely the need for acceptance and belonging (Maslow 1954).

a) Overdependence on others

The family is the space in which we locate our feelings, commitment and self-esteem, and where we receive acceptance and a sense of belonging. At the same time, it is within the family that relationships are characterized by their greatest strength and intimacy, whilst interdependence seems to be its intrinsic attribute. That is why those

relationships can take a pathological form, an example of which is overdependence on others. Individuals in a dependent relationship locate their value, happiness and meaning of life in others (Flis 2022). Certain patterns of thinking emerge that result from and reinforce this dependence on others: making one's self-esteem dependent on the control exercised over others and the situation of the family, a strong sense of responsibility for meeting the needs of those in the immediate environment, strong identification with the needs of others (blurred boundaries between "I" and "not I"), fear of rejection, tendencies to enter into relationships with people experiencing disorders, addictions or problems with self-control (Ciepiałkowska, Ziarko 2010; Flis 2022).

b) Overprotectiveness

One of the key aspects of codependency is overprotective behaviour, mainly towards the addict. Such behaviour results from the belief that they are incapable of coping on their own and therefore need to be cared for (Flis 2022). Overprotective behaviour towards others, in the case of co-dependents, manifests itself in excessive concern for others, e.g. in doing things for which one is not responsible, being continuously ready to meet the needs of others whilst neglecting one's own needs, considering the welfare and needs of others to be more important than one's own, justifying others—especially the addict (creating explanatory theories or excuses), imposing one's help on others and making others dependent on it, taking over the commitments and tasks of the addict, repairing damage caused by the addict, hiding the effects of the addiction and taking full responsibility for children or other family members (Beattie 2009; Flis 2022). Overprotective behaviour makes the codependent person an "accomplice of the addict" (Flis 2022), as they do much to protect the family whilst, in reality, they reinforce the problematic situation.

c) Responsibility

Functioning in a family with an addiction problem generates a significant sense of responsibility in its other members. "Codependents … believe that they are the strongest characters in the family, which makes them feel great pressure and compulsion to take on the role of the only responsible person in the relationship, despite

personal exhaustion" (Flis 2022: 89–90). This involves taking control for the sick/dependent person, other household members, carrying out someone's duties and tasks and sometimes replacing the addicted family member (Ryś 2008). In such a case we can speak of over-responsibility, i.e. an extreme sense of responsibility for the sick person and the family system. The codependent person takes it on himself/herself in a kind of automatic way, as close and most intimate relationships are involved. The assumption of responsibility is a loyalty response to a family system in need of protection from a chronic crisis such as addiction.

d) Roles of the child in the relationship with an addict

"Stable" functioning of the family system is so important to its members that, by taking (co-)responsibility, children also carry out specific tasks within it. Sharon Wegscheider-Cruse (1989) lists the following roles: accomplice, family hero, scapegoat, lost child and mascot. Each of these reflects a pathological adaptation to living in a family experiencing addiction. The *accomplice* is the child who protects the parent in the addiction, accompanies them and carries a kind of umbrella over them, which often allows the addict to avoid severe consequences. A strong sense of control makes the child feel responsible for the parent (Flis 2022). The *family hero* is a strong, brave child who gives everyone reason to be proud and provides family value, coping in almost any situation and stabilising the family situation (Gąsior 2012). Their work results in a positive image of the whole family in the eyes of those around them, who do not see the family's problems (Stanger 2020). The child makes a huge effort, is constantly on standby and under tension and gives up their own needs, plans or dreams to satisfy others; they are only able to give (Robinson, Rhoden 1998). The *scapegoat* is an unbridled soul who seemingly detaches from and rebels against the family, escaping into the reality outside the family. The forms of such rebellion are often destructive (truancy, fighting, stealing, bad habits, etc.). This results in constant upbringing problems which, in fact, focus the family's attention on the child, diverting it from the actual source of the family system's problem (Flis 2022; Stanger 2020; Woronowicz 2001). The *lost child* is an "invisible child" who tries not to cause additional worries for family members and not to be absorbed with the child. They

often escape into the world of dreams, passions and imagination, distancing themselves from the real world where they she experience suffering (Robinson, Rhoden 1998). The *mascot*, or the joker/clown, is a child who relieves tension in the family through jokes, laughter and positive emotions, thus improving the mood of those closest to them. The role of the family clown is to be a kind of mask behind which they hide their insecurities and suffering, and through which they obtain at least an apparent sense of influence on the situation (Flis 2022; Stanger 2020; Ciosek 2011). All these roles turn out to be ones in which the child, in a certain way, takes responsibility (all or part of it) for the family and its problems. Moreover, the family hero may, over time, become a lost child who cannot cope with themselves, whilst the mascot, under the influence of various factors, may become a family hero who takes on the duty of saving the family from total disintegration (Krawczyk-Bocian 2013).

e) Reflection in a mirror

The behaviour of a codependent person appears to parallel that of an addict, as it is shaped almost simultaneously, and has therefore been described as "a reflection in a mirror".

- Both the addict and the codependent person focus on the addiction. The former seeks an outlet for their tension; the latter tries to stop it and, over time, is only concerned with controlling the addict.
- The addict believes they can control their addiction, whilst the codependent person wants to control their own controlling and overprotective tendencies.
- The dependent person is not able to stop their addiction, and the codependent person is not able to abandon the addict or to stop trying to influence them (Flis 2022).

These aspects clearly indicate that codependent persons function in strict subordination to the addicted family member. This relationship is characterised not only by responsibility, but also by a kind of enslavement.

Methodology of the research

The reflections presented here, linking the mechanism of codependency to the phenomenon of parentification, are based on the biographical research conducted for my doctoral thesis, which was defended in 2019. The research used the technique of autobiographical narrative interviewing by Fritz Schütze (1983). It involved 25 participants (aged 20–67 years; 8 men and 17 women), recruited purposively from at-risk groups (addiction in the family [both parents and siblings], illness or disability, a lot of children in the family, single parenthood [permanent or temporary] and families experiencing conflict/divorce), who may have experienced role reversal in the family during their childhood (Schier 2015).

In the course of the study, the interviewees were asked to share their life stories and to construct narratives, especially about family experiences. The material was analysed, making it possible to reconstruct the process of role reversal in the family system and to learn about the nature of the relationships between its members (Chojnacka 2021).

For the purpose of this article, the following question was formulated: what symptoms of codependency are present in people who experienced parentification in childhood? In searching the narratives for an answer, I attempted to identify similarities between the mechanism of adaptive codependency and relationships in a family with a reversed order of roles.

Codependency in the experience of parentification

The phenomenon of parentification, as a process taking place within close intra-family relationships, is a field of analysis on the interdependence of family members. The analysis of the narratives made it possible to link the two concepts adopted here: role reversal in the family and codependency. It turns out that the family system employs dependency mechanisms in order to survive, to maintain its (sometimes seeming) functionality. A systemic understanding of the family is therefore the main concept adopted here to support the interpretation of the processes. In addition, theories of social roles and attachment are also applicable. In the following part of the

article, individual elements of codependency identified in the theoretical part will be summarised together with examples from the narratives.

Dependency

The family is a natural space for interdependence, and in difficult crises forces are activated within the family to maintain the bonds. One such crisis includes the situation in which the family roles are reversed. The strength of family relationships gives rise to interdependence in which family members usually feel a kind of compulsion to protect the family system—to care for their loved ones, their well-being and their security. This usually manifests itself in actions taken out of a sense of duty, obligation or loyalty: "I had to do that"; "This was the right thing to do"; "There was no other choice." The following excerpts from the interviews reflect this perfectly:

> Without complaining, no-one rebelled against this situation; it was simply the right thing to do, we felt, because we saw in this way that we weren't sinking, that we were staying on the surface. (W21, man, aged 37)

> And us… we tried to put the pieces together; I don't know… what we were responsible for. Well, the family was dysfunctional, so we had to take up some roles to make it work somehow; that's why we had to help her. I think Mum was not often very nice to us. She demanded a lot from us. A grade that was lower than five was of no importance to her. I don't know where that came from. (W14, man, 30)

> Mother was more and more unhappy, and I had to, in that situation, pretend that everything was OK. The most important thing for me at that time was not to let anyone know that my father wasn't living with my mum. I was desperate to keep it a secret; to… I don't know; not to let anyone see my father drunk. (W3, woman, 42)

> When I had to deal with organising a pension for my father, I didn't have any problems with it; I was able to talk to a director or a professor, because I had done that all my life; I just had to explain things to people. So, that reversed role was indeed present in my life since early childhood […]. We simply knew that our parents had such a problem and we had to help them; we just needed to support them. (W8, woman, 35)

The lack of any other option, the feeling of being entangled in a problematic family situation and a specific kind of dependence on

it, which we can see in the above statements, formed the basis for activating other than adult subsystems, i.e. the children. The family was the most important environment for them, so they felt obliged to do everything to protect it. One can see in this a strong sense of duty to care, to support, to accompany and to hide problems—which turn out to be the essence of the dependency mechanism discussed here (Figure 1).

Figure 1. Mechanism of dependency in a family system with parentification
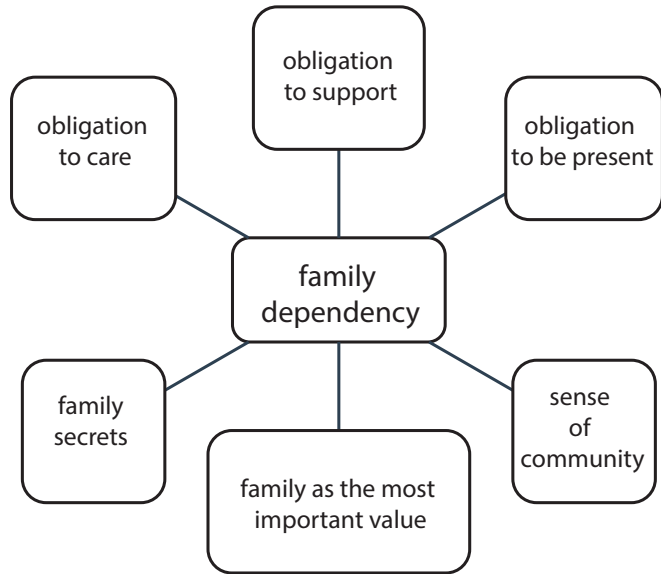
Source: Own elaboration.

The need to belong somewhere, which is fulfilled by one's primary group—undoubtedly the family—is transformed in a situation of role reversal into a mechanism of dependence on the family system. The child taking over the tasks of the adults in the family seems to have no other option in a crisis situation. Because of strong ties the child tries to rise to the challenge, but these tasks are often inappropriate for their developmental stage, readiness or skills. After all, the child's existence, worth and immediate environment depends on the permanence of the family. Thus, codependency is adaptive in nature. The parentified child, functioning in total emotional and instrumental dependence on the family as a system, their relationships with family

members, the situation in which they find themselves, the phase of development of the family and its history and values (in the sense of various transmissions, patterns or traditions), faces the need to adapt to the conditions in which the family must function.

Responsibility

In their role as an adult in the family and part of the parental subsystem, the child takes on, as it were, the attributes of the parental role: responsibility, concern, support and care (Chojnacka 2021). The basis of the mechanism of parentification turns out to be a sense of responsibility for family members. It becomes an element that combines two types of role reversal in the family: instrumental and emotional. In both of them, the child receives a specific range of tasks. Analysing the category of responsibility in the child's relationship with parents and other family members, Małgorzata Kościelska pointed to its specific manifestations: blaming the child for the parents' psychological condition (frustration, bad mood, etc.), attributing to the child responsibility for the well-being and stability of the family, entrusting the child with caring tasks and perceiving the child as the parent's partner or someone to support the parent (Kościelska 2011). Responsibility is above all one of the main motives for role reversal in the family; it is also a manifestation of this phenomenon and one of its consequences (Table 1).

Table 1. Responsibility as a motivation, manifestation and consequence of parentification

Responsibility as a motivation for parentification	Excerpts from interviews
Cause of parentification	I felt responsible, but once Dad told me that he drank because of me, so for my whole life I've believed that this was totally my fault, because he told me he started drinking when I was born; when he saw that I was a girl, that it was me… and so he started drinking […]. For all my life he tried to convince me that it was because of me; that I was the one responsible for this, so I felt responsible for it. I believed that if I hadn't been born, my father would not have been drinking and my mum would have had a better life. (W16, woman, 23) I mean, I've actually had a sense of responsibility since I was a toddler, and most notably since I had to physically defend my mother, whilst still an actual child. Because how could you not feel a sense of responsibility when an adult man tells you one day you may not wake up, you and your mummy? And you're just 10 years old at that time, and you know that if you don't defend your mother, you just may not have a mother, you'll be left alone then. (W13, man, 24)
Symptom of parentification	It's kind of a sense of responsibility for his addiction or something; for such a thing of ours together as a family. It's a sense of having a family secret that can't be revealed, as it may destroy your reputation somewhere. Because I also knew that my friends' parents were doing all sorts of things, you know... And for my mum... the sense of responsibility for my mum... For me, she… for me she's just always been an authority figure, really... I remember when I was always describing some authority figures in primary school, I was always describing her. (W7, woman, 29) Yes, I felt very responsible, especially with my perfectionism and that sense of control. And also, with that being a child hero. The child hero has the house on his shoulders, and I was worried about everyone in the family. I was worried about my mum, how she was going to get back from work; whether my father was going to come home from work drunk or not; I was thinking about what it was going to be like; what dinner was going to be like, whether it was going to be tasty or not; what the activities for the day were; whether it would be necessary to tidy up today; how my brother was doing at school; whether he's coping or not coping; whether it's going to be a scene again, because my brother didn't care much about school—he was passing to the next class, but didn't really care about grades, etc. (W17, woman, 33)
Consequences of parentification	And also, the relationship with my brother was a little bit distorted because of that, because I took on the role of a father, so I became responsible for my brother, you know; I made sure that he studied and so on, so that he didn't get into bad company, and because of that our relationship was distorted and it lasted for a long time; in fact, this relationship changed when my brother was 40 years old. (W20, man, 46) It was only later, when Mum died and Dad was, so to say, absolutely dependent on us, on me; then I felt life was unfair because I had to sacrifice my things. I realised that I should think about my own development, I don't know… that I should aim at finding a good job, graduating, passing my exams, etc., but I have to leave all this to help my dad. I just knew he couldn't cope without me, so I had this sense of responsibility. But it was a bit later, when I was in secondary school, because that was when he left our house. I was 15 at that time and since then I remember that my mum always gave up, making me bear this burden, right? (W8, woman, 35)

Source: Own elaboration.

This threefold view of responsibility in the experience of parentification reveals the complexity of this process based on the strength of intra-family relationships and dependencies. This responsibility becomes apparent in the family roles assumed by the child which are normally ascribed to adults.

Roles

The experience of parentification is a process that, in the narratives, is shown in the interviewees' history: from their childhood, usually described as carefree (childhood proper), through the transitional phase associated with a family crisis (chronic or sudden) and the resulting attitudes of parents expecting support from their children and delegating specific emotional tasks to the child that were fulfilled and internalised (Chojnacka 2021). In this context, it is worth noting how much the roles of the child in a family with an alcohol problem and the roles of a parentified child have in common (Table 2).

Table 2. Roles of the child in a family with an alcohol problem and roles of a parentified child

Roles of the child in a family with an alcohol problem	Features	Roles of the parentified child
accomplice family hero scapegoat lost child/mascot	• the family, its functioning and its permanence are the top priorities • in a crisis, the child is motivated to support the family • the child ignores their own needs • the child becomes emotional support for the family	caregiver educator servant defender counsellor decision-maker partner confidant mediator guilty organiser breadwinner

Source: Own elaboration based on: Wegscheider-Cruse (2000).

The roles presented in Table 2 are a kind of reflection of the common characteristics that emerge in both families with the problem of alcoholism and families in which a child is parentified. In both situations, the set of tasks and responsibilities is orientated towards

the well-being of the family system. The circumstances in which the narrators' families found themselves forced the family members, in this case the children, to take action. In both cases, these actions were intuitive, reflecting the family's current assessment of the situation and using the resources available to the child. It may seem that the parentified child is solely the hero of the family. However, it turns out that adult tasks are also taken on by children acting in the roles of mascots, scapegoats, accomplices or lost children (first column in Table 2). Each of them, in their own way, tries to relieve the burden of the parents' subsystem, relieve their suffering and support them by carrying out the tasks of a caregiver, educator, servant, defender, advisor, decision-maker, partner, confidant, intermediary, culprit, organiser and breadwinner (third column in Table 2). This gave them a sense of agency or influence over the situation, but at the same time resulted in loneliness and an overload of responsibility (Chojnacka 2020). The following excerpts from the interviews reflect this:

> On the other hand, I knew that I could no longer count on anyone, right? Nobody to help me. So, I had to take care of dad, and to this day I still feel remorseful that I didn't take care of him enough, because dad died this year, in March. (W8, woman, 35)

> I had to do almost everything on my own. (W10, woman, 35)

> I felt responsible for both of them. They made me carry this burden; I actually had to take care of them. (W10, woman, 35)

> I felt that I had an influence; that I could give a truce; that there would be no brawls here; that no-one would beat each other up; that I would go in and there would be this peace and quiet, because... I don't know, I don't know what caused it. (W4, woman, 37)

> And because our parents were so involved with him [the brother], I had to cope on my own; I always heard that P. [the narrator] would cope, that she would manage, that she was brave. And I just wanted to be a child who didn't have to worry about whether my brother would come home drunk today; who didn't have to decide for my mother whether to call the police, whether to hold him or drag him away, whether to drive around the village for hours looking for him and then beg the police not to issue a ticket because we only had 20 minutes to get him to the medical centre. (W12, woman, 25)

These statements allow us to consider the process of parentification as an adaptive mechanism of codependency. This is because, by

combining the child's dependence on family members, the functioning of the whole system, responsibility for the family and the assumption of specific roles, the above situations forced the parentified child to adapt to and protect their loved ones from the consequences of the family situation. On the one hand, this is the child's dependence on the family, which triggers specific mechanisms; on the other hand, it is the parents' or family's dependence on the parentified child's actions. Strong family ties, as well as the need for closeness and security, reinforce the dependent family system. In crisis situations in which parental inefficiency occurs, this results in a dysfunctional adjustment of family members, especially of the parentified child.

> I felt responsible for him, for what he was doing, and at some point I also realised that I was also in some way co-dependent on him; I started to be co-dependent on his addiction; because I was justifying his behaviour, I was trying to save him somehow. You know, for me it was saving him. But it was in my head, it was just in my head, because it wasn't really saving but making things even worse. (W7, woman, 29)

Consequences of a dependent system of family relationships

Childhood and adolescence lived with a sense of responsibility for loved ones are no longer carefree. They become a source of individual difficulties and consequences noticed in the short- or long-term. Although research on the experience of parentification points to the positive aspects of role reversal in the family, here a particular emphasis is placed on the destructive ones, i.e. the adverse effects of the family situation on the child and their later adult life. A child taking on the role of a parent is usually not ready to be responsible for others. However, it turns out that much depends on whether they take up this role despite feelings of injustice and inadequacy. The parent's failure to respond to the child's emotional needs results in the child becoming preoccupied with everyone around them and trying to fulfil their own needs. The variety of tasks handled by the child deprives them of time to learn, play and interact with peers. A sense of loneliness and isolation also results from this. The concern for the family and its existence can contribute to the formation of an attitude described as a destructive sense of responsibility, which means that the child in the role of a parent gives up their own dreams, plans and

opportunities for development in favour of supporting and accompanying loved ones in their problems (Chojnacka 2018b). It implies not only a relationship of dependence, but even of enslavement. The parentified person, in a way, becomes trapped in the family's problems, stuck in the belief that without them their loved ones would not cope, and that they cannot cope without their family (Chojnacka 2021).

Adults who have experienced parentification in childhood, just like "adult children of alcoholics", tend to adopt attitudes shaped by the family home, based on the mechanisms of codependency. These include a high sensitivity to the needs and emotions of others and a focus on their well-being, locating one's own satisfaction in others' achievement of happiness (Ackerman 1987; Flis 2022), often a compulsive need to look after others and be in control, an inability to refuse (and allowing others to take advantage) (Chojnacka 2021) and a tendency to build complicated relationships with dysfunctional people (Ackerman 1987). These consequences are specific echoes of family experiences in the life of a parentified person, and they influence both their childhood and adult life.

Summary

The family system, as such, is an interconnected system of vessels based on a coupled relationship of mutually dependent elements. Its main tasks are sustainability and functionality, which means that it will activate all its potential to maintain a state of relative homeostasis (Kim, Rose 2014). On this basis, there is space for forming and developing adaptive—and, at the same time, dysfunctional—relationships of dependency and codependency. As can be inferred from the findings presented in this article, it is on such mechanisms that role reversal in the family (parentification) is based, and individuals who can be described as "parentified" in childhood manifest the main symptoms of codependency: being dependent on loved ones and the feeling that they are dependent on them, being responsible for the family system and taking on significant roles, including protective roles. These have an adaptive function in that they allow the family system to survive. However, it is a dysfunctional or even destructive adaptation, as it has been shown to lead to many of the negative

consequences experienced by parentified individuals, in both childhood and adulthood.

Taking into account the above conclusions, it is necessary to postulate a broader perspective of recognising and analysing dependency experiences in the family. It turns out that reducing them exclusively to the problem of dependence can lead to important symptoms—which are significant in pedagogical and therapeutic work with the family—being overlooked, or to the scope of preventive activities being limited.

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Codependency in a Relationship with a Repeat Offender

Współuzależnienie w relacji z recydywistą

ABSTRACT

Codependency, understood as a dysfunctional and learned pattern of coping with stress, occurs in a variety of relationships, including in women living with repeat offenders. This particular context of codependency is poorly explored by researchers.

The purpose of this study was to determine what features described as characteristic of codependency in a relationship with an alcoholic occur in women's relationships with repeat offenders. The material for the study consisted of discussions in online forums in which women described their experiences of living with repeat offenders. The discussions were examined using the content analysis method. It was found that partners of repeat offenders followed behavioral scripts typical of women living with alcoholics. In particular, these included trying to stabilize and control the man's criminal activity, giving him unconditional help and support, using psychological defense mechanisms to lift his responsibility for the crime committed, and distorting reality by activating a system of illusions and fantasies. As a result of these behaviors, women created a cycle that was difficult to break, which resulted in negative experiences, such as loss of self-esteem, illness, separation from their social circles, and in some cases, it meant problems with the law for the partner.

Due to the fact that women's pathological attachment to repeat offenders is a barrier to their partners' withdrawal from criminal activity, it is worth offering repeat offenders serving their sentences appropriate educational programs.

ABSTRAKT

Współuzależnienie rozumiane jako dysfunkcyjny i wyuczony wzór radzenia sobie ze stresem występuje w różnych relacjach, w tym u kobiet żyjących z recydywistami. Kontekst tego zjawiska jest słabo rozpoznany przez badaczy.

Celem podjętego badania było ustalenie, jakie własności opisane jako charakterystyczne dla współuzależnienia w relacji z alkoholikiem występują w związkach kobiet z recydywistami. Materiał do badania pochodził z dyskusji na forach internetowych, w których uczestniczyły kobiety z doświadczeniem życia z recydywistą. Dyskusje zbadano metodą analizy treści. Ustalono, że partnerki recydywistów stosują skrypty zachowań typowe dla kobiet żyjących z alkoholikami. Były to zwłaszcza: podejmowanie prób stabilizowania i kontrolowania przestępczej aktywności mężczyzny, udzielanie mu bezwarunkowej pomocy i wsparcia, stosowanie psychologicznych mechanizmów obronnych w celu zniesienia jego odpowiedzialności za przestępstwo, zniekształcanie rzeczywistości przez uruchomienie systemu iluzji i fantazji. W następstwie takich zachowań kobiety tworzyły trudny do przerwania cykl, który skutkował dla nich negatywnymi przeżyciami, m.in. spadkiem poczucia własnej wartości, chorobami, separowaniem się od własnego środowiska społecznego, a na niektóre z nich partner ściągnął problemy z prawem.

Ze względu na fakt, że patologiczne przywiązane kobiety do recydywisty jest barierą w odstąpieniu przez niego od działalności przestępczej, warto zaoferować recydywistom odbywającym wyroki odpowiednie programy edukacyjne.

Theoretical background

The concept of "codependency" appeared in the scientific literature with regard to alcoholism. It is most often defined (a) as a disease (this dimension of the phenomenon was indicated e.g. by Janett Woititz [1979, 1993] and Timmen L. Cermak [1986]), (b) as a personality disorder which may have developed before the relationship with the alcoholic (such approach is presented e.g. by John Bradshaw

[1988], Wanda Sztander [1995] and Pia Mellody [2003]) or (c) as a fixed response to stress resulting from the partner's drinking in the family of procreation, which is a concept approved by most scientists (e.g. by Jerzy Mellibruda and Zofia Sobolewska [1997], Bohdan T. Woronowicz [1998] and Andrzej Margasiński [2011]).

The symptoms of alcoholic codependency can be divided into several groups which are theoretically distinct, but mutually conditioning and arranged in a maladaptive pattern. According to Bohdan T. Woronowicz (1998: 114–115), the most typical symptoms are succumbing to the alcoholic's drinking rhythm, obsessively controlling the alcoholic, helping and excessively caring for him, taking responsibility for him, tolerating his pathological behaviour whilst simultaneously neglecting oneself and one's feelings of guilt, as well as distorting reality by activating defence mechanisms (such as denial, minimising, blaming, rationalising and dreaming-planning [Mellibruda 1997: 290–292]). They help one to avoid the emotional distress from confronting unpleasant facts (Wegscheider-Cruse 1989), but their use, after a longer time, leads to mental (and often somatic) health disorders (Strelau 2000: 618–620).

A person operating according to a maladaptive pattern sacrifices themselves and meets the needs of the alcoholic, thus feeling approved and important whilst preserving the relationship with the addicted partner (Ançel 2012: 71). At the same time, consequences appear. Codependents ignore their own needs, sometimes to the extent that "their world falls into the background and sometimes it can never be restored" (Flis 2022: 23). They become victims of physical and psychological aggression from the alcoholic, often aimed at getting access to alcohol (Węgrzynowicz 2001: 1). There is a change in the structure of feelings in their families: negative emotions begin to dominate—mainly shame (along with social isolation), as well as helplessness, uncertainty, fear, guilt and anger (Sztander 1992).

An opportunity for the codependent person to change an arrangement based on alcoholic codependency is therapy. As Jerzy Mellibruda (2023) states, it involves learning to recognise the patterns that led to the pathological situation, diagnosing personal resources and developing new behavioural scripts and a vision of the future in which life with the partner would be a conditional choice rather than an absolute necessity.

Although codependency is originally and generally associated with alcohol dependence, over time the phenomenon has been described in other contexts. It has been pointed out that it can be present in families with physical and sexual violence (Cierpiałkowska, Ziarko 2010: 213), with permanent stress due to children's behavioural problems, with a person suffering from a chronic illness and even in families in which the adults' jobs are connected with helping others (Altinova, Altuntaşs 2015: 86). Recently, the term "codependency" has been used to describe almost any dynamic of dysfunctional relationships in which there is a learnt, maladaptive pattern of coping with stress. Mechanisms characteristic of relationships in families with alcoholism have also been recognised among wives and partners of repeat offenders (Altinova, Altuntaşs 2015: 86).

Offenders' families have been of interest to researchers for decades. However, life in such families has most often been studied from the perspective of male offenders. Once the focus shifted to the women involved in relationships with these offenders, the women were usually characterised in terms of the negative consequences of their partner's crime. It was found that society evaluates such women negatively (e.g. as "accomplices" or "not entirely blameless for their partner's crime"), which is why they feel compelled to hide the man's incarceration or even to change their place of residence (Marchel-Kosiorek 2010: 161; Witkowska-Paleń 2012: 81; Kieszkowska 2018: 172–173). It has been established that the material conditions of women in a family with offenders and children tend to deteriorate with the incarceration of the man, beginning with the loss or reduction of family income (Smith et al. 2007: 16–18, 42–47) and leading to limitations in meeting the needs of family members and managing the household (Dzierżyńska-Breś 2020: 203). Another issue involving women's relationships with offenders that has been addressed by researchers is emotional bonding. As a consequence of a family member's imprisonment, this can be weakened or even broken (Machel 2014: 51; Kieszkowska 2018: 171), the tangible evidence of which is divorce. It has been proven that the risk of divorce increases significantly after a man is released from prison (Apel et al. 2010: 286). Knowledge about women who live with men serving sentences is further enhanced by research on custody in these specific, temporarily incomplete families. Researchers point to the higher incidence of

punitive, inconsistent and generally unsupportive behaviour towards children in this type of family, linking it to economic difficulties, increased depression and increased irritability among the mothers (Fidelus 2016: 337). At the same time, the researchers caution that the imprisonment of a family member is unlikely to mark the beginning of problems for the family. Rather, what follows is a continuation or exacerbation of an already difficult situation for the family, often entailing limited education, poverty and problems with substance abuse, mental health, violence, etc. (Kjellstrand, Eddy 2011: 20). Former wives of convicts explain that incarceration was only one of several factors leading to divorce (Fishman 1990: 209).

In spite of the difficulties resulting from their financial situation, raising their children and maintaining relationships with their social environment, some women decide to stay with their incarcerated husband/partner, maintain regular contact with him, support him and even significantly subordinate their personal and professional plans to the schedule of the penitentiary institution (Szczepanik, Miszewski 2016: 70–71). Unfortunately, prisoners sometimes treat the women helping them and sacrificing for them as (drawing on the nomenclature of drama) a "supporting actor" who follows a script written by the man to reinforce his sense of agency and desired social position among his fellow prisoners (Szczepanik 2017: 185–187). Despite this objectification, even when the relationship has become extremely problematic and unsatisfactory, some women persist in it, revealing characteristics and behaviours confusingly reminiscent of those observed in relationships based on codependency with an alcoholic (Szczepanik, Miszewski 2016: 71).

The issue of women who are codependent on criminals was directly addressed by Renata Szczepanik (2015a: 332, 343) in her research on repeat offenders' desistance from crime. Within the broader category of "rescuers", she distinguished a subtype of codependent woman. She described her as one who, even if she disapproves of the offence, unconditionally supports her partner in eliminating the discomforts that result from breaking the law. She forgives him and believes his promises. Quite often, driven by a desire to help her partner, she herself breaks the law. For a woman codependent on a repeat offender, it is significant that she explains his pathological behaviour by drawing on the arguments that criminals use when they

still want to perceive themselves as good people despite violating the rules. As Beata M. Nowak (2020: 33–35) writes, these include rationalising the criminal act as a means to gain a greater good, comparing one's own crimes with others' more serious acts and blurring and displacing responsibility. Furthermore, a woman who is dependent on a repeat offender does not acquire a rational assessment of the situation, even if she is objectified and becomes a victim of violence. This problem was pointed out by Danuta Raś (2019: 357), who noted that a woman pathologically attached to an offender may be not only a partner to him, but also a mother.

By sacrificing herself for the criminal, the woman gains something. First of all, she preserves her relationship with him. She also improves her image, as she embodies the qualities preferred by the masculinised and patriarchal criminal environment (she is absolutely loyal, submissive, persistent and faithful in her feelings, she unconditionally sacrifices herself for a man and she fulfils a kind of mission whilst waiting for a man to return) (Szczepanik, Miszewski 2016: 72; Łukaszek 2018: 261; Raś 2019: 358). However, by sacrificing herself for the man, the woman simultaneously becomes, as Woronowicz put it in relation to codependency on an alcoholic (2009: 327), "his persecutor" as well as "one of the victims of a pathological relationship that gives a small profit, despite costing a lot." The woman becomes the man's persecutor because, by permanently rescuing him, she prevents him from anchoring himself in freedom and provides no basis for him to try to break with his criminal lifestyle (Szczepanik 2015b: 52–53). Also, the woman becomes a victim because she suffers the effects of codependency, namely she experiences negative emotions, gives up the fulfilment of her own needs and experiences violence from the partner (the occurrence of the latter has been empirically confirmed in almost 30% of relationships with offenders [Łukaszek 2018: 262]). As a victim of violence, on the other hand, a woman may be coerced or manipulated into a crime by her partner (this trend was noticed in almost one in five offenders [Łukaszek 2018: 262]). She may also, according to the mechanism identified by Luz A. Aristizábal (2020: 8), herself turn to crime according to the idea that "I did it for him." The woman also bears the cost of her dependence on the recidivist because she is affected by the negative consequences of his criminal activity. She experiences them both prior to her partner's

incarceration (e.g. the nuisance of interventions by the authorities or the family's lower social status [Ostrihanska 1976: 35]) and after incarceration (e.g. the economic weakening of the family caused by the loss of the incarcerated person's income, the expenses incurred in connection with his imprisonment, his reduced work opportunities after release due to employment barriers for former prisoners and the placement of both the man and woman in the discredited category of underprivileged families [Weaver, Nolan 2015: 3]).

Methodological basis for the research

The author sought to answer the following questions: (1) What codependency-specific behaviours do female partners of repeat offenders exhibit? (2) What were the costs of their involvement in a relationship with a repeat offender?

It was assumed that the method of qualitative content analysis, with an inductive (*in vivo*) approach, would be adequate to clarify the issue (Gibbs 2007: 93), as it offers the possibility of exploring categories which the researcher had not anticipated (Glińska-Neweś, Escher 2018: 75). The research was conducted according to the procedure described by Karolina Szczepaniak (2012: 100), i.e. it started with the selection of the research material, which was to come from discussions in online forums. Appropriate forums were selected by searching in a browser for phrases containing the keywords "women living with criminals", "relationship with a convict", "women waiting for a convict", etc., each time completing the phrase with the word "forum". A total of four forums, and strictly the existing threads on them, were qualified for analysis: (1) discussions on "the sole family provider in prison" and "relationship with a convict" on forumprawne. org; (2) "my husband is in prison and I can't take it anymore...", "relationship with a criminal?", "whose husband or partner is in prison???"[1] and "missing a boyfriend who is in prison" on the forum netkobiety. pl; (3) "has anyone been with a guy who was in prison?" on kafeteria. pl; and (4) "boyfriend in prison" and "boyfriend with a past" on wizaz. pl. The selected discussions took place between 2012 and 2023; some of them lasted several years each. The shortest consisted of more than

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1   Original text of the discussion topics.

50 posts, whilst the longest had more than 400. The women who participated in them shared their experiences of living with a repeat offender, although this was not always a recidivist in the legal sense or in the sense of penitentiary recidivism.[2]

The next stage was to read the discussions several times in order to create a categorisation key. Categories emerged as the reading went on, with the discovery of certain recurring themes and their interconnectedness. These themes were "behaviours typical of codependency" and "the costs to a woman for continuing in an addiction-based relationship with a repeat offender". These categories were labelled and then illustrated with excerpts from the statements of women involved in the discussions. Although the discussions were public, measures were taken to make it difficult to identify their location and authors online. Namely, the statements were slightly edited (to make them linguistically correct) and, adopting Robert Kozinets' view that pseudonyms function online like real names and should be treated as such (2010), the login names of their authors were omitted.

Behaviours of women in relationships with repeat offenders

Based on the analysis of the discussions, it was found that women in relationships with repeat offenders displayed a number of behaviours typical of alcoholic codependency. These behaviours were labelled and are exemplified with appropriate quotes.

The women tried to stabilise and control their partner's behaviour. They assumed that if they were ready to help the

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2   Legal recidivism is a situation in which an offender convicted of an intentional crime, after spending at least 6 months in prison, commits an intentional crime within 5 years that is similar to the one for which they were imprisoned (Art. 64 §1 of the Penal Code Act of 6 June 1997). Some of the participants were in a relationship with a man who committed multiple, but different crimes, which did not meet the criteria of legal recidivism despite being qualified as criminological recidivism. In turn, penitentiary recidivism occurs when a person is imprisoned for at least the second time. Among the women whose statements were analysed, there were some whose partner was imprisoned for the first time, although he had already engaged in criminal activity for which he had received a suspended prison sentence. This type of situation is not considered penitentiary recidivism, although it does fall within the category of criminological recidivism.

man give up criminal activity, then he would certainly make an effort to change. They declared that if he failed to do so, they would present him with an ultimatum (e.g. they would abandon him), which they believed would be a shock and would result in him taking the right path.

> I fell in love with a guy who has a bad past. At the age of 15–17, he had several court trials for beatings. He didn't finish junior high school; he goes out fighting for his sports club; he drinks, he smokes, not to mention snorting coke (he does it once in a while) […]. I want to help him change his life […]. I think once he has a decent girlfriend, he MAY come to his senses and get on with his life. I'm not saying that he will immediately stop drinking, getting high, fighting or stealing. If I see that he hasn't changed, I'll just leave him and maybe then he'll realise his mistake.

The women adjusted to the rhythm of life determined by the partner's criminal activity. They calculated the risk of him being imprisoned into their life together, but hoped that if it happened it would be in the distant future. After an arrest or a sentence of absolute imprisonment, the women argued that the incarceration happened at the worst possible time, because it coincided with, for example, their pregnancy, the birth of their child or when it seemed that the man had "turned the corner".

> Four weeks ago my boyfriend went away and, as always, he was supposed to come back after a week, but his phone being switched off indicated one thing. I was aware that sooner or later it was going to end like this (he's been dealing with this for 16 years and has never been caught), but I didn't know that it would happen at such an important time. I am seven months pregnant and I was left alone, without any support.

The women functioned according to a peculiar rhythm, even after the incarceration of their partner. In such a case, it was a rhythm measured by successive, limited visits—especially in the form of visits to the prison.

> I only live my life from visit to visit, and it's awful. However, I love him more than life and I am able to sacrifice so much for him. Sometimes I go to him, to the prison, and wait three hours so that I can only see him for an hour, but that hour is priceless. And that's how it works. From phone call to phone call, from visit to visit, from letter to letter.… It's hard at the beginning, but once you "learn" this rhythm, you can sort yourself out and it's not so bad.

It was typical of the women dependent on a partner/criminal to give him multifaceted support. They helped them by sending money and parcels. They were emotionally supportive, making phone calls and visiting their partner in prison; they intervened in courts, trying to shorten the sentence or obtain a reprieve or break in the sentence; they collected arguments in appeal cases, etc. Some of those interventions were based on a naive assumption that it is enough to appeal to the court's empathy to improve their partner's situation.

> Today during the day my fiancé was sent to prison for old issues. They told me they would lock him up for two years. I'm heartbroken because it all happened in a second. I'm seven weeks pregnant with a threatened pregnancy, I live alone, I have no income because I can't work physically because of the risk of losing my baby. He was my only support. Do you think it's possible that a letter to the prosecutor's office about my endangered pregnancy and loss of the sole breadwinner would change anything?

It was typical that the women engaged in support activities and cared for their partners whilst ignoring their own needs. Some of them tried to argue that the man deserved special attention due to the nature of the penitentiary environment.

> For them, there, behind bars, it's important to know that someone is waiting for them; that they aren't alone. And, above all, it's better not to show them that we are not coping, that we also need support, because then it will be harder for them, too. They have a lot of time to think and it's easy to break down there. And if they know that everything is ok here and they don't have to worry about anything, then it's certainly much easier for them.

Women were often the sole source of help and support. They supported their partners continuously, unconditionally, despite the financial and emotional cost and despite sometimes being exhausted by rescuing the men. They did not stop helping and supporting, even when they realised it was self-destructive and even though circumstances arose that made it easier to stop (e.g. the imposition of a long prison sentence).

> Also, my problem is that I still don't know how to cut myself off and stop supporting him. I feel that even though he's not here, he still rules me. I'm still afraid of what he'll say, how he'll react, so I prefer to do everything as before.

The women who participated in the discussions tried, through various kinds of defence mechanisms, to eliminate or reduce their partner's responsibility for the crime and/or to minimise the meaning of the crime itself. By proving that their partner was one of many offenders, but that those others had escaped justice or were treated extremely leniently, the women used the mechanism of diluting responsibility. Some put the blame on themselves, explaining that their own behaviour was the stimulus for the criminal act. Still others, blurring the man's responsibility for the crime, blamed institutions which, although statutorily obliged to help and support citizens, in these women's view had failed and even encouraged the man to commit crime.

> I also have a husband in prison […]. We got married and it was ok until we started to run out of money. We rented a beautiful flat, but we couldn't afford it on one salary. When we went to the institution, those [****] told him to go to a homeless shelter and me to a home for single mothers since we couldn't afford to pay the rent. "Support" from the state? Thank you very much. They prefer to support the homeless instead of helping families. And he started stealing. Eventually he got caught. My husband went looking for work wherever he could, asking for any kind of job, and no-one gave it to him, no-one helped […]. His probation officer is a failure. He gave him addresses where he could find a job. My husband would go there, but it always turned out there was no such establishment or they didn't need an employee.

There was also evidence of attempts to rationalise the criminal act as a means of obtaining a greater or basic good for survival.

> The latter received a six-month sentence for stealing metal parts from a mine worth PLN 320. He did this because he could no longer feed his children. I know it was wrong, but he had no choice, and one would do anything for one's children.

Some women used the mechanism of minimising the significance of the crime by comparing it with others' more serious acts, and even through such comparisons they made a kind of gradation of offenders.

> Criminals aren't that bad. Some of them are bad, but there are normal people, too, because not everyone is in prison for the same things, and not everyone has a messed up head like, say, rapists or murderers.

The women justified their own involvement in a relationship with a criminal by activating illusions and fantasies. In the illusions, they referred to the value of love. They argued that true love sometimes requires trials, in view of which they saw their partner's imprisonment as a test of the permanence of the relationship and a chance to take it to a higher level.

> I have to admit that it was hard at the beginning. I remember walking him outside the prison. It was the worst day of my life. A moment, and the gate was closed. I fell to my knees and burst into tears. I walked around for a week like a beaten dog. But now I'm strong […]. It's a real test of a relationship, to be honest. However, if you survive this, you'll survive anything and it will be a strong relationship.

The women assumed that their partner would appreciate the qualities they had proven to possess, looking forward to his return and showing help and support.

> He was given three years. Seven months to go. Will I wait? Yes! Why? […] Because I know that this is the person who will appreciate my love more than a boy who sits behind a desk in a suit, because he appreciates that I am with him; that I have not left him.

They proved the value of their partner by juxtaposing him with the example of a man who, although he did not break the law, does not possess the qualities valued in the criminal world (e.g. specific type of courage or loyalty to "their own").

> Not everyone who has been in prison is bad […]. For me, such things aren't important, because this is something I can tolerate. Believe me, I am happy with him. Is a criminal worse than others? Not at all! He's better than many youngsters who talk and talk, and, in the end, they either **** off or betray their friends.

Among the illusions used by the woman to justify her relationship with a partner involved in criminal activity was the argument that this activity had slowed down and there were signs of settling down after regaining his freedom.

> He currently has several suspended sentences, and he was in prison for theft. That was three years ago. It changed a lot in his life, gave him food for thought, and he's simply changed since then. He also goes to work abroad every now and then. In general, he says that he has changed and that he has completely different values because of what he's been through.

As the women rationalised their being in a relationship of dependency on a partner involved in criminal activity, they recalled the memories of living together. They retold past events, presenting themselves as particularly adored and respected by that man.

> Mine loves me like a princess. No man has ever looked at me like this, and no man has fought for me like he has. Never […]. That's the way he is. Emotional […]. I have been in a few relationships and I have never felt so loved and important to anyone. I am very important for him. I know it.

Some fantasised about the future with the incarcerated man. They assumed that his mere return to an environment of freedom would guarantee their family happiness.

> I know that once this nightmare is over, we'll be the happiest people in the world and we'll finally be able to get our life in order […]. Otherwise, I wouldn't agree to wait for him for such a long time.

The symptoms described above were accompanied by toler-ance for the partner's pathological behaviour; the women allowed their partners to mistreat them and they did not stop the relationship even after experiencing manipulation, intimidation, insults, reproach or physical assault.

> He made me neurotic and, on top of that, he spat in my eyes. He didn't hit me, probably because there would have been a mark, so he spit. Yes, I go to appointments, answer phone calls and I have dealt with his un-finished business. I don't know why. I know you'll say I'm stupid. I don't tell anyone how he treats me. Everyone thinks we are a happily married couple.

As a consequence of these co-existing behaviours, the women created a cycle that was difficult to break. Even when they perceived that it was destructive for them to persist in the relation-ship and favourable circumstances arose for them to free themselves from their partner, they were unable to do so.

> My husband is currently in custody, as the sentence has not yet become final, and taking into account his appeal, it will probably still take some time […]. At the moment I am the only person who is interested in his life. As far as the divorce is concerned, I think about it very often, but somehow, I don't know how to put it into practice. I can't imagine him coming back and us living together again. If I was a **** when he was

home and if I cheated on him, as he suggests, what will happen after he's been away for so long! I really can't cope with that and it's making me terribly tired, which is why I'm not able to function normally. I don't know, maybe I need time, maybe it's too early to see the effects of therapy, or maybe it's like my previous therapist once said: when I'm in therapy, I understand and nod, and when I go home, I forget everything that was talked about in therapy.

Costs for women persisting in a relationship of dependency with a repeat offender

The women, who submitted to the rhythm of life set by their partners' criminal activity and who protected them from its consequences suffered serious costs. Their involvement had financial consequences, which started after the man's arrest (e.g. because they bore the expenses of hiring a lawyer). Some of these women became so involved in helping that they sacrificed all their savings, neglected and sometimes lost their job, thus losing their only source of income.

> I spent all my money on a lawyer, and the business stopped prospering. I felt that I was being pulled into a big, black abyss.

Also, the women discussed the h e a l t h c o n s e q u e n c e s of being in a relationship of dependency with a criminal (such consequences mainly included mental health problems).

> I'm not able to continue the relationship in the way I have done so far. Now, after some time, I know this. It has a negative influence on my wellbeing, I'm starting to get depressed, I'm taking tranquillisers.

Some of the women realised that, by helping their partner and supporting him, they got involved in their own p r o b l e m s w i t h t h e l a w.

> A cheat, a liar, a traitor, who—as it turned out—stole from his own family, and who got me into trouble with the law. This is how he repaid me for my help, sacrifice and financial support.

However, most of the comments referring to the cost of helping the partner/criminal were concerned with the emotional aspect. The women, although they helped and supported their partners, believed

their partner's accusations that they were not involved enough, and consequently struggled with feelings of guilt.

> The worst thing is that we have been arguing more and more lately.... He accuses me of being unsupportive and, although not entirely, partially he is right. I feel that I am not supporting him as much as I should. I mean emotional support, because I help him financially if I can afford to do so. He often says that instead of helping him get through this time, I make it harder for him with the constant arguments on the phone.

Among the women living with a man involved in criminal activity, some noticed their partner's unjustified demands and the lack of positive change in his behaviour. Consequently, they felt ambivalent about continuing to help him. The conflicting desires, however, were incompliant with the image of a woman being faithful and sacrificing for her man. The women felt uncomfortable experiencing such desires, and this was a reason for them to doubt their own worth.

> This great interest he has in himself, the lack of any remorse or conclusions makes me think that I don't want to visit him anymore!!! And I certainly have no desire to contribute to him leaving earlier. DOES THIS MEAN THAT I AM A BAD WIFE, A BAD PERSON?!

Despite the help and support shown to their partner, some women felt disillusioned because they encountered their partner's ingratitude, lack of improvement and even avoidance of responsibility for their loved ones and separation from them.

> This time my husband got 25 years […]. People in prison change a lot; they don't understand what we have to suffer through.... I've tried my best, too: hearings, visits, sleepless nights and so on. Unfortunately, I can't take it anymore […]. I want to live a normal life, and he has already forgot how hard I tried to help him. He wants to file for divorce and he says this is my fault; he's appealing alimony as if the children don't matter to him.... Sometimes I'm just fed up with everything.

The emotional cost of a relationship with a partner with a criminal lifestyle was also borne by the women after they discovered that they had been treated as instruments, sometimes to the point that when they were no longer "useful" after serving their sentence, the man broke up with them.

I was with a man who was serving a prison sentence of almost two years. It was not his first sentence. I helped him, I went to the visits. I loved him very much. He came out and said that he already had a new family and that I should get away from him. That is how he thanked me. I'm very sad, I think I still love him.

Some women felt fear when in a relationship with a repeat offender. This feeling motivated them to obey him. Even if he did not currently threaten them directly because he was serving a prison sentence, they feared that if they left him he would take revenge when he got out of prison.

The last time I was with him before Christmas, I was also instructed on what to do and what to arrange due to the fact that my husband has filed an appeal and the appeal case is due soon […]. I have no desire to do that. But there is another problem in all this. I'm afraid that if I don't do it, he'll take revenge. I don't know how and I don't know where, but I'm just still afraid of him.... How do I get rid of this fear, how do I start living for myself and for the children, knowing that he is there?

For many women, being in a relationship with a criminal had some consequences in the area of social relationships, as it collided with fulfilling social obligations and caused tensions with people from their own social environment.

He repeats that he loves me and increasingly trusts that I can be with him until the end. However, this is making me exhausted […]. I'm neglecting my responsibilities at home, my work and my school. In addition, this situation has worsened my relationship with my parents, because they see that any contact with this man, instead of motivating me and giving me hope that I will be happy one day, is making me more and more depressed.

To avoid escalating tensions with family members who disapproved of their helping the offender, the women stopped sharing their problems. Some knew in advance that their loved ones would not be understanding and that they would even face negative labels, so they did not involve them in their role as rescuers. Thus, they helped the offender alone and in secret, which resulted in an overwhelming sense of loneliness.

One is left alone with everything, because it's embarrassing to admit all this to normal people who have nothing to do with all this pathology […]. The only family members for me are my pets. This is madness.

For some women, negative experiences manifested themselves in a sense of detachment from one's life which resembled depersonalisation.

> It's a known fact that I have to go to work, so then I switch and start pretending to be normal, even though inside I have such an emptiness and feel like I'm not myself and live in an imaginary world.

Conclusion

During the analysis, the properties that characterise codependency with an alcoholic were identified in women's relationships with repeat offenders. All the basic types of behaviour described in the literature as being specific to people pathologically attached to an alcoholic were observed. Taking the conceptual grid developed to describe codependency in relationships with alcoholics as the basis, the following behaviours extracted in the research were identified: attempting to stabilise and control the man's criminal activity, submitting to the rhythm of life influenced by this activity, providing unconditional help and support to the man, using psychological defence mechanisms to reduce his responsibility for the crime and/or to minimise the significance of the crime itself, justifying one's own involvement in the relationship with the repeat offender by activating illusions and fantasies and tolerating the partner's pathological behaviour, including domestic violence.

By manifesting these behaviours, the women created a cycle that may have been of value to themselves (e.g. they presented an image of a person who is described in the literature as attractive to offenders; see Szczepanik, Miszewski 2016: 72; Łukaszek 2018: 261; Raś 2019: 358) and that may have been comfortable for the convict (e.g. because the women, through their behaviour, made them feel that they were in charge of their relationship, thus confirming that they have qualities valued among prisoners [Szczepanik 2017: 185]). At the same time, this cycle had a negative effect. For the women, the consequences of codependency were as follows: the health and financial costs of helping the offender; negative emotions (guilt, disappointment, fear and lowered self-esteem); a lack of understanding from the social environment, together with isolation and rejection;

being a victim of manipulation, deception, objectification and some-times emotional and physical violence. Despite the unpleasant con-sequences of remaining in a relationship with a repeat offender, some women did not see the need for a change; moreover, some of them did not even want a different life (according to one statement, *one can love a "bandit" with all one's heart, despite everything, and not be able to function in this grey world without him*). Others, even once they had perceived the destructiveness of their relationship and the possibility of getting out of it appeared, remained in it, which only proves their dependence on their partner.

Women suffering the negative consequences of a pathological attachment to a repeat offender have the opportunity to change their situation by taking part in individual therapy. It could also be help-ful for them to form self-help groups. Such groups can be seen as a stage before seeking professional help (especially if they redirect women to institutions and individuals offering appropriate help) or as a complement to it; for some, it may be the only source of support. Self-help groups for people whose loved one is in a penitentiary are not new, although they are rare in Poland. One of the few is the Face-book group "Greetings to the Prison" (https://www.facebook.com/groups/614429265841464), which has 2,500 members; moreover, Polish citizens can use the "St Nicholas Trust" in Cork, Ireland—online and in the city (https://www.stnicholastrust.ie/pl/). Research-ers of penitentiary issues recognise the numerous advantages of self-help groups dedicated to the relatives of convicted people, mainly as a source of information, an exchange of experiences and a space in which to express grief and the sense of loss and to establish new rela-tionships, thus minimising the experience of exclusion (Szczepanik, Miszewski 2016: 63–64).

Since the attitude of a woman dependent on a repeat offender is, to some extent, a product of the characteristics and behaviours of both partners, and since it is also destructive for the man (as it does not encourage him to stop his criminal activity), it is also worth considering interventions for repeat offenders. In prison, these could take the form of educational programmes aiming to foster a change in the way they perceive the events related to their relationship. The idea seems feasible, especially due to the fact that the Prison Service already has experience in a related area—programmes for convicted

perpetrators of domestic violence, in which thousands of prisoners participate annually.[3]

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3   Based on the tag "preventing home abuse" at the website of the Prison Service: https://sw.gov.pl/dzial/przeciwdzialanie-przemocy-w-rodzinie.

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Małgorzata Manado

Around the Cathedral: Education in a World Founded by Values, Culture and the Humanities

Wokół katedry — wychowanie w świecie ufundowanym przez wartości, kulturę i humanistykę

Jerzy Wacław Gałkowski, Stanisław Karol Gałkowski, *Wartości — kultura — humanistyka. Wokół filozofii wychowania*, [Values — Culture — Humanities: Around the Philosophy of Education], Wydawnictwo Naukowe Akademii Ignatianum, Kraków 2019, pp. 132

From its very beginning, the book by Jerzy Wacław Gałkowski and Stanisław Karol Gałkowski presents a multifaceted approach to its subject and endeavours to describe the world not only from the point of view of philosophy—which both authors consider to be the queen of sciences—but also through other interpretative keys. Father and son, representing two generations of scholars, look at the contemporary world, from the perspective of both classical values and the processes that are transforming this world at an extraordinary pace. This examination of the world (with the
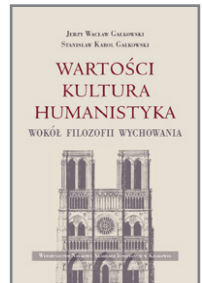
emphasis on the leading role of philosophy) is accompanied by other sciences: psychology, sociology, history, culture, literature, biology and law. What are father and son looking for in this intense writing session? The elder is from the generation of the 1930s, so his childhood was influenced by the war and his youth by totalitarian systems. For the younger one, the generational experience was of martial law and the political transformation in the country in which he had to mature and start his adult life. What are father and son, serving the same cause, adopting the same values—but with such different experiences—looking for together?

This search is about fundamental, timeless and universal issues. In fact, it is about one thing: man, who has always been the subject of analysis in scientific reflection; whose condition and existence in the world, in his relations to the world, to other people and, last but not least, to himself, constantly intrigues, amazes and fills us with hope and fear.

The upbringing of a person remains the focus of both authors. Understood as a conscious, purposeful process whose goal is the multidimensional development of the human being, upbringing must be based on the values in which the teacher himself believes and which he uses as the foundation of this process. Thus, upbringing, being the subject of pedagogy, does not take place in a vacuum, but is founded on the categories referred to by the authors: values, culture and the humanities. Starting from the philosophical tradition, but not stopping there, the authors recommend to the reader the world of values, the world of culture and the world of humanities as necessary foundations in the process of educating a young person in the contemporary world (Gałkowski, Gałkowski 2019: 11).

The main research problem addressed by the authors is therefore upbringing. In the first part, this problem is extensively analysed by means of the philosophical method. Moral, philosophical and scientific authorities—such as Karol Wojtyła or Fr Jacek Woroniecki OP—become the central point of reference. The authors reflect on the general problem of responsibility, the value of a human act and the category of conscience. These reflections are continued in the second part of the book. The fascination with the subject of culture is reflected in its discovery and enhancement by adopting the attitude of an active, engaged viewer and participant (Gałkowski, Gałkowski

2019: 53). The authors definitely opt for the need to define the so-called canon of culture and to introduce it to education as the basic tool for shaping young people.

The section entitled "Humanities: A return to classical paideia" begins with a linguistic argument, juxtaposing the term *paideia* with *humanitas*. The authors support the conviction that each generation must, in a way, begin the effort of education and self-education anew. This kind of approach seems pessimistic. What is helpful, according to the authors, are two universal tools: philosophy, understood and defined here as "working on oneself" (Gałkowski, Gałkowski 2019: 93), and fairy tales, which, through their wealth of symbols, archetypes and behavioural patterns, become for the child a treasury of knowledge about life and man. The chapter entitled "Humanities and teaching" reassures the reader of the need for humanistic education. The authors describe the function and role of the humanities. The final emphasis of the third part of the book is a rather pessimistic view of the humanities in the age of the internet. The consequence of the disintegration of the old world, and man's analogue perception of it, is the modern world—the so-called liquid modernity, in which everything flows, everything is relative (including values) and there are no objective, binding rules governing the world. Man assumes the role of a passive consumer of goods, but also of culture (Bauman 2006). It is "a world full of so-called Peter Pans who do not want to grow up. In spite of the Internet, television and additional activities, the loneliness of a child seems to become increasingly more common" (Chrobak, Wądolny-Tatar 2016). This loneliness also applies to every human being.

It is certainly no coincidence that the cover of the Gałkowskis' book features an image of the west façade of the Notre Dame Cathedral in Paris. Erected on an island in the Seine, built over almost two centuries, it is not only a monument of architecture and a legacy of world cultural heritage, but also a great symbol of European culture and values. Impressive in its size and harmony, the building rises toward the sky in accordance with the Gothic rules of mediaeval architecture. The cathedral's composition, based on the square and the circle, refers us to theological, divine and cosmic symbolism. The circle, as a perfect shape and the intrinsic dynamics of the constant π as the mathematical standard for the perfection of the world, is

the basis of the cathedral, its source and its strength. The cathedral, which is the work of the mind and hands of the brilliant artists of the time (according to mediaeval symbolism) is above all a reflection of the divine, cosmic order, fixed in stone. In his letters to Czesław Miłosz, Zbigniew Herbert wrote that "it's a cathedral which I walk around from all sides, and I cannot cope with it at all. You understand yourself that my eyes seem to go out of my orbits and they only get back into their place at night, though not always" (Toruńczyk 2006). For Herbert, the cathedral is a symbol of inexpressible beauty and value. His slow "walking around the cathedral from all sides", his recognition by deduction or induction, his metaphorical attempt to describe it—all this leaves the poet in a state of awe, but also helplessness. It is similar with our authors: they walk around the cathedral of values and culture from all sides, starting from the philosophical side, attempting to describe the phenomenon. Do they share Herbert's feelings? One would like to say that they express both admiration for the world of values and a peculiar helplessness towards the global world of liquid modernity that emerges towards the end of the text. "What interests me in this postcard, however, is something else: a record of the experience of helplessness. I walk around the cathedral from all sides and I cannot cope with it, says Herbert. The words about the intensity of the cathedral as an object of perception are likely more than just a reproduction of the travel writer's topos of 'captivation.' Perhaps they convey a sense of the real problem that Orvieto's Il Duomo becomes for Herbert. The cathedral is a problem, a challenge. The force of its existence demands some kind of response from the traveller" (Antoniuk 2017: 173).

Looking at the cover of this book, it is hard to shake the impression that the cathedral is a historical and artistic context that cannot be overlooked or ignored. An attentive reader will notice the date parallelism between 2019, the year of the publication of the book in question and the year in which the Notre Dame Cathedral was burning for several hours in front of the eyes of the whole world in a fire that caused irreparable damage. The burning of the Paris cathedral and the burning of classical values, culture and humanities is happening in front of our eyes. The voices of Professors Gałkowski are an attempt to describe this phenomenon, to indicate its general causes and perhaps to suggest some ways to solve it.

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