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Marginal of elderly people towards social acceptance. Changes in attitudes to seniors on the example of social help institution

Streszczenie

W ciągu ostatnich kilku dekad zauważamy istotne zmiany postaw wobec seniorów. Przyczyn jest wiele. Z jednej strony są one spowodowane zmianami demograficznymi i rosnącym procesem starzenia się populacji. Z drugiej zaś ludzie starsi stają się coraz bardziej aktywni, widoczni, niezależni, zadbani, uczestniczą w pełni w różnych obszarach życia społecznego. Zmiany postaw wobec seniorów przebiegają od marginalizacji do akceptacji i od bierności do aktywności. Instytucje pomocy stacjonarnej takie jak np. domy pomocy społecznej również ewoluowały od instytucji totalnych, zamkniętych ku instytucjom demokratycznym, otwartym.

Artykuł jest próbą ukazania zmiany miejsca seniorów w społeczeństwie na przykładzie domów pomocy społecznej.

Słowa kluczowe:

ludzie starszy, seniorzy, instytucje pomocy społecznej, marginalizacja, akceptacji

Abstract

For over two decades we have been seeing changes in attitudes towards the elderly. There are many reasons for these changes. On the one hand they are caused by demographic change and the growing process of population ageing, and therefore changes in the communities offering various types of activity to senior citizens. On the other, senior citizens present themselves as active, independent, well-groomed, and able to participate fully in society. The picture of senior citizens enclosed within the walls of the house, passive, sick and with no needs is slowly becoming history. Changes in social attitudes toward seniors run from marginalization to acceptance and from passivity to activity. A specific example of such changes are social welfare homes that have transformed from closed institutions into open, democratic institutions offering numerous types of activation. This article is an attempt to show the changes towards senior citizens using the example of social help institutions.

Key words:

old person, senior citizen, social help institutions, marginalization, acceptance

1. Old people's place in society - past and present

Previously, old people were seen as unnecessary, useless burdens for the family, due to their lack of livelihood and the inability to work because of physical weakness. Moreover, their looks repelled others because of the low level of development of medical science and hygiene. Primary society – as reported by the history of humankind –

manifested reluctance towards the elderly. They were seen as a heavy burden, as elderly people ate more than they earn or hunt (Szarota 2004: 6). Humanity's move from a phase of gathering and hunting to agriculture has improved the lot of old people who have become useful on farms. History reports significantly more negative than positive attitudes. Most often old people engendered negative feelings; even anxiety and disgust. Old people indicated the transience and vanity of the world (Minois 1995: 134). The prestige of the elderly has increased with the civilizing of humanity. In the history of humankind there are two attitudes towards the elderly, namely gerontophobia, i.e. the perception of elderly people as a social burden, which, in extreme cases, lead to their extermination, and gerontocracy, i.e. the privilege and social prestige of the elderly (Szarota 2004, Wiśniewska-Roszkowska 1989).

Sex determined old people's place in society. Men generally occupied a higher position than women. Men was presented as old, poor people who deserved help, and women as the "old ones" to whom ugliness and depravity were attributed (Bois 1996: 56). In gerontocratic societies, men fulfilled important roles in politics or religion, thus their social position was slightly higher than that of women. Care for the elderly did not differ from care of other population groups. The common element of all people who need help was misery. Advanced age and poverty put the elderly on the margins of society and qualified them as useless. Back then charitable institutions or organizations did not bestow any privileges on the elderly. This group of people was placed in institutions along with orphans, the infirm and the homeless, all of whom occupied the margins of society.

Attitudes towards elderly people only changed in the late nineteenth and twentieth centuries, and there were many factors involved. The most important factor was the social security system for senior citizens and the granting of essential services to retirees. Other factors were associated with the development of medical and social science – especially gerontology, where the focus was on old people and their needs. Another important factor was the development and equal rights of the individual, regardless of gender, education or age. The earlier term "old person" changed to the modern "senior citizen".

The change in place and role of old people in society did not take place violently, but it was slow process, which is still continuing. Currently, certain environments are still unfavourable to senior citizens. Old people they face discrimination and marginalization, and do not always have a place in their own families. Old age is not attractive because of the dominant cult of youth in the modern world, so there are cases of public exclusion of the elderly (Jakubowska 2009: 240–241). Moreover, the rise of individualism means that children do not have to take responsibility for helping their ageing parents. There are also other forms of discrimination against senior citizens such as in healthcare and banks (Szarota 2010: 118). But positive changes for the benefit of older people such as the creation of better, comfortable and specialized institutions providing

care and assistance are far more noticeable; an example being nursing homes that are still evolving to meet more and more individual needs of senior citizens.

2. Old people in nursing homes - an example of a total institution

The first state-appointed institutions that provided services to older people were nursing homes. On 16 August 1923 the Social Services Act laid the legal foundations for these institutions. Nursing homes were institutions in which the elderly and physically and mentally disabled could find shelter and day care. The social welfare system focused on meeting the needs of the necessities of life, and so was often described as a system of social emergency. Such a role was played by nursing homes, whose tasks were limited to meeting the basic needs of living and preventing starvation.

Nursing homes had a low standard of service and introduced discipline and isolation from the outside world have become known as total institutions. According to E. Goffman, a limiting character of total institutions often represents physical barriers to prevent contact with the outside world: closed doors, high walls, barbed wire fences, steep banks or water, open space, etc. (Goffman 2006: 316).

In total institutions Erving Goffman distinguished two distinct worlds: the world of subordinates and the staff world. The staff world aims to “treat people” – it is a matter of the formation of subordinates according to certain patterns. Once subordinates enter a total institution by the, *the process of degradation* begins, which is done by storing personal items in the warehouse, limiting contact with the outside world, the suspension of family plans and professional subordinates, etc. Furthermore, a process of *deprivation of personality* takes place, which is reflected in the system of power that staff has over subordinates (Goffman 2006). All of these elements of a total institution characterized nursing homes. Some other features should be added, such as the excessive concentration of residents (the rooms were overcrowded and in the same house as many as 200-300 people lived), the low level of education of the personnel, an institutional way of meeting needs (Tarkowska 1997: 123–124) and a lack of contact with the environment because of architectural barriers or isolation from the outside world due to difficulties in mobility particularly in the case of people with disabilities.

Older people in a nursing home could only satisfy their basic needs: they received a place to sleep, food and care. At that time, nursing homes acted as “storage”. The life of inhabitants in nursing homes at that time was quite monotonous. According to Leon Grela: “Meal times determine the daily rhythm. Then the inhabitants are left basically to themselves and how they use and fill the day depends on them” (1980: 16). The standard of living of residents in nursing homes at that time left much to be desired. The most visible problems were difficult housing conditions and excessive population. Architectural

barriers such as stairs and a lack of lifts and ramps meant that people could not move freely within the institution, or leave it. Food was also quite poor (Czerwinski 1957: 9–10). The low position of the elderly in society was maintained in nursing homes.

At the turn of 1970s and 1980s the first criticism of welfare institutions which guaranteed only basic care and nursing services appeared. The condition and deficit of social welfare, especially in terms of housing and material standard, were criticized. The source material suggests that before 1956 70% of nursing homes were in buildings built during the interwar period or even before the First World War (Staręga-Piasek 1982: 8–12). Attention was paid to the low growth of these institutions in relation to the needs and demographic data supporting an aging society. Social policy towards the elderly was not ideal. The creation of decent living conditions, improved housing, proper health and social care and opportunities for professional activity for the elderly were proposed. In addition the development of community-based services for the oldest member of society was demanded, along with an increase in staff at elderly people's places of residence. Alternatives for the care of elderly people were requested, not in the form of an increase in the number of nursing homes and the number of places in these homes, but also in the establishment of residential homes for the elderly.

Over the years, nursing homes transformed from closed institutions, known as total institutions, into open ones. The change was quite thorough and included changes in terminology – e.g. the term “residents” was replaced with the modern “people”. Significant changes have taken place in the material dimension, i.e. in the standard of the buildings and the extent and quality of services. In addition, there has been a move from basic, minimal to specialized benefits; a transformation of “care” to “help”. The attitudes of the population have changed: what used to be seen as treatment has become empowerment.

3. Circumstances of senior citizens in social care homes

Change in residential care for the elderly took place only thanks to the law on social assistance of 1990. Introduction of the term “help” definitively broke with the former term “care”, especially with respect to the elderly, the ill and invalids. The social welfare system definitely differed from the social service system. Also, thanks to the development of social geriatrics and gerontology, much more attention has been paid to the elderly. Widespread gerontological literature left no doubt that the system of assistance to the elderly should be improved and institutional forms of assistance revised. The older population have moved from the periphery to the center of interest in social policy.

In a new law dated 29 November 1990, social welfare homes were defined as units to meet living, educational, social and religious needs (Journal of Laws No. 87, item

506). There was a change of terminology: “inmates” became “inhabitants”; “care homes” became “welfare homes”. People rights were definitely expanded: obligations could no longer exceed the abilities of residents, the number of people in the house was limited to 100 (then to 60), and it was recommended that single and double rooms take the place of multiple-bed rooms. There were precisely defined ways of meeting people’s needs in food (in terms of food quantity and quality), as well as underwear, clothing and footwear. Above all, more attention was paid to the people themselves. Social welfare organizations began to focus on the inhabitants and their individual needs, taking into account their health and dexterity, and their right to choose and maintain independence, and enabling the development of personality. Isolation and passivity started to be replaced by integration activities and activation of inhabitants.

The range of activity available to residents confirmed the repositioning of inhabitants in these institutions. Forms of activation of senior citizens in social welfare homes are varied, encompassing the greatest possible use of all forms of activity. Gerontologists underline the importance and significance of active ageing. They note that over the years, remaining active is of particular importance. Activity is a condition of playing social roles, functioning in a group, and being present in the community. A lack of active ageing can lead to loneliness. The benefits of activation of senior citizens are huge.

First of all, activity allows senior citizens to maintain their physical and mental health, it stimulates the imagination and creativity, and teaches them to live together in a group, thus slowing the ageing process. Doctors admit that a positive attitude towards one another, faith in the meaning of life and cheerfulness have the power to support rehabilitation and the treatment of various diseases (Zawada 2010: 68). Practitioners point out that activated older residents of social welfare homes feel better, experience improved morale, become more confident and less demanding, rest better at night, cause less trouble, and show an increased interest in life and their environment (Zaniewska 1995: 14). The level of activity of the inhabitants largely depends on the staff of the social welfare home in question. An activating atmosphere is important in a welfare home, as Jan Gielas accentuates, saying that an activating climate goes beyond care, i.e. ensuring that senior citizens are “clean, fed and relaxed” (2001: 6). The obligation of staff to activate inhabitants is another positive development in these institutions.

Comparing the life of senior citizens in today’s social welfare home to nursing homes in the past, we see diametric differences that are easily analyzed in three areas. The first relates to material conditions: from gray buildings with a low standard and without lifts and ramps, located on the outskirts of the city, and crowded hospital rooms, there was a move to colourful, renovated or newly built buildings in localized urban centers, where lifts, ramps, bathrooms and even floors (with anti-slip carpets or tiles) are

tailored to the needs of disabled seniors, and where colorful interiors and single and double instead of multiple rooms have become the standard.

The second area sets the standard of service that has expanded from catering to essential needs for food, health and care, to meeting the domestic, educational, religious, social, cultural, recreational and other needs of individuals. Senior citizens are offered a whole range of different forms of activities, from occupational therapy through participation in cultural events (e.g. going to the cinema, the theater or concerts), trips and pilgrimages. In addition, many forms of activities are tailored to the individual needs of residents, e.g. for people with Alzheimer's and Parkinson's diseases.

The third area involves changes in the attitude of staff members towards residents. In the previous social welfare system, uncertainty of employment and lack of specialist training dominated, while currently skills and professionalism are emphasized in professional help. Much is said about making things easier for professionals who work with older people. The staff is expected to play an active role for the inhabitants, who should be helped, encouraged and mobilized to lead an active and productive life. At the same time they are expected to tray and create appropriate conditions and an appropriate atmosphere in the social welfare home.

4. Conclusion

The collected material shows that in the past older people occupied a very low position in society and were treated as economic burdens. A lack of usefulness in the family was followed by a low position within or exclusion from society for those not able to work due to age and health. Civilized societies have completely changed their attitudes toward the elderly, the sick and the disabled – in other words, those who are weak and dependent on others. People are no longer seen in economic terms, but have gained rights in recognition of their humanity. International documents, including the Universal Declaration of Human Rights (1948), have played an essential role. Recognition of the dignity and rights of all people regardless of race, gender, age or health status has completely changed the fate of those who were already marginalized in society.

The changes that have occurred in nursing homes indicate the transition of older people from the periphery to the center, from marginalization to acceptance, from treatment to empowerment, and from passivity to activity. It is not only the position of the elderly that has changed in nursing homes where previously only their basic needs were satisfied, but the structure and organization of these institutions have also changed. Currently, in addition to meeting the basic needs of inhabitants, welfare homes provide support and activation. In order to provide services, professional staff is employed. However, this fundamental transformation of the institution of social welfare homes would have been difficult without legislative changes, the development of particular

areas of study such as social gerontology, and the changes taking place on an international level.

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