# ROLE OF THE FAMILY AND OF THE SOCIAL SERVICES IN ELDERLY PERSONS' LIFE

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Abstract: The structure of the ego, the manner in which there are exercised the person's needs and impulsions in his/her relations with the environment, meets, once with the retirement, a new psychological context. This way, the retired person enters a crisis of the interests and of the professional capacities trained up to the retirement, to which there adds the prestige crisis. This paper brings to the forefront the elderly person's identity, which may be maintained or modified by the persons whom the former interacts with.

**Key words:** elderly person's identity, "the nestle emptying", volunteering, elderly employees.

### 1. Introduction

Longevity, associated with as good a health of elderly persons as possible, creates conditions for the period after retirement to become longer and longer, a positive thing, which brings however a series of problems. One of the problems refers to the funds of the social insurance, both for health, and retirement, the necessity of which is ever-increasing. Another major problem within a society with a high percentage of the elderly population is connected to the constitution of a social and occupational frame for elderly persons, so that these ones might lead a civilized life. The researches in the field reveal the fact that the elderly persons and couples undergo a diminution of the living standard, in the majority of cases [9]. To these there adds a special socialpsychological situation, that we may havedifficultly in understanding unless we experience it. This is the professional unemployment, the retirement from the

work of the persons who are still capable, available both intellectually and culturally. Subjectively driven in a process of recovery of the structures of the personality and of the self awareness through the dissolution of the professional sub-identity, third age persons are for society a source of experience, which, within intelligence, aptitudes, contemporary world, are totally neglected.

## 2. Family – Factor of Maintenance of the Elderly Person's Identity

For the elderly persons, family constitutes itself in a vital, essential factor, its behaviour considerably influencing their state of health, the quality of life and their life expectation. The family and the appurtenance group maintain in elderly persons the viable condition of identity and the appurtenance to the self awareness.

In order to understand the familial system, we have to note its members' behaviour in time [4]. Much of what we do

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daily is due to habit, which may be transmitted from one generation to the other. Consequently, the nature of the domestic organization or disorganization, the adopted roles, the distribution of the tasks within the family, the manners of communication, as well as of verbal and non-verbal expression of the feelings, have to be taken into consideration when we explore the signification between interaction and elderly persons.

In the second part of life, any person goes through several stages [4]:

- "the nestle emptying", after the children leave the parental home and move alone:
- crisis of the middle age which, both for women and men, occurs between 35-55 years old;
- preparation for retirement, between 55-64 years old;
- retirement or "the youngest elder age", between 65-74 years old;
- elder age, between 75-84 years old;
- eldest age, between 85 years old;
- outlining of death, as certain event in non-predictable time.

These stages are characterized both by the feeling of loss, and by the feeling of gain: loss of the children who leave home and gain of a greater comfort and space. The modality in which the respective person perceives the changes may be influenced by the manner in which the other members of the family and the society perceive them.

The person's retirement from the professional activity and from the afferent social circuits incurs upon himself/herself the restriction and the loss of the professional and social responsibility, which determines an accentuated focus upon the family relation, where he/she finds, many a time, insufficient understanding.

The conclusion has been reached that the system of family relations, the

psychological and affective climate influence the development and the formation of the young generation, the health of the middle generation and preeminently of the elderly generation.

The mutations appeared in the family, due to the evolution of contemporary society, brought about the change of the elderly persons' familial status and of the roles deriving from this status (rights, responsibilities, authority, degrees of autonomy). There were also produced changes in the attitude of the "non-elderly members of the family", who no longer observe the elderly person's anterior status, thereupon adding the brusqueness, the tactlessness and the lack of training with whom these changes are made [1].

The family is the place for learning affectivity, for the mutual comprehension of the feelings (listening, self-giving), but also of the conflicts (aggressiveness, despise, irony, neglect).

Only a warm familial climate may delimitate a balanced, complete and happy life for one's own person and for the rest. Many a time, a conflicting reality lies at the basis of an institutional placement of the elderly persons, the family hiding, in this case, the real motives for the placement. Another important element that intervenes in the elderly person's relation with the world is his/her deficit, on the somatic and psychic level. Likewise, the restriction of the activity field implies the restriction of the relational field, and the elderly person focuses his/her entire attention on the family and on the relations within it.

In the families in which there are elderly persons, there may come up a series of problems with respect to who is responsible. For many years there may have been a relationship of friendship between two generations of adults within a family, each one leading one's own existence independently. However, a crisis

or an event more or less expected may intervene and change this relation into one of interdependence. The experience of turning from a child into an adult entails taking over the filial responsibility towards a parent or an elderly relative. In order to describe this stage as interdependence, we have to admit (according to the theory of the transactional analysis) the reversal of the roles, the child turned into an adult being the one who takes care of his/her parent.

To take care and to assume one's responsibility for one vulnerable elderly person implies the existence of a considerable moral courage, courage which tends to appear especially in women. It is a complex experience, which reunites love and affection with duty and obligation. Moral courage is also necessary in the case of the elderly persons who have to realize what is happening and not to oppose.

The harmonization of the relations between generations is very important in order to positively influence the elderly persons' adaptive capacity and entails:

- adaptation of the family members to the elderly person's behaviour modifications and not the opposite;
- enhancement of the positive features given by age;
- comprehensive attitude towards the negative notes of growing older;
- taking into consideration that growing older is hard to experience even by the elder person himself/herself.

The adequate behaviour of the family towards an elderly person entails the observance of certain rules [1]:

- maintaining a field of initiative within the family for the elderly persons;
- taking into consideration the elderly persons' opinions;
- solicitation towards attempting to overcome the frustrations specific to the age;

motivational driving into useful activities.

Family has to offer to the elderly person a protective climate of equilibrium through avoiding conflict, the psycho-affective traumas, the affective deficiencies and frustrations, as well as the factors of over or under-solicitation.

Family, which takes over all elderly person's tasks makes him/her feel useless. The state of sickness and the intra-familial conflicts generate behaviour troubles, a fact which obliges to ensuring an adequate emotional support for the entire family.

The impact of the attendance granted to an elderly person depending on the family member taking care of him/her, also depends on every one's personality, on the personal values and on the relation existing previous to the stage of attendance.

## 3. Role of Social Services in Modifying the Elderly Persons' Identity

The attention granted nowadays to oldness is equivalent to adopting new approaches: a conception upon development that lasts during the entire life, the idea of a change possible at all ages, individual and familial evolving tasks that have to be stimulated and supported.

Working with elderly persons is not very easy. There have to be equally taken into consideration both the capacity of the context to promote well-being, reciprocal exchange, integration between generations, groups, subjects, as well as every individual's competences, every one having his/her own history, motivations, creative and evolving potential that he/she may consume in the context of the most intimate relations and in the wider context of society [10].

Although habitude makes us think that life identifies with traditional domicile, with family, and the institution with their denial, with the end, the death, the two alternatives coexist [2]. Current services of social assistance for elderly persons are:

- community attendance
- geriatric universities
- occupational therapy
- geriatric club
- protected dwelling
- social pharmacy
- social washing
- "wheeled" warm meal
- centres for collecting and redistributing the prostheses, the materials necessary for the dependent elderly persons with no possibilities;
- daily centre for elderly persons
- temporary housing
- institutionalization
- animation

As it may be noted, social services are aimed either at institutionalizing or at maintaining elderly persons in the community, although these are not always viable solutions. We cannot say that an elderly person, isolated in his/her own house, who has few social contacts, is less dependent than a person within a residential centre of attendance and assistance.

The elderly persons' social assistance is regulated, in Romania, through the Law nr. 17/2000 and especially aims at evaluating the situation of the elderly persons who need attendance.

The elderly persons' needs will be evaluated through the social inquiry, which is elaborated on the basis of the data with respect to the affections that require special attendance, to the capacity of setting up house and of fulfilling the natural requirements of everyday life, to the dwelling conditions as well as to the effective or potential income considered minimal for ensuring the current needs of life.

The services for elderly persons are carried out with their assent and they aim at:

- temporary attendance;
- temporary or permanent attendance in a hostel for elderly persons;
- attendance in daily centres, clubs for elderly persons, houses for temporary attendance, apartments and social dwellings, and so on and so forth.

The best and the most efficient attendance is the one offered in one's own family and the community one (in the social environments of origin, among his/her neighbours and fellow citizens that the elderly persons know and with whom they have lived along time). There are however difficulties in ensuring such an attendance from various reasons:

- the original families broke apart;
- the children went across the country and even abroad;
- even if some children are close from the spatial standpoint, they may be very far from the affective-human standpoint (they refuse their own parents, they chase them away from their own dwellings);
- other relatives have their own problems and even if they want, they cannot engage in such problems;
- the neighbours do not take over such responsibilities.

Despite the effort of putting into practise the maintenance to one's home, the institutions with beds remain a necessary reality for the cases who cannot benefit from the attendance to one's home.

The hostel for elderly persons is the institution of social assistance which ensures the adequate conditions of housing and food, medical attendance, recovery and re-adaptation, activities of ergotherapy and spending the spare time, social psychological attendance. and These hostels function with sections for: dependent semi-dependent persons; persons; persons who are not dependent.

The main objectives of a hostel are:

- to ensure for elderly persons the maximum possible of autonomy and safety;
- to offer attendance conditions that should observe the elderly person's identity, integrity and dignity;
- to allow the maintenance or the amelioration of the elderly persons' physical and intellectual capacities;
- to stimulate the elderly persons participation in social life;
- to facilitate and to encourage the interhuman connections, inclusively with the elderly persons' families;
- to ensure the necessary supervision and medical attendance, in compliance with the regulations with respect to the social health insurances:
- to prevent and to treat the consequences in connection to the ageing process.

The services guaranteed for elderly persons within residential centres are:

- social services that consist in: help for the householding; judicial and administrative counselling; modalities for preventing the social marginalization and for social reintegration in relation to the psychoaffective capacity:
- socio-medical services that consist in: help towards maintaining or readapting the physical or intellectual capacities; ensuring programs of ergo-therapy; support for accomplishing the body hygiene;
- medical services that consist in: consultations and treatments at the medical cabinet, within specialized institutions or at the person's bed, in case they is immobilized; services of attendance-nursing; provision with medication; provision with medical devices; dental consultations and attendance.

The social and medical-social activities are monitored and evaluated by the specialized staff within the apparatuses of the local counsels and of the general directions of labour and social solidarity.

The decision with respect to the longterm institutionalization is a very hard decision which has to be elaborated by a multidisciplinary team consisting of a social assistant, medic, psychologist and of course the elderly person in cause, eventually his family too.

The causes of the institutionalization in the long term are [3]:

- loneliness and the lack of the support network;
- elderly person's manifest desire;
- absence of the incomes;
- different chronic affections;
- physical and mental handicaps;
- loss of one's dwelling;
- lack of adaptation in the framework of the services to one's abode;
- "crisis" in the original family;
- immobilization to bed;
- domestic violence or of those who undertook to attend to the elderly person.

These causes interfere; mostly the causes of the institutionalization are multiple, which makes the institutionalization decision to be very difficult.

The institutionalization decision has psychical, moral, financial repercussions and modifies the elderly person's identity. This way, from an energetic, active person, with plans and responsibilities during the life before the institutionalization, the elderly person may turn into a passive person, with no motivation, with no activities, only waiting for the time to pass.

Here are a few descriptions of the day to day life made by institutionalized elderly persons (research 2007):

"A bleak day, I have no purpose, no htirst for life".

"Always the awakening "early in the morning", specific to our age, I watch TV, the morning news, afterwards I am brought the meal, after which I start

reading a magazine or a newspaper and, for the rest, again television, meal, exchange of opinions with my roommate, a little exercise not to atrophy myself completely and sleep at leisure. And here passed another day of my miserable life".

The same research enhanced the activities developed by institutionalized elderly persons (multiple answer):

- household labours: 7.5%
- audition/visioning radio/TV: 20%
- walking: 25%
- frequentation of the church: 20%
- crocheting/knitting: 7,5%
- excursions: 12.5%
- festive meals with different occasions (anniversaries, Christmas, New Year's Eve, Easter): 7.5%
- visits to relatives/friends: 15%.

Being asked what other activities they would like to unfold, there was surprising the fact that part of the subjects would rather do "nothing": "I am tired and sick". The subjects blamed their lack of activity at the expense of the sickness and of the age, however those who are still active and have different physical activities (for instance gardening, excursions, maintenance gymnastics) criticize and blame them.

Elderly persons, because of the fact that they do not participate in various activities, do not structure their program, so as to be active and useful, perceive their own life as monotonous "with no purpose".

On the other hand, the other services offered to elderly persons may be labelled, through their very destination: for elderly persons. There is possible to reach the situation of subculture formation, there being known the fact that subcultures form under two sets of circumstances [7]:

- when people share the same interests, problems and preoccupations or when they have long term friendships;
- when groups of people are excluded from full participation within society.

In order to see which are the elderly persons' desires in relation to their identity, to their past, present and future, it is necessary to ask them in the first place what they want.

The request made by groups of elderly people is to be offered more instruments of knowledge, of communication so as to participate actively in the concrete aspects of everyday life within the appurtenance community. This means, not necessarily universities for elderly persons because, as [8] noted, long life formation and education may induce, on one hand the fear of much too pressing experiences, through the characteristics of novelty and modernity, and on the other hand, the lack of interest for re-experiencing the periods within traditional school, in the framework of a totally asymmetrical relation between professor and student.

Within a field research with respect to making up a project for a centre of meeting and association for elderly persons, there was noted that the persons were interested in a project for a type of open centre for persons. adult and elderly excluding moments consecrated to the young persons. This way, the majority underlined that the exchange between generations focused on common interests could be reciprocally enhanced. Likewise, elderly persons also thought the respective centre as a place open for persons in difficulty, both the psychological and on the physical level. They wanted the centre to pertain to the entire community, not to be exclusively a club for elderly persons. [10].

The promotion of the newly retired persons' abilities is a point upon which also Marshall insisted [5]. Retired persons should be the "spine" of the different organizations of volunteers, from the gardening clubs, to the charitable activities and to friends of the museums. They represent a vital dynamic force for any

activity situated beyond everyday toil of work. In developed countries, where ageing has been intensely studied for a few decades, the volunteering is seen as a main activity of the independent elderly persons.

However, the employment in socially useful occupations and the employment in volunteering to the persons' benefit are fields that were considered, with an excessive superficiality, as a panacea for filling the gap that unexpectedly occurred in the "young" retired person's life [10].

In order to contribute to the promotion of volunteering among elderly persons, in order to make them collaborate for developing initiatives, it is necessary for us to start from the acquisition of a cultural attitude, which makes us acknowledge the volunteers' action, as seen by Melluci [10]: "a vital component of the renewal process, of a «civil society» worthy of this name: *civitas publica*, and individual at the same time, capable of leaving the diversity to manifest itself and to consolidate solidarity" (p. 355).

### 4. Conclusions

People often associate ageing with the loss of sensory capacities and mobility changes; however, for the majority of the elderly persons, these changes are neither so cumbersome, nor so obvious as we might imagine. After having successfully faced the events during life, elderly persons give signs of resistance from a physical and emotional point of view The confirmation of this fact lies in the beliefs of the Asians and of the inhabitants of the Pacific islands, who see elderly persons as "those who take the decisions in the family and who are the depositaries of the familial and cultural wisdom" [6] (p.279).

Nevertheless, ageing also supposes the existence of opportunities, such as:

 once with ageing, there changes the manner in which we think, we form relations with the others;

- ageing does not suppose more elderly persons to attend to, but more mentors;
- elderly persons are a valuable source, they do not represent our connection with the past, they also are our connection with the future through their experience and through their appurtenance to the national traditions and values.

There is necessary to admit that elderly persons bring important contributions to society; if we remove the existing barriers and if we create more opportunities for them, so that they should offer more of their wisdom, creativity, experience and knowledge, they will contribute even more. An example in this respect is represented by elderly employees, who are an important mass of human capital.

#### References

- 1. Bogdan, C.: *Geriatrie (Geriatry)*, Medical Publishing house, Bucharest, 1997.
- 2. Bogdan, C.: Asistența socială a persoanelor vârstnice (Social Assistance for Elderly Persons), in Dicționar de politici sociale (Dictionary of Social Policies), Pop, L.M. (ed.), Expert Publishing house, Bucharest, 2002.
- 3. Bucur, V; Maciovan, A.: Probleme ale vârstei a treia (Problems of the Third Age), in Tratat de asistență socială (Treaty of Social Assistance), Neamțu, G. (ed.), Polirom Publishing house, Iasi, 2003.
- 4. Froggatt, A.: Family work with elderly people, The MacMillan Press LTD, 1990.
- 5. Marshall, M.: Asistența socială pentru bătrâni (Social Assistance for Elderly Persons), Alternative, Bucharest, 1993.

- 6. Miley, K.K.; O'Melia, M.; DuBois, B.: *Practica asistenței sociale (Practise of Social Assistance)*, Polirom Publishing house, Iași, 2006, p. 279.
- 7. Quadagno, J.: Aging and the life course, The McGraw-Hill Companies, United States of America, 1999.
- 8. Ratti, M.F.; Amoretti, G.: *Le funzioni* cognitive nella terza eta. La Nuova Italia Scientifica, Roma, 1991.
- 9. Şchiopu, U., Verza, E.: *Psihologia* vârstelor (*Psihology of the Ages*), Didactic and pedagogic Publishing house, Bucureşti, 1997.
- 10. Taccani, P.: Vârsta a treia şi bătrânețea (Third age and the Old Age), in Manual of Community Psihology, Zani, B.; Palmonari, A., Polirom Publishing house, Iași, 2003, p. 355.