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ANXIETIES OF AGING AND ELDERLY PEOPLE CONCERNING MAINTENANCE / RECOVERY OF HEALTH

Fear – a strong, unpleasant emotion of inborn nature, appearing in situations of real danger. The innate reaction of the body in fearful situation is the escape reflex, "fight-or-flight" response.

Anxiety (Latin Anxietas) – an unpleasant emotional state associated with predicting the incoming danger from outside or inside, manifesting itself through nervousness, feeling of tension, distress and threat. Unlike fear, it is an internal process, not related to immediate danger or pain. R.Gerrig, P. G. Zimbardo, Psychologia i życie [Psychology and life], PWN, Warsaw 2006.

Worry – an emotional state characterized by a sense of insecurity, unspecified discomfort. Frequently identified with anxiety, however, it differs as there are no physiological symptoms (a feeling of breathlessness, sweating, an accelerated pulse) that are always present in anxiety.
H. Sęk, *Społeczna psychologia kliniczna*, PWN, Warsaw 2000.

Apprehension – feeling of anxiety or uncertainty about the effect, consequence of something,
W. Doroszewski (Ed.), *Słownik języka polskiego*,
[Dictionary of the Polish language, edited by W. Doroszewski],
Wydawnictwo Naukowe PWN, Warsaw 1958–1969.

The real threat – anticipation of danger – feeling insecure – uncertainty about the effects of activities accompanies people of all ages and in different life contexts.

Real, and even only probable, lack of (dispositional and/or situational) ability, i.e. helplessness in the face of life tasks (not only developmental,

but the most ordinary tasks of everyday life) for many[1] aging and elderly people brings unpleasant emotional states (including, anxiety, apprehension and fear of existential nature).

The losses of the internal resources of an aging and older people, that is, the possibilities of action that include not only the physical strength (sometimes indispensable to accomplish the task), but also dexterity (both intellectual and manipulative) and the willingness to perform the task[2]. Moreover, in a fast changing (especially technologically) world, it happens that (not only) the senior lacks the appropriate knowledge and/or skills to perform a specific task. These can be assignments given to a senior by someone else or assigned by oneself. The latter, called own tasks, are important in fulfilling the needs of individual.

Deprivation difficulty / inability to meet person's needs – can affect everyone, however most-felt among elderly people. The deprivation may refer to the following needs:

- security (B. Synak, B. Małecka, A. Zych),
- affiliation (B. Synak) and taking a position in the group (B. Małecka),
- need for being useful, recognition (B. Synak, B. Małecka),
- independence (B. Synak),
- kindness and friendship, doing good (B. Małecka, A. Zych),
- affirmation of yourself and the world (B. Małecka),
- life satisfaction, sense of life (B. Synak, A. Zych).

The first of these needs undoubtedly shows a strong relationship with preoccupation/ helplessness towards one's/own health. After satisfying the most basic physiological requirements, there is, according to A.H. Maslow,

[1] I suppose that in situations that are less important than the lack of a sense of security, for example because of health risks, the elderly people who take a regression attitude towards old age take a gentler approach (regression as a return to the past models of behaviour most often manifested in the form of „childish" extortion, despite that health does not justify such a necessity) – B. Szatur-Jaworska, P. Błędowski, M. Dzięgielewska, *Podstawy gerontologii społecznej* [Fundamentals of Social Gerontology], ASPRA-JR Publishing House, Warsaw 2012.

[2] T. Kotarbiński, *Wesołe smutki* [Happy sorrows], Warsaw 1966, PWN, p. 97, puts this feeling into an epigram:

It's time for a grey head,
As he's fed up with everyday life game,
He eagerly goes to bed,
As he is getting everything all the same.

the need for security covering primarily personal, economic and health security.

ECONOMIC SECURITY OF OLDER PEOPLE

Extraordinary is the fact that despite a small monthly salary, more than half of retired (59%) and pensioners (51%) evaluated their situation as average (Central Statistical Office, 2015). It is believed that this is the effect of the so-called Poles' financial optimism[3]. According to the Social Insurance Institution (ZUS), the average amount of retirement pension paid in March 2015 amounted to 2,481.18 PLN for men, and 1,988.09 PLN for women. Over 305 thousand of people received a pension amounting to 1,550.28 PLN, while the minimum benefit from 1st March 2015, was 880.45 PLN. This is an amount that is difficult to satisfy basic needs, since in that year, for average monthly expenses, pensioners needed 966 PLN and retired people 1203 PLN (Social Insurance Institution, 2015). Therefore, it is not surprising that these subpopulations were taking loans.

In January 2016, 17.9% of households of 65+ persons were indebted (mainly loans for non-housing purposes). In the National Register of Debts, 203.6 thousand pensioners were registered as having arrears against creditors, and in just a few years the amount of their debt has increased almost threefold.

Tab. 1. Older people's debt (in PLN)

Year (January)	Older people's debt (in PLN)
2013	728 413 681
2014	1 109 555 263
2015	1 271 011 165
2016	2 052 280 991

Source: National Debt Register (2016).
Retired are getting into debt enormously – up to 2 billion zlotys. Warsaw: National Debt Register.

[3] Supported by economic ignorance, which was expressed by my rural neighbor, an old woman investing – for money from a credit – in the fumigation of her 3-room house. She felt honored by the correspondence she received from the well-known loan fund („My dear, the bank personally wrote to me!") And I was forced to take her to the appropriate bank. Only thanks to the honesty and the observation of the bank employee (who understood my gestures made behind the back of the *enchanted* client), the old woman (the beneficiary of the lowest pension) did not get into another debt.

In 2016, in Poland, the retired persons depleted the amount of 1,266 PLN, which (on average) they had for all-month expenses, by 8.4% for *healthcare.* However, the presence of the second senior in the household differentiates expenses related to healthcare as follows[4]:

Tab. 2. Structure of expenses on healthcare in subpopulation of 60-years-olds and plus

Expenses in 2016 on:	Retired in total	Household 1x 60+	Household 2x 60+	Year 2015 = 100%
Healthcare	8,4	9,0	8,9	106,8
Pharmaceutical products	5,7	6,1	5,9	104,2
Health-related services	1,9	1,9	2,1	107,5

During the year, the increase in expenditure was more observed in the health services, rather than in pharmaceutical products, for which the statistical pensioner in 2016 spent nearly 75 PLN a month.

HEALTHCARE FACILITIES FOR ELDERLY PEOPLE

In young age, medicine should help nature,
in old age – it should counteract it.

Tadeusz Kotarbiński

Many life events, not only in the period of aging and old age, are associated with the loss of something that in a given stage of life is considered valuable. Many of those deprivations, especially the ones resulting from the passage of time, seem to be / are irreversible. For instance:

- *biological deprivations* that cause loss of beauty and health, physical suffering, limitation of freedom of movement that often leads to addiction (dependence on drugs and / or people);
- *loss of work due to retirement* resulting in reduction of the sense of security, economic limitations, impoverishment of social contacts, marginalization as well as stigmatization;

[4] Cf.: CENTRAL STATISTICAL OFFICE, Central Statistical Office, Material and income situation of households of pensioners and households comprising elderly people aged 60 or more in 2016 (IN THE LIGHT OF RESULTS OF THE BUDGETARY STUDY OF HOUSEHOLDS), Warsaw, October 2017.

- *loss of loved ones*[5] requires coping with mourning, decreases the sense of security, increases loneliness;

Losses incurred in old age mainly concern health and only a few refer just to the body (soma), without touching the psyche. Old people are afraid of diseases and things related to that (e.g. suffering, depending on others, expenses for treatment and rehabilitation), of dying (e.g. pain, loneliness, loss of intimacy, dignity) as well as of death and/or what will follow it (e.g. what will happen with them, with their relatives – not only people, but also animals, with their achievements) [6].

In 2014 in Poland the average life expectancy of men was 73.8 years, and women lived 81.6. The Eurostat's study from 2013 revealed that the further life in health for Polish men aged 65 was on average 7.2 years (so the duration of men's diseases takes about 1.6 years). However, for 65-year-old women, 7.8 years life in health means, on average, 8.8 years of undergoing therapy / rehabilitation. It is therefore something to be afraid of.

90% of Polish seniors had at least one visit to the general practice doctor in 2013. The average number of medical consultations in out-patient's clinics per 1 inhabitant in 2014 was 7.2, while in the case of people aged 65 and more, this indicator constituted 13.4 of medical consultations per person.

Over 70% of the elderly population was treated by specialist doctors. People aged 70–79 used the consultations the most frequently. Persons in the age of 65 and more in 2014 were given the highest number of medical consultations in surgical outpatient's clinics – 17.3% and ophthalmologic – 14.4%, and the lowest, in addiction treatment clinics – 0.1% and 0.2% in geriatric clinics.[7]

Data of the Central Statistical Office indicates that the waiting time for an appointment with a specialist for 50.5% of patients was over two months, 17.1% of those in need of specialist consultation waited from 2

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[5] Cf.: U. Grabiec, *Depresja wieku podeszłego – problemy, różnicowanie*, [Depression of old age – problems, differentiation], [in:] A. Panek, Z. Szarota (Eds.), Zrozumieć starość [How to understand old age] Publishing House Text, Cracow 2000, p. 122–128.

[6] Excessive fear of death is called thanatophobia.

[7] At the end of 2014, there were 115 geriatric clinics in Poland (so statistically, there were almost 74 thousand older people per clinic). Health Protection, Committee for Community Dialogue. • 19 July 2018–19:40.

to 3 months and 11.6% – more than half a year[8]. It should be added that the waiting time is definitely longer for surgical procedures. For example, in 2016 patients in Łódź had to wait for a hip or knee endoprosthesis surgery for 13 years, but in Toruń only from 4 to 5 years[9]. Such information is undoubtedly generating fear in potential and current patients.

One of the main health problems of people over 70 is the increase in the incidence of civilization diseases and multiple morbidity. For one senior in the age group 60–69 there are 3.1 chronic diseases, whereas, among people aged 80 and more on average 4.5 types of chronic diseases.

"The greatest potential in reducing the mortality rate of the oldest people lies in diseases of cardiovascular system, cancer and respiratory disorders – e.g. pneumonia and chronic respiratory diseases"[10]. Cardiovascular diseases and cancers account for over 70% of all deaths. Other causes of high mortality rate among the elderly are: diabetes, pneumonia, diseases of the genitourinary system (including nephritis), gastrointestinal ulcers and chronic liver disease[11].

According to the estimates of the National Institute of Public Health – National Institute of Hygiene – in 2013, 2.4 million of people aged 65 and more were treated in general hospitals, which constituted 30.3% of all hospital patients. The care for the elderly people, carried out in accordance with the principles of medical art (practicing a holistic approach to health), leads to losses in hospitals in Poland today, therefore the maintenance of beds intended for geriatric patients is possible only at other wards, because their cost is balanced by treatment of younger patients with single diseases.

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[8] "There is an insufficient number of geriatric doctors in the whole country, but there are places where the situation looks quite dramatic. For example, in the Warmian--Masurian Voivodeship during the time of control, i.e. until mid-2014, there was not a single geriatric hospital bed and no geriatric clinic. There was also no geriatrician who would accept patients under the contract with the National Health Service in this area." – The Supreme Chamber of Control on geriatric care, op.cit.

[9] Read more: http://www.nowosci.com.pl/torun/a/w-dlugim-ogonku-po-nowe--biodro,10817744/

[10] P. Szukalski, *Przyczyny zgonów osób sędziwych w Polsce w latach 1980–2004*, [Causes of deaths of aged people in Poland in the years 1980–2004] "Gerontologia Polska" 2007, vol. 15, No. 4, pp. 125.

[11] The percentage of elderly people who died from cancer increased from around 18% in 1990 to 25% in 2013. tat.gov.pl/files/gfx/portalinformacyjny/pl/defaultaktualnosci/5468/24/1/1/ludnosc_w_wieku_60._struktura_demograficzna_i_zdrowie.pdf

The Department of Demographic and Labor Market Research[12] reports that Polish population of people aged 60 and over is rapidly increasing. This population group in 1989 accounted for 14.7% of the total population, but in 2014 it has already increased to 22.2% (and in 2020 it is estimated to reach 26%). Thus, over 8.5 million people aged 60 and over at the end of 2014 had at their disposal 160 geriatricians[13] and 853 beds at 38 geriatric wards (which makes statistically about 224,000 people from this subpopulation on one ward and about 10,000 people per bed). At the same time, there was a drop in the average time of stay in these wards to 8.4 days, which means that almost every week (because at the beginning of each subsequent ninth day of the year) about 222 people aged 60+ could apply for a bed in a geriatric ward in Poland in 2014.

"At the end of 2014, there were 685 long-term care facilities with 32.6 thousand beds.... 75% of those using long-term care facilities (including hospices and palliative care departments) were people aged 65 and more, and the dominant group of patients made up people aged 80 and more – over 44% of patients "[14].

(SELF) ASSESSMENT IN TERMS OF SATISFYING HEALTHCARE NEEDS AS A SOURCE OF ANXIETY

In a subpopulation of *80-year-olds and over,* more than 2/3 are widowed, of whom 85% are mostly single-living women who require support especially during these nearly 9 years of struggling with diseases. With age, the

[12] Department of Demographic and Labor Market Research, Central Statistical Office, population aged 60 and more (structure by sex and age, life expectancy, mortality, forecast).

[13] In 2013 (according to the Supreme Medical Chamber) only 160 geriatricians worked under the contract with National Health Service, which is only half of all that we had at that time (321). Source: Supreme Chamber of Control on geriatric care, 13 April 2015 06:44, https://www.nik.gov.pl/aktualnosci/nik-o-opiece-geriatrycznej.html. Five years later there were 417 geriatricians, but in the cited source there is no data on how many of them have a contract with the National Helath Service – see Geriatry in Poland, data from the Ministry of Health, ed. Justyna Sochacka, 1 March 2018.

[14] tat.gov.pl/files/gfx/portalinformacyjny/pl/defaultaktualnosci/5468/24/1/1/ludnosc_w_wieku_60._struktura_demograficzna_i_zdrowie.pdf

difficulty in performing self-service activities increases significantly. The prospect of undertaking certain activities (eg bathing) without assistance, evokes anxiety in older people but also in others (relatives, care providers) caused by real possibility of loss of health, if not senior's life.

Tab. 3. Possibility to perform self-service activities according to age groups

Difficulties in:	65–69 years old	70–79 years old	80 years old +
taking bath/shower	12,0	23,4	51,0
lying down / getting out of bed	15,9	26,3	46,8
dressing up/ undressing	11,3	20,7	42,0
using the toilet	6,1	13,1	29,6
eating meals	4,0	7,4	17,7

Source: European Health Survey, data from 2014 according to Małgorzata Żyra, Information on the situation of older people – tables.xlsx

The self-assessment of meeting the needs in terms of healthcare in 2016 among over half of the respondents (54.1%) was positive (good and rather good)[15], but among the reasons of "economic euthanasia" J. Mastalski mentions, inter alia: financial inability to buy medicines or to undergo treatments, lack of funds to take advantage of treatment in the private sector of health care, pauperization causing a sense of shame and a tendency to automarginalization, suicidal thoughts, acceptance of the idea of "right-to-die" for fear of being the financial burden to relatives[16].

As the elderly no longer hold jobs, finances can be a challenge and bring socio-economic consequences. Seniors also face limitation of independence, loneliness, lack of support from relatives, and the presence of negative changes due to diseases. All that push the elderly to commit suicide. People over 65 make up about 25% of all suicides in the world. In 2014, Poland recorded the highest increase in the number of suicide at-

[15] Central Statistical Office, Household situation in 2017 in the light of the results of the household budget survey. Substantive analysis: Department of Household Research, Krystyna Siwiak.

[16] Cf. ks. J. Mastalski, *Współczesne problemy gerontologiczne w kontekście cywilizacyjnych przemian*, [Contemporary gerontological problems in the context of civilization transformations], [in:] G. Godawa (ed.), Pedagogiczne konteksty społecznego wsparcia rodziny, [Pedagogical contexts of social family support], Cracow 2015, p. 129.

tempts in the group of people aged 60–64. There were 762 of them – 139 more than a year earlier. The increase in the number of suicides was visible among 65–69-year-olds as well as in the age group of 75–84[17].

In Poland, according to statistics, the suicide rate among people aged 65–75 is around 19–20 (with the average indicator for the entire suicide population in Poland of 15.6).

The main reasons include:

- mental factors, e.g. stress, depression, which is suffered by even 10–20% of seniors according to the latest research,
- lack of livelihood,
- problem with reconciliation with the after-effects of old age (including life in a care facility),
- the feeling that death will be a source of relief for all,
- retirement, no possibility to develop,
- alcohol addiction,
- poor mental condition, sense of isolation or loneliness,
- mourning, loss of a partner, lack of support, weakening of contacts with the family,
- chronic somatic diseases,
- lowering of social status,
- concerns about financial security, loss of independence.

The latest report of World Health Organization indicates that seniors decide to take away their own lives because their relatives do not respond to their needs[18].

CONTRIBUTION OF HEALTH CARE IN ARISING ANXIETY IN OLDER PEOPLE

Seeing such data about (selected) issues of Polish social and health policy as well as the activities of different environments of seniors, you may not ask (paraphrasing the text of Jan Kaczmarek from Elita cabaret) *What are you afraid of... Grandma / Grandfather?*

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[17] M. Makara-Studzińska, A. Madej, *Samobójstwa wśród osób starszych* [Suicides among the elderly], „Psychiatria i Psychologia Kliniczna" [Psychiatry and Clinical Psychology] 2015, 15 (4), pp. 189–194.

[18] K. Kwiecińska, *Rośnie liczba samobójstw wśród seniorów* [The number of suicides among seniors is increasing], „Nowości Toruńskie" 30 January 2017.

Internet – not to mention the scientific gerontological literature – it is full of inspiring, local initiatives (also in Poland), thanks to which – as a part of local government activities – you can overcome the apathy and barrenness of the center's thinking about counteracting fears of aging people and anxieties of old people by removing / minimizing the causes of their anxieties and without arranging the gerontopsychiatrist's appointments, but instead caring about their sense of security, as, for example, in Poznań[19] or completely costless thanks to self-reflection over the culture of their own social relations. It is impossible to develop these threads here, but it is also difficult to remain silent about the role of health care in exacerbating elderly people's fears. "The older I am, the more problems I have with accurate and effective response to disrespect towards others, and I cannot show enough assertiveness in the face of rudeness, boorishness and crudeness, and these are unfortunately becoming the norm."

Regrettably, it is also a norm tolerated in the medical environment, that is among people who are considered to be intelligentsia. This abnormality of the social relations of health care with the old patient was accurately captured in the film "It's time to die"[20] with Danuta Szaflarska in the main role.

"How it happens that (known to me) veterinarians (doing the same craft as doctors) come sober to work, are not megalomaniacs, do not even try to anoint themselves as the life-ruling god. Veterinarians, like doctors treating people, can alleviate patient's pain or inflict the pain, but they cannot humiliate or degrade their patient, saying *"What!? Again, IKSińska? I'm getting sick when I see her."* This was a doctor's utterance to a nurse, delivered by the open office door in the local clinic. She had leaned against the frame like a lantern: *WHAT is it?* This curious representative of health service was brought to heels hearing the revanchist: *This and that... IS!* – shouted back by the patient.

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[19] I am referring to *„Poznań VIVA senior"* package, including the following initiatives: Pudełko Życia [Box for Life], Opaska Medyczna SOS [SOS Medical Handband], Złota Rączka dla seniora [Handyman for Senior], Taksówka dla seniora [Taxi for Senior], Książka dla seniora [Book for Senior], Poznańska Złota Karta [Poznań Gold Card].

[20] Entry on the blog written by Wiktor Zbruk – available on 18 August, 2018, at 20.15.

There is no point in telling the dog: *You are getting hysterical, you have to bear the pain*, however this could be said, even with a hint of impatience, by the surgeon to a man with cancer in 2015, (after all, as a specialist even with the ability to feel the intensity of someone else's pain) adding: *Be happy that you have 2.5 kg of your liver removed, don't be so oversensitive about the pain. The dolargan dose you receive is enough for other patients!* That *oversensitivity* to the repeatedly reported pain, two hours later, turned out to be an abscess (about 10x10x10 cm) removed during a long operation"[21].

The encounter with such social relations, together with the infrastructure of medical facilities, with the substantive (to begin with diagnostics) and moral competences of the health service, is not conducive to the sense of security of a senior and potential patient. There is everything in this "contact": real threat – anticipation of danger – feeling of insecurity – uncertainty about the effects of health care activities (often due to irreverent attitude towards the old patient) and suffering caused by illness. Many seniors are accompanied by growing anxiety how to financially manage in the face of disease or recovery of their health.

Myths deforming reliable knowledge and dissemination of negative stereotypes about old age instead of education as well as *juwenism* – "ideology", "in which the cult of corporality, youth lifestyle and cool canon are determinants of modernity of a person or society", make the outside world (with constant passing away of peers) more and more alien, and thus many aging and old people get more anxious.

The anxiety about life and health, affects the values of hierarchy that with age are becoming one of the most important needs, and considering the sense of security as one of the most essential needs at all ages, it argues in favour of distinguishing the anxiety related to health from other sources of fear[22].

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[21] A fragment of an unpublished article of the author entitled "... you have to oppose..." dating back to 2015.

[22] Deprivation of the need for security is also caused by, among others aggression, violence, crimes. I took this thread in the article *Senior ofiarą i sprawcą przemocy, wykroczeń, przestępstw* [Senior victim and perpetrator of violence, offenses and crimes], submitted in August 2018 for printing (post-conference materials) at Millennium School of Gniezno.

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SUMMARY

The real threat – anticipation of danger – feeling insecure – uncertainty about the effects of activities accompanies people of all ages and in different life contexts.

Real, and even only probable, lack of (dispositional and/or situational) ability, i.e. helplessness in the face of life tasks (not only developmental, but the most ordinary tasks of everyday life) for many aging and elderly people brings unpleasant emotional states (including, anxiety, apprehension and fear of existential nature).

The losses of the internal resources of an aging and older people, that is, the possibilities of action that include not only the physical strength (sometimes indispensable to accomplish the task), but also dexterity (both intellectual and manipulative) and the willingness to perform the task. Moreover, in a fast changing (especially technologically) world, it happens that (not only) the senior lacks the appropriate knowledge and/or skills to perform a specific task. These can be assignments given to a senior by someone else or assigned by oneself. The latter, called own tasks, are important in fulfilling the needs of individual.

Key words: anxieties of aging, elderly people, maintenance, recovery of health.