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Image Erosion of Elderly People in Romania and the Need for Proactive Inclusive Approaches

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Abstract

Present society, marked among other things by population aging due to sharp decline in birth rates and population migration respectively, feels the need of an update regarding the reporting to rights, roles and status of the citizen. Respect for the other at all stages of physical and mental development should on the one hand be transmitted through educational, economic, social policies, but on the other hand its correct implementation is essential. Elderly people constitute one of those most vulnerable categories to multiple forms of violence in the Eastern European area, because of the risks to which they are exposed. Physical, mental and conscience integrity of elderly are increasingly endangered in contemporaneity. In the present paper we will insist on the current image and perception regarding the role and status of the elderly in society, on certain elements characteristic of protection and social services whose beneficiaries are people included in this age category and equally, on the strategies that can be improved for an active integration in the economic, community and cultural life.

Keywords:

elderly, violence, welfare, perception, social change;

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Introduction

Words like old, aging, old age are often and generally associated to helplessness, incapacity, limitation, illness, dependency, assistance. In the present paper we choose using the expression third age people, not old people, because aging refers to both the degradation of physical/functional functions, and mental functions. Thus nowadays, the term elderly has in subcultures a pejorative sense: weakling, helpless, overcome by situations, etc. which, by extrapolation, is given to any individual, regardless of physical age, under normal functional incapacity, or, in other words, its use is discriminatory and stigmatizing. According to Rădulescu (1994), "Moving from the known statement of Cicero "seniores priores" (elders prevail), to the assessment of most contemporaries that "elders are useless" reflects not only a change of mind but, above all, the changes that took place in family and society, and thus in the status of the elderly." (p. 123) Provided that in other historical periods the phrase "the old man of the village" implied the image of a model, a respected authority in what concerns the wisdom of giving cohesion to the group, motivation to action, parables in mediating conflicts etc., in contemporary society the value scale is somewhat reversed, and "the old man of the village" is one of the most vulnerable social groups. The third age "is a period of life in which a man or woman is, firstly, male or female and only after that old man or old woman. It is time to reconsider the elderly position in society." (Findeisen, 2002, as cited by Gârleanu - Șoitu, 2006, p. 28). Disadvantaged categories from the physical, social, financial, economic points of view are most exposed to the risk of stigmatization, marginalization, and social exclusion. The elderly are one of the most vulnerable categories in the Eastern European area in front of violence, because of the high degree of victimization: deficient socio-medical services, risk of marginalization and social exclusion, amid economic and professional capital deficit, attitude, culture, social policies poorly adapted to the new challenges of society.

Third age in the socio-cultural context

Some authors include in the third age category people aged between 65 and 70 years, while others consider this stage as beginning with the retirement. The third age threshold depends both on the type of

society and affiliation class. This last stage of life can be divided into the third age (up to 75) and the fourth age (after 75 years) depending on the life expectancy of a population in a specific geographic area, but the present study will use the third age generic formulation. According to Rădulescu (1994) "Qualification of a person as third age depends not only to physical qualities, but also on the social norms that establish the limits to which a person can be considered as such." (p. 128). The third age should be understood as "a social system produced by social backgrounds, continuously analyzed and redefined according to their evolution. It cannot be reduced to a biological reality made of wear and disabilities, resulting from the ongoing process of aging" (Minois, 1987 cited by Guillemard, in Dictionary of Sociology, Boudon, Besnard, Cherkaoui & Lecuyer, (eds.), 1996, p. 30). From the point of view of psychological development, the third age is the last phase of individual development, a stage marked by 'old age years as an expression of nuclearizing mental activity around feelings of achievement, versus depression." (Șchiopu & Verza, 1981, p. 29) The third age represents a life cycle that manifests itself differently from person to person. This age group represents a continuous development during the last stages of life, rather than a fixed or static period, biological factors, as well as cultural, social, economic factors being interconnected to the entire evolution so far. Decline in mental life involves wear and tear of brain mechanisms; there is a correlation between the mental decline and educational level, occupation and degree of active involvement in life. According to Guillemard (1971),

Diminishment of social inclusion and reduction of the assembly of roles, even "social death," intervene firstly in the lower classes than in the upper classes, the latter being able to use in an advantageous manner all social resources, in order to extend their roles and functions of adulthood. (Dictionary of Sociology, Boudon, Besnard, Cherkaoui, & Lecuyer (eds.), 1996, p. 30 -31)

Inevitable decrease in physical / functional potential in the elderly is often compensated by life experience, because in the process of personality restructuring specific of this age group, maturity can compensate what appears in fact as difficult or missing.

Each development stage implies specific roles from the social point of view, the biggest challenge constituting the permanent adaptation to both the changes that occur in the evolution of society and the new requirements imposed by it. Thus, certain social roles played by this age come to an end, and new changes involve learning and assuming new roles. Assuming these roles is also connected to the ways of perception of self and others, - "Perception of another is closely related to self-image." (Zapodeanu, 2006, p. 151) – i.e. the image on reality; the meaning taken by developed relations is given by both the personality of the subject and the expectations of one from another.

The others' perceptions under the economic, social and political influences affect the interpretation and resolving of older peoples' problems. Therefore, "the major problems faced by the elderly are social constructs, resulting from societal views on aging and old people. These social constructions further take on an objective quality, as people act as if they have scored a social reality (Gârleanu - Șoitu, 2006, p. 140). The problems of people from the same age category are not represented only by aging, but also by the conditions in society which they need to face: massive technologization and new learning systems, insufficient income for health care and household management, situations that are considered to be created by an ever-changing society where there is no real support and safety, but more prejudices and discrimination. "In general, the contemporary image of population on the elderly is connected to prejudices and stereotypes which consider that the elder "has lived his life", is completely inadaptable to changes, selfish, critic, conservative, dominated by outdated mentalities and concepts, often useless, representing an additional difficulty for society" (Rădulescu , 1994, p .125)

Regarding health state, some older people face chronic diseases and increased risk of disability that may present difficulties in meeting personal care needs. "As a distinct stage of age, affected by a number of biological and psychological changes, aging is frequently considered a period of profound deterioration and involution of the main body functions, including physical abilities decline, fragility, wear, decreased resistance to diseases " (Ibid., pp. 123-124).

Retirement, the death of a spouse or a close friend can affect the health of an elder, this assuming adaptation to a new lifestyle and the

development of other social relationships. At the retirement age a crisis often occurs at the individual level and its psycho-social identity, which is strongly influenced by the occupation he has. Both subject's occupation and his support group and social network play a vital role in the moments preceding and subsequent to the exit from employment (retirement). "Retirement should be made based on the individual's health, financial status and attitudes towards retirement. Retirement is a stress affecting family life, relationships with friends, with community." (Muntean , 2006, p. 430)

Associating physical decline with incapacity for work by others, i.e. lowering quality of rendered action can produce regression in confidence and self-esteem of the elderly. Reporting to the market requirements, that is involvement – contribution – gain, can make the elderly to not be able to identify their real new personal and social identity, this pressure imposed by the need to adapt quickly being likely to cause anxiety, depression respectively. This perception often causes social isolation and in such situations, "the depersonalization syndrome expressed by the loss of personal identity, characteristic of the third age, inhibits the communicational ability of the individual, (..) for him things unfold "like in a dream" ... " (Zapodeanu , 2006, p. 148), i.e. detached from the surrounding reality. Depression causes a disturbing relationship with those around, creating the phenomena of inadequacy. Moreover, provided that the feeling of inutility is transmitted as well by the family, community and society, an accentuated degradation of mental functions may occur. Not only the attitude of social rejection, but also the indifference to opportunities of economic, cultural, social inclusion, adapted to the qualities which recommend the elderly represent discrimination and bring considerable damage to this age category. Regardless of the degree of understanding with which society relates to the third age problems it is known that in the last cycle of life the toughest adaptive attempts are observed. Experience of retreat from the most productive activities determine the elderly to feel their own physiological and psychological decline, and the near "end of life" forces the individual to considerably readjust his lifestyle. Preparation for the third age should be made throughout the development towards this stage. Learning to pro-socially fight stigmatization, marginalization, as well as active integration could help develop sustainable inclusive

strategies according to socio-economic and cultural level of society and active quality standards. The third age should be regarded as a social problem, not an individual or family problem, distinguishing thus between old age dependent (on socio-medical institutions) and autonomous old age (which involves bringing into question the policy of social inclusion).

Welfare and social protection of the elderly

Each state pledges to protect the rights and freedoms of its elder citizens, according to its realities and economic, social and cultural particularities, as well as interests and needs specific to this segment of the population. Social protection consists in set of actions taken by the society to prevent, decrease or eliminate the consequences of certain events considered social risks. To provide social protection for old people a number of key elements are taken into account, namely that the third age may involve loneliness, isolation, as well as increased risk of developing debilitating diseases, generator of disabilities and dependence implicitly. Low income in the Eastern European area represented by pension, progressive increase in management costs of housing, food and drugs, spreading of poverty that affects the total income of a family determines the involvement of the welfare system by providing social services necessary for social rehabilitation of these people.

The Charter of Human Rights concerning the right of elder persons to benefit social protection proposes measures that should enable elderly to remain full members of the society for as long as possible, by means of sufficient financial resources that should enable them to lead a decent life and to participate actively in public, social and cultural life, and by the dissemination of information concerning services and facilities available for elderly as well as opportunities to use them. (Balașa, 2003, p. 2)

It has been noted that the current state of the support systems of the elder population is characterized by dysfunctions and imbalances exacerbated due to the fact that social policies have not always provided the mechanisms needed to support and adapt to changes of demographic, social and medical nature. In societies experiencing population aging, viewed from a perspective of vulnerability and dependence, insurance and welfare system will be overloaded due to

higher needs for healthcare and personal assistance to third age people. Elderly protection policy may cover action in plans such as "Financial - income protection; medical - improving the quality of social and medical care, on many levels; personal - creating the conditions to live dignified and independent for as long as possible, in the personal environment; inter-relational - support for integration into community life; for the relationship between the elderly and institutions, namely adequacy of services provided by these organizations to the social needs of the third age persons or adaptation of services to existing offers. " (Poede, 2002, p. 173)

According to the European third age Guidance, people in this category should benefit:

- a) medical services: general hospitals, hospitals with special compartments for geriatrics, psychiatric hospitals, general practitioners working in the hospital and / or make house calls;
- b) residential services: housing / apartment buildings; work apartments; homes for the elderly; care and support centers; homes for the elderly and centers built in rural areas; hospitals providing medium and long- term care; c) Community services: home care services; Community nursing; social or day care centers for elderly; home food delivery services; day care centers; home cleaning services. (Gârleanu - Șoitu, 2006, p.167)

According to the H.G. (Governmental Resolution) No. 541 of 09/06/2005, the social welfare system for the elderly in Romania offers the following types of benefits and services: a) cash transfers to population: social welfare; financial aid for house heating; emergency aid; pension benefits, other than those from the social security system; b) No charge or discounts for: balneare and rest treatment; local or suburban transportation; Radio-TV subscriptions; 'economat' type stores (discounts); c) Health care facilities: nursing without payment of contributions; compensation and cost reductions for medicines; d) services provided by residential social welfare institutions: accommodation, supervision, assistance, care, rehabilitation, support and advice; e) home care services. Low-income elderly can benefit from these services without payment of contributions, and those that fall into a severe degree of disability can benefit from a personal assistant or can

opt for an allowance, also having facilities for adults with disabilities; f) alternative services such as day centers, leisure center , clubs , etc. .

The legislation governing elderly welfare in Romania is Law no. 17/2000 on elderly welfare. Under this law, elderly are entitled to social services in relation to their health and socio- economic resources. Social assistance for the elderly is achieved through social services and actions. The law provides that community services for the elderly consider: permanent or temporary home care, temporary or permanent care in a house for the elderly and day care centers, clubs for the elderly, temporary care homes, apartments and social housing and so on.

With regard to the home care of the elderly, this is achieved by the following community services: social services primarily concerning the person's health and home care, prevention of social exclusion and social reintegration support, legal and administrative advice, support for current services and obligations payment, housing and household care, help for housekeeping and cooking; social and medical services mainly concerning aid for personal hygiene matters, rehabilitation of physical and mental capacities, house preparation for the needs of the elderly and engagement in economic, social and cultural activities, as well as temporary care in day centers, night shelters or specialized centers; medical services such as consultations and home health care or institutional health care, counselling and dental care, administration of medications, provision of medical supplies and medical devices. (Intercommunity Development Association Alba Iulia, Handbook of good practices, 2010, p. 173)

Regarding community counselling services, they are provided to the elderly by social welfare services with the purpose of stopping social exclusion and enabling social and community rehabilitation. According to the Law no. 292 of 2011 on social welfare, seniors can benefit from a range of services with the purpose to prevent and combat vulnerability, poverty, social exclusion: "In order to prevent, limit or remove the temporary or permanent effects of situations that can affect the lives of the elderly or may generate a risk of social exclusion, old people are entitled to social services". (art. 95, paragraph 1). Moreover, according to the law, the covering of needs is to be achieved by determining involvement from local communities: "(1) To identify and respond as adequately as possible to social needs of the elderly and their particular

conditions, social services are organized primarily in the local communities; (2) Local authorities have a responsibility to identify and assess the needs of old people, organization, planning and securing funding or co-funding of social services and public and private social services suppliers have the responsibility to grant these in accordance with the quality standards." (Article 96)

However, the health and social protection level for elders in Romania is below European levels. "Critical economic situation of an important part of the population imposes further massive state contribution (...). Community services, community and non-governmental intervention structures financed to help those in need are in an early stage and manifest shy in front of the existing needs;" (Balașa, 2003, p. 5)

One of the most important directions of research and action regarding social protection of elderly aims at poverty elimination and social exclusion. The latter represents one of the problems faced by a significant segment of the elderly category because they do not have sufficient resources to participate actively in public, social and cultural life, to be able to decide entirely on their own lives and do not have adequate social and health services to meet specific individual needs. For example, according to Preda (2009) "A special strategy for rural elderly is very necessary. It is essential to improve access to social and health services of these people (mostly women)." (p. 313) Socio-cultural exclusion of the elderly also appears because of stereotypes like "older people cannot learn anymore", "all elderly have poor health so they require assistance", "the elderly represent a "dependent" group, unable to exercise self-determination". These stereotypes are likely to treat all elderly in an identical manner. Thus, an individual is not intrinsically vulnerable but transformed as such by poverty, inadequate housing, receiving lower quality services, disadvantageous legal regulations and not least mentality and prejudices on the background of the lack of cultural information in the community. To combat these forms of exclusion and stigmatization of old people it is essential to develop effective social policies. In this respect it is required "a global approach on elderly problem, the welfare system being constructed not only to promote measures aimed at ensuring independent, fulfilling and dignified living for this population category, but also ensuring the respect for old

people's right to participate all social, economic, political and cultural aspects of society, to strengthen intergenerational solidarity and consolidate an inclusive society." (Gherasim, in Neamțu, (ed.), 2010, p. 209)

According to Preda (2009), coherent and interdependent strategies are required "to regulate both demographic processes and the social and economic processes; the focus should be equally made on protecting the elderly, the fair rewarding of those working through a balanced tax income and encouraging young families to stay in Romania and give birth to children. Any imbalance in this equation is dangerous." (p. 312) With the development of such programs and strategies the elders may be revalued as a distinct social entity, their status in society being thus repositioned.

Conclusion

In societies attempting to switch from traditional to modern, some separate themselves from the elderly either from objective reasons (financial reasons, lack of space for living, etc.) or subjective (distancing from the past, from the so-called "templates" in thinking, wishing not watch physical decay, impotence, death, etc.). The subjective reasons aforementioned risk to produce a cyclicity of abuse because individual behaviours are generated by cultural models and developed interpersonal relations, assuming others' attitudes represents the social ego. By passing to future stakeholders this behavioural model involving neglect, social isolation, ignoring the needs of the elders or sometimes roles overload, there is a risk of encouraging discriminatory behaviour, thought only in terms of utility and efficiency, and not of understanding, respect and protection of image. How and what is to be selected from the personal and professional experience of the elderly is one of the biggest challenges. Because it requires connection to historical, social, cultural or specific learning models, or, in other words, the understanding of certain manifestations in a given context. Ignoring the elders - as a symbol of a generation - one ignores the past, history, the story of identity, tradition, ideas, values and specific principles. Or in other words, one ignores a value normative referential framework from which one could later develop / improve other theories and practices. The remark made by Gherasim (2010) is also suggestive: "The elderly help to observe worldly

realities more wisely, because the vicissitudes of life have made them real and mature experts. They are keepers of collective memory and privileged interpreters of those sets of ideals and common values that lead and guide social life. Excluding the elderly is like refusing the past, in which the roots of this presents are protruding, in the name of modernity without memory. Thanks to their mature experience the elderly are able to offer young people advice and valuable teachings." (Op. cit. p. 213) Fighting for physical and mental integrity, for the image of the elders, the word old could regain its correct meaning, could represent more for the future generations than for the current generations who close their eyes to the violence to which it is subject, the more as the elderly of tomorrow are today's educators. If we mentioned above the normative altruism when we referred to social welfare and protection institutions, here we discuss about participatory altruism, about another form of moral and social responsibility that emphasizes human capital.

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