Abstract:

The present elderly generation raised their children and attended to the needs of their helpless parents, thus fulfilling two debts traditionally considered as such. This generation that has now reached an old age is characterized by physical degradation, psychical degradation, the reduction of the social involvement and the decrease of cultural assimilation possibilities, finds itself in the situation of receiving a support that is inversely proportional to their needs. This is due to the fact that the existential rhythm and the professional competition of the active persons, the ones that ought to support them, drastically reduced their competence, the energy and the spare time, so as they can’t divide fairly their availabilities in between work and family – the partner, the children, their parents and the household. The status of the elders from the view point of the auto evaluation, self acceptance, self control of their conduct, and their relations with the others especially with the existing family members, the options that can be realized – all these lead to an existential dilemma. This existential dilemma points out only two alternatives that are both little tempting: loneliness or institutionalization. The present study aims to analyze the support needs of the elders that find themselves in this situation and the measure of the capacity and availability of the community to fulfill their well justified expectations, regardless of the resources that the potential beneficiaries have.

Key words: elderly, needs, loneliness, institutionalization, community

Reason

The present day world can be characterized not only by globalization and bitter competition. Another obvious characteristic of it is the ageing of the population. It represents a process, being “a set of active phenomena which are organized in time… that happen to an organism after the development faze” (Fontaine, 2008, pp. 13-
14). From this point of view, the ageing doesn’t only refer to the others, but concerns each and every one of us, as well as our close ones. Further more, because it is unfolding in time, the effects of this process must be foreseen and their meeting must be prepared. These effects are heterogeneous, insomuch as we are different among ourselves. As a result everyone ages differently. But, however preventive the person that closes to the old age or his family, the unforeseen and mostly unpleasant events can take place when they are less expected. These are exactly the kind of situations that the communities must be prepared for. They must ensure the necessary and useful support in the moments of existential lack of balance.

The general situation of our country and the particular one of the Jiu Valley does not differ from the situation of the rest of the world except that here the effects of the emigration and the accumulated poverty manifest more clearly.

**Theoretical Analysis**

The present study is based on the systemic paradigm. Further more, I applied the “bio-psycho-social and cultural theory of the human nature and condition” (Mărgineanu, 1973, p. 6) emphasizing the social aspects. As a result, ageing is considered to be a process that must be considered four-dimensionally: biological, psychological, social and cultural.

Globally speaking and mostly in the case of our society the ageing of the population is due to the changes of its natural movement as well as to the migratory movement. A contraction of the base of the population pyramid can be observed through the reduction of the birth rate and of the fertility. Also, the weight of the elderly population increases through the reduction of mortality and the life prolongation for the people of age. Besides these the massive migration of the young people has an effect not only over the number of the population, but it also affects the weight of the elderly in the structure of the population.

The ageing can be relatively measured by age, which is also four-dimensional. This is also connected to the time. Unfortunately, the effects of time are irreversible and this leads to the challenge of not having to give any more time but quality to the time left (Fontaine, 2008, p. 18). The ageing is four-dimensional just like the person that it is attributed to. As a result it will have a physical dimension, a psychical one, a social one and another cultural one.
All these dimensions will be modeled by the biography of a certain individual. Ageing, as a time unfolding process, is typical for all living beings and undertakes a gradual and differentiated degradation aspect. Ageing is determined by a number of factors that make it more or less accelerated. The most important factors are “genetic, environmental and pathogenically aggressive” (Dumitru, 1984, p. 14). The final result of ageing is death. Genetically speaking this leads to a paradox which is the fact that the degraded body dies, while the DNA, which is the specie’s memory, remains immortal.

Thus, the beginning, the speed and the acuteness of the ageing depend on the life style of each one. The result of the ageing process is the old age. This is defined as the period of life in which the stigmas of the normal involution become obvious (Dumitru, 1984, p. 7). Three types of old age stand out: the normal old age or senescence, the successful old age and the pathological old age or senility. The old age is successful if it satisfies three conditions: the slim possibility of disease manifestation, especially of those that lead to the loss of the autonomy, keeping an accepted level of functionality in all domains and keeping the social commitment which affects the self esteem (Fontaine, 2008, p. 196). Because some elders manage to fulfill these conditions in different proportions, they are victims of the loss of autonomy and of the isolation. This is the kind of persons that are the subjects of this research. They no longer decide over the way in which to use their own time, are resigned and their only perspective is the fatality of death. The criteria of assessment for the old age are: longevity, (bio-psycho-socio-cultural) health, efficiency, competence, productivity, self-control, keeping the autonomy and the subjective well being status.

The old age, which is strictly individual, refers to the concept of personality, not only as a psychological term, but also as a sociological one though sociologists use this term as person. The person appears as a unitary construction in which it can be distinguished the past, the present and the perspective of the future. The construction of the person all during ones life has three major components: the life’s story - regarding the past and the most significant things for the person, the script – in which the person projects its future based on motivations and finalities in accordance with the age, context, stereotypes and possibilities, and the third one is the present status – which is a connecting episode in between the
past and the future. The individual’s personality has an identity role and it is built on the status-role system that one accumulates during different life stages. Gaining or losing certain status-roles is completing the individual’s socialization. Socialization takes place during the whole life and requires adaptation to the new roles as well as the loss of the old ones. It results in the shaping of the self that manifests in everyone’s participation to the interaction with others within the social systems. This means that, socialization, as a dynamic process, does not allow, as some believe, a de-socialization, not even when the person is hindered from fulfilling the assumed status-roles or when it passes to totally different socialization systems. In this case it is re-socialization and it is a part of the continuous socialization process (Johnson, 2007, p. 290).

The elders do not present themselves or behave as a homogenous population category, but extremely heterogeneously. Regarding the elderly we must point out that society is always setting age statuses, attitudes, conducts and special requirements towards them. The elderly status is beginning at around 60-65 years old and lasts until the death of the person. This period is made up of three stages: the passing stage towards the old age from 65 to 75, the middle old age from 75 to 85 and the stage of the great old age over 85 (Şchiopu, Verza, 1997, p. 344) with different characteristics. Usually the elderly status is associated with the pensioner one. In our country the retirement is compulsory at the age of 65 for men and 60 for women and it generates significant changes in the behavior of the pensioners. They must keep their functionality though they have to retire from their job. They must also try to avoid the risky conducts. The combination of these two requirements is accomplished through three processes: the selection which implies the choice of certain activities, the optimization which balances these activities and the compensation which keeps the utilization of the knowledge and abilities from the active period (Fontaine, 2008, p. 180).

The conduct of the elders is closely connected to the respect and care of the society towards them. In our case it is obvious that our society is neglecting to support the elders. This neglect is resulted from the lack of balance in between the requirements, needs and aspirations of the elders and the limited possibilities of the society to create the necessary conditions to fulfill them (Şchiopu, Verza, 1997, p. 14). Further more, society could profit from the knowledge, experience, wisdom and spare time of the elders. Our
society isn’t interested of this benefit either, transforming the old age into a useless period and the elder into a marginalized and discriminated person. The result is the perturbation of the adaptability by physical degradation, psychical degradation, the restriction of the social involvement and the decrease of the cultural assimilation possibility, which is the exact opposite of their needs. Also the five stages that the dying persons pass through established by Elizabeth Kübler-Ross, will unfold dramatically. These stages are: denial, rage, negotiation, depression and acceptance (Mihu, 2008, p. 216).

The reunion regarding the support of the elderly in Vienna 1982 launched the concept of active elders and the practical ways to make a person with this characteristic. Among the recommendations of this reunion it can be found: the programmed training for the old age, clear options for the utility of the elders and the support of the elders in order for them to be able to assume the new status-role (Dumitru, 1984, p. 89). All of these require specialized training shaped as pre-retirement courses within some popular universities for the elders. This training will take place according to a specific schedule for each stage. They will differ for the healthy elders population and the suffering elderly population. The purpose of these courses is to improve the knowledge of the elderly about the old age, to prevent the intergenerational conflict, to fight against dependence and to keep the social integrity of the elders. The task of organizing such universities belongs to the community thru The Red Cross or some NPO-s (Bogdan, 1988, p. 275). Lacking these, the elder only has two choices institutionalization or loneliness.

The Research Methodology

The present research should have been much wider, but I was forced to reduce it because of the refusal of the Social Work and Child Protection General Direction of the Hunedoara County Council to allow me the access to the Elderly Shelter from Petrița justifying their decision by “the protection of the handicapped persons’ image”. The investigation area was a semiprivate elderly shelter.

The research hypothesis was: if the elders are without a partner, then they will live alone as long as long as they can maintain their functionality and turn to institutionalization if they become dependent. Due to the limited number of beneficiaries of the institution this institution I had to undertake this research
somewhere in between the case research and the mass research. As a result the research methodology had to be suitable for the present case. The methodological means used in order to verify the hypothesis were:

- **the documents study** from the beneficiaries files regarding the institutionalization need and the author of the option;
- **the questionnaire** for the institutionalized elders and for the lonely elders is a typical sociological questionnaire and not an attitude scale with a number of 36 questions among which 7 identification questions;
- **the unstructured interview** with the specialty personnel concerned with the relations and the activities of the elders.

**Result Presentation**

The Jiu Valley is an area with a pronounced mono-industrial character, the coal extraction. In the last period of the communist regime it increased its population through the famous increase of the underground workforce actions. The persons that came were especially those who the companies in the rest of the country wanted to get rid of because they were not well integrated at their jobs. This fact made it possible for a lot of people with adaptation and integration problems to gather here. After the closing of the mines and turning the personnel into unemployed people, they found themselves poor and dependent of the help of the state expressed by the social aid. This group is where the persons that are going to need to be institutionalized are coming from. The need for places in such institutions is high but the offer is extremely low.

From the shelter that I had access to, out of the 26 beneficiaries only 15 were accessible. The reasons why the other persons were not questioned are the health state, especially the mental health, as well as the refusal to cooperate. Out of the 26 beneficiaries of the shelter, 2 of them do not have all the necessary paper work done and from the other 24, 13 of them chose to be institutionalized themselves and for the other 11 the choice belonged to the relatives or to the authorities. Out of the elders that are alone, an equal number of persons were questioned, meaning 15. They were as close to the shelter as possible. Their age and sex distribution can be seen in the following table:
Table 1. The Distribution of the Studied Elders According to Their Age and Gender

<table>
<thead>
<tr>
<th>Age</th>
<th>Institutionalized Elders</th>
<th></th>
<th>Alone Elders</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gender</td>
<td>Total</td>
<td>Gender</td>
<td>Total</td>
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<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 65</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>66-70</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>71-75</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>76-80</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>81-85</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>6</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>15</td>
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</tr>
</tbody>
</table>

It is easily noticeable that the gender weight of the two elderly categories is exactly opposite: 60% male and 40% female for the institutionalized elders and 40% male and 60% female for the elders that are alone. The age distribution of the institutionalized elders corresponds approximately to a pyramid as well as for the alone elders, the difference is that the top of the pyramid is shorter for the latter. The female institutionalized elders the shape of the pyramid is like the one of a clepsydra, while for the female alone elders the shape of the pyramid is similar to the men’s one, but with a height difference.

The institutionalized elders appreciate their health state differently. A third of the men consider it to be good or acceptable, the rest of them considering it to be bad or very bad. Two thirds of the females appreciate that their health state is acceptable or good. Taking into account the age, the results we get are as follows: the beneficiaries up to 70 years old appreciate that their health state is good. For the acceptability level of the health state by age, the beneficiaries are divided into two categories: the most of them (three fifths) are under 70 years old and the rest (two fifths) are over 76 years old. The bad level of evaluation of the health state is divided just as in the case of the acceptable one, but there is a perfect equality in between the two age categories. The evaluation of the health state at the lowest level is for the age up to 65 and over 71 in equal proportions. The elders that are alone evaluate their health state more optimistically than the others. Two thirds of the men as well as of the females appreciate their health as being acceptable or good. The others consider it to be bad or very bad. The alone elders that are up to 70 years old consider their health state as being good with only one exception. The health state is considered to be
acceptable in equal ratios by the elders that are up to 70 as well as by the ones that are over this age. The lower health levels are divided in between the two age categories, up to 70 years old and over 71, with a slight predomination of the higher age category.

The institutionalized elders evaluate their psychical state using the highest possible level too – a man. The other men divide themselves into two equal parts. Half of them consider their psychical state to be acceptable or good and the other half bad or very bad. The women consider their psychical state to be either good – half of them or bad the other half. According to the age, the beneficiaries up to 70 years old evaluate their psychical state to be good or very good in a proportion of two thirds. The others are represented by persons that are over 76 that have a similar evaluation. The low levels evaluation is represented by almost a third of the first age category and a little over two thirds for the age category of over 71 years old. For the elders that are alone the evaluation of the psychical state is a lot more optimistic. Three of them, one male and two females consider that their psychical state is very good. More than half of the total, evaluate it to be good or acceptable with an equal gender distribution. A little over a quarter of the alone elders group admit that their psychical state is at low levels – one male, the rest of them being females. Taking into account the age, it is noticeable that the limit that makes the difference is still at 70 years old. The ones that are under this limit in a ratio over more than half of the total evaluate their psychical state to be at a level that is acceptable or better. For the same level the elders that are over 71 years old represent only a fifth of the total. The low level of the psychical state is admitted by only one person under 70 years old while the persons that are over 71 years old and admit the low level of their psychical state is three times higher.

Out of these self evaluations comes out clearly that the alone persons evaluate their health state and psychical state more optimistically than the institutionalized persons, though during the application of the questionnaire it was proven that it is not as so. Within the institution, the momentary health state is induced from one to another especially when the problem is about a suffering.

Taking into consideration the social situation of the elders, the beneficiaries of the institutionalization consider that the most important thing for them is the safety of nursing. Immediately after, come at a tie the mutual help and the freedom of movement. They
also appreciate the conduct of the personnel of the institution towards them as an advantage. Men tend to make this kind of appreciations three times more often than the women. Also, the ones that tend to appreciate this advantage are mostly persons of up to 70 years old. As for the disadvantages, more than half of the beneficiaries say that there are no disadvantages and that within the institution they have better conditions than they had at home. The other beneficiaries point out some disadvantages among which are the decrease of their incomes, the behavior of the other institutionalized elders, the high costs and the meager food quality. The personnel of the institution confirm that there are little misunderstandings in between them and the beneficiaries. Three quarters of the elders that are alone say that there are no advantages in being alone at an old age. The ones that admit certain advantages refer to the privacy, quiet and the fact that they don’t bother anybody. The gender and the age do not introduce any significant differences. Two thirds of the alone elders do not find any disadvantages for their situation. It must be pointed out that they are the ones that have relative close by or friends that offer to help them with the house work. The ones that agree that there are some disadvantages are almost isolated and suffer form the lack of support and feel loneliness as a burden.

When I asked them to characterize the elderly generation the institutionalized elders chose first of all the life experience than the wisdom and kindness. The lonely elders chose first of all the wisdom, after which come moderation and life experience, but they also add the fact that they should be pitied and that they should be shown more respect. It must be pointed out that there are no significant differences introduced by gender or age for these answers. The modesty with which they evaluate their own generation is contrasting with the generous characteristics attributed to the active generation. The most used by the institutionalized persons is the reduced life experience followed by impulsivity and the haste with which they do everything. They also add a couple of interesting characteristics like the adequate situational reactions, the different way of thinking and the lack of education, witch implies the undisciplined behavior. The first characteristic expressed for the active generation by the lonely elders is the reduced life experience, just like the institutionalized elders. Being marked by their condition they also ad as characteristics for the active generation the fact that
they are too materialistic and haste, characteristics that come out of the fact that they have to be very persistent in looking for a job.

Taking into account the characteristics of the elderly generation, it was expected for the relations inside the same generation to be much more diverse. The first place in the options of the institutionalized elders is the opinion exchange, followed by keeping company and spending the spare time. The lonely elders relate to their generation mostly by spending the spare time together. This sort of relation is facilitated by the neighborhood. The next type of relating is the exchange of opinions and the mutual help. The last type of relation has a bigger importance than in the case of the institutionalized elders. For the relating with the same generation there are no differences introduced by the gender or age.

After seeing how the elders characterize the active generation, let’s see how they relate to it. For the institutionalized elders, first of all comes discussing and mostly giving advice. Though almost insignificantly as a ratio it also appears the offering of financial aid and help in their activity. But it appears explicitly that a third of the subjects avoid having any kind of personal relations with the active generation. The lack of relations can also be observed in the case of the lonely elders the difference is that in their case the first place is for the help offered in household activities which is mostly the concomitant payment of the bills. The next place is given to the discussions during which they generously offer advice and less financial aid. The gender and age variables do not bring any significant differences. These ways of relating are due to the fact that both the institutionalized elders as well as the lonely elders feel that they are listened to and emotionally supported. Besides these relations the dominant opinion is the one according to which the elderly generation is ignored, isolated and insulted by the active generation. The reaction of the elders to these concrete relational situations, that has as a purpose to bother them sets first of all the ignorance of the relational partner. It can be considered that this is one of the reasons for the significant lack of relations with their own generation as well as with the active generation. This way of reacting can be related to the next one which is the avoiding that certain person indifferent whether they are institutionalized or not.

Trying to see what they would like the community to do for them we can say that the institutionalized elders want first of all to go on trips. The following desires are the founding of the home assistance service and a club for the elders, keeping in mind that in
the locality there is such a club. A third of them also want to take part in production and capitalization activities as a therapy. The lonely elders first of all want the community to make a club and trips. I consider that the need for trips is a cultural need to widen their horizon thru contact with other environments and people. Secondly the lonely elders want the home assistance service. The elders of both categories want the authorities as representatives of the community to be more interested of their fait periodically visiting them.

The institutionalized elders as opposed to the lonely elders benefit from having specialized psycho-sociology and sociology assistance. These specialists decrease their offer by being employed as inspectors, which forces them to other activities than the ones that they are professionalized for. From the interview with them, it can be deduced that the beginning of their activity was tough because the beneficiaries did not accept and now, still they are having difficulties accepting the fact that a couple of young people can advice them regarding the best way of common living. They intervened when there were misunderstandings in between the beneficiaries and in between the beneficiaries and the personnel. The first type of problems was easier to solve because their starting point were minor differences. The second set of problems is much more complex. The beneficiaries think that if they pay for the services, they have the right to impose their wishes. The reality is that the personnel of the shelter are paid by the state. Under these circumstances, the conception of the elders did not change regarding their positions, the tensions are most of the time latent, but situational they can burst into quarrels. With all the contribution of the specialists, the improvement of the cohabitation conditions made little progress because there still are some misunderstandings especially in between the women, and the relation of the beneficiaries with the personnel did not gain any principality.

Conclusions and Recommendations

The elders that are found in the involution period can be in one of the three possibilities: together with the family, institutionalized or alone. The first category of elders has been studied and the results appear in a monograph dedicated to the old age suggestively named “Remaining in the Society” (Marina, 2003). The ones that find themselves in one of the last two situations can still have some relations with the close or far family members, bet
they are superficial and they live their lives as a new experience. This is the reason that they were the object of this research. From the data processing some aspects came out that make them resemble and others that distinguish them. They resemble by the reduction of the social relations though they are mostly dependent on the help that can come with parsimony from others. In this context they evaluate themselves differently. The institutionalized elders consider themselves less healthy than the alone ones. It can be considered that the overvaluation of the elders that are alone is a means of increasing the trust in their own strength. As regards their psychical evaluation they are both subjective and overvalue themselves.

Regarding their social situation, the institutionalized elders find little or no disadvantages, for them the advantages being more important and dominated by the certainty of the care and the mutual help. For the lonely elders, the disadvantages dominate such as loneliness and isolation; the advantages regard intimacy and tranquility.

The elders of both the categories characterize themselves quite modest, but are more open towards the depreciative characterization of the active generation. The Relations with the same generation or with the active generation are based on these characteristics and are poor.

The elders expect the community to develop their knowledge horizon and the feeling that they still matter.

I consider that the institutionalized elders and the lonely ones haven’t been prepared enough for the life that they have. This is the reason why I think it is necessary to set up some sort of preparation that should anticipate their future way of life. This preparation should also continue during the old age, indifferent to the situation that they have. This preparation should be carried out by specialists such as doctors, psychologists, sociologists and cultural counseling. Due to the fact that the stages of the old age are not always the ones found in the specialty literature for example in our study the changes take place at 70 years old the specialists should keep in mind the reality that can be found in a certain place and at a certain moment in time.

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