

# Historical excursion into health and senior education

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**Abstract** This work focuses on the characteristic features of medical, educational and andragogical approach in the individual historical stages of senior education development. The historical development of senior education within the individual stages of human development is described in detail in order to draw attention to the historical context which influenced the process. Educational and ethical aspects related to the issue are explored. We also focus on the specific features of senior education, educators' competences – specialised, andragogical-geragogic and personal – with the emphasis on the ethical approaches towards the target group.

**Key words:** ageing, old age, senior, education, specific features of senior education, educator competences, ethical competence

## 1. INTRODUCTION

The attitude towards our elders has changed over different stages of the human development. Our relationship towards the elders has been recorded in the historical sources that, today, help us build a picture of the past long gone as well as of the attitude of the society towards this target group. According to P. Lauková (2014, p. 76), "positive references about old age and ageing are related to the emergence of agrarian communities in the near East. Older members of the community played an important role since they possessed experience and knowledge as well as the "tribal memory" which was highly respected and appreciated." However, the elders were not always perceived this way. Changes typical for old age can be discussed and attention can be paid to certain positive attributes such as endurance or maturity which can bring wisdom and fulfilment. On the other hand, maturity can be perceived as over-ripeness, weariness or loss of value (E. Weil, 2007). E. Weil suggests that older people are often seen as "old, grey – and in our way", in other words, they are perceived through their negative attributes rather than the positive ones. Old age is often accompanied by actual health, psychical and social issues. However, there are historically documented procedures which significantly contributed to senior care and assistance. Human health and the struggle to maintain, improve or restore it have belonged among the basic needs of the society since the very beginning of its development. Throughout the history, health care has represented an issue of individual as well as general (population-wide) interest, addressed by numerous reputable experts. In this attempt to tackle the issue, we draw from valuable knowledge provided by medical

doctors, philosophers and authors addressing the specific topic of work with senior citizens.

## 2. A HISTORICAL PROBE

"Since the brink of its existence, the humanity has encountered various, often life-threatening diseases. The effort to prevent or cure diseases can be found in the ancient healing practices" (Sedláčková, Hlávková, 1995, p. 5). Today, paleopathologic findings allow us to get an idea of how our ancestors in the ancient times approached the issue; historical sources provide information on their lifestyle, health condition, disease treatment, etc. The ways and efforts of preventing diseases can be traced back to the prehistoric times when healing practices represented the first form of health care (Sedláčková, Hlávková, 1995, p. 6).

### 2.1 Ancient times

During the ancient times, Chinese medicine was reputable for its sophistication. According to L. Hegyi, Š. Krajčík et al., (2010), first knowledge in the area of gerontology can be traced back to ancient China where the idea of the need for social care developed. Encyclopedic works, collections, proper nutrition and lifestyle rules, etc. played an important role in this era. Known historical works have been created in China, India, Persia, Egypt, Greece, Rome and Byzantium. In these times, respectful dealing with the elders was required. "Respect for old age and its dignity was a part of the social ethics" (Hegyi, Krajčík et al. 2010, p. 18). Vast resources on diseases, treatments, hygiene and various measures against infectious diseases can be found in *Ayurveda*, the book of life. Our knowledge of the Egyptian culture and medicine comes mainly from the texts preserved in the form of papyrus, hieroglyphic inscriptions and paintings on walls and sarcophagi. (Duin, Sutcliff, 1997, pp. 12–18). One of the preserved written documents is the *Edwin Smith papyrus*. Hippocrates (460–377 B. C.) was an important personality of the era; his work titled *Corpus Hippocraticum* is an ancient collection of 70 diverse manuscripts which refer also to old age – "he considered the loss of warmth in an organism to cause ageing," or "he recommended optimal diet for the old people" (in *De diaeta*). (Hegyi, Krajčík et al. 2010, p. 18). Of course, old age has been widely addressed by different authors. Famous philosophers, too, addresses old age and its perception in their statements. Based on this source, the contemporary life of the old people can be perceived through values, wisdom and virtue. To illustrate the topic, we have

selected several famous antic Latin sentences (Kořková, Oravec, 1995, p. 234–240):

*Ante senectutem curavi, ut bene viverem, in senectute, ut bene moriar* (Before old age I took care to live well, in old age I take care to die well.) (Seneca)

*Apex est senectutis auctoritas.* (The crown of old age is authority.) (Cicero).

*Venturae memores iam nunc estote senectae: sic nullum vobis tempus abibit iners.* (Think of the coming of old age and you will not lose a minute in vain.) (Ovidius).

Another globally known philosopher whose ideas have preserved their validity is Plato (427–347 B. C.): *Happy is he, who has been blessed with wisdom and correct judgement in his old age.* (source: www. citaty-slavných.sk) Marcus Tullius Cicero (106–43 B. C.) is the author of another important work titled *Cato maior sive de senectute* (*Cato the Elder on Old Age*) which is also one of the most popular ones; in the work, Cicero advocates old age in which a person no longer can afford to be inactive, their body weakens, delights disappear and the death approaches. The author ponders its advantages, but also factors which either negatively, or positively influence this period in human life. In his work *De sanitate tuenda* (*Galen's Hygiene*) Antic physician Claudius Galénos (129–199 A. D.) summarised the knowledge on the lifestyle, nutrition, physical activity and their importance for health. Galénos speaks of *geracomium* (elders' hygiene) which discusses the suitable ways to age. His work has been analysed in detail by N. C. Rodrigues and N. L. Terra in *Gerontologia Social para leigos* (2006, pp. 19–20) who state that Galénos drew inspiration from an Aristotle's idea based on which "*old age comes when the life gets cold*"; to alleviate the state, he recommended drinking wine, bathing and staying both physically and mentally active. Later, the idea inspired other experts in the area who addressed the issue of preparing for old age and developed methods and procedures to cope with the problems of the senile organism.

## 2.2 The Middle Ages

The middle ages were significantly influenced by Arabic scholars, e. g. Rhazes (Muhammad ibn Zakariya al-Razi; 865–925); in *Continens Rhasis* and *Liber medicinalis ad Almansorem* he provided a detailed description of diseases and their treatment (Duin, Sutcliff, 1997, p. 28). This encyclopedic work enriched the contemporary state of knowledge, experience and procedures. His book *For One Who Has No Physician to Attend Him* which provided medical advice for the poor can be considered the origin of social medicine. For several centuries, *Liber ad Almansorem* belonged along the most widely used sources of knowledge for physicians (Sedláčková, Hlávková, 1995, pp. 22).

## 2.3 Humanism and Renaissance

During the period of humanism and renaissance crucial changes take place in the economic, social and cultural areas. This historical period represents one of the decisive stages in terms of cultural and social aspects. Works pertaining to this period gave rise to specific ideas regarding a more purposeful social implementation of medicine; they were authored by philosophers emphasizing the necessity to protect people's (including the elders') health (Junas, Bokesová-Uherová, 1985). The history of gerontology and geriatrics (Hegyí, Krajčík et al. 2010, p. 18) provides information on the fact

that in 1489 Gabriele Zerbi (1445–1505) issued the first book on healthy ageing titled *Gerontocomia scilicet de senium cura atque victu* (*Gerontocomia, or, care and nutrition for old age*); in 1588 Luigi Cornara (1475–1566) published a paper on the prevention of ageing and old age-related risks, and David de Pomis (1525–1593) published the first book on old age-related diseases in Venice. The great work of J. A. Comenius (1592–1670) titled *Pampaedia* (*Universal Education*) of 1656 represents the prime opinion on education – lifelong personality cultivation – and provides the most detailed plan of education. He divided the human life into seven periods (from conception through old age until death) and allocated a specific school to each of them with the goal to gradually achieve perfection:

- *School of birth* (*Schola Geniturae*)
- *School of childhood* (*Schola Infantiae*)
- *School of boyhood* (*Schola Pueritiae*)
- *School of adolescence* (*Schola Adolenscentiae*)
- *School of youth* (*Schola Juventutis*)
- *School of manhood* (*Schola Virtutis*)
- *School of old age* (*Schola Senii*)

He pointed out that continuous education is important also in adulthood and old age. According to Comenius (1992, p. 248) in old age "*the old people must be taught how to correctly use their knowledge from their previous life, experience the rest of their life, correctly close their whole earthly life and happily enter the eternal life.*" He divides the School of old age into three classes (1992, pp. 248–249):

- *The class of those at the threshold of old age*
- *The class of those who entered the mature old age*
- *The class of withered old men*

In terms of stages, Comenius (1992, p. 251) divides old age into: *vigorous old age, heavy old age and withered old age*. At the end of the work he adds another school – *The school of death* (*Schola Mortis*; 1992, p. 260) This unique work has inspired scholars all around the world, e. g. C. Berdes, A. A. Zych, G. D. Dawson (1992), A. A. Zych (2014), B. Boga (2011) and others.

## 2.4 The Enlightenment

In the 18<sup>th</sup> century new idea movements emerge, generally referred to as the enlightenment. The enlightenment peaked in the second half of the century, mainly thanks to the progressive reforms introduced by Maria Theresa and Joseph II. The period brought new opinions on the importance of health protection in the society. The most important document on the individual health reforms was the collection of health laws titled *Generale normativum sanitus* (*General Norms of Sanitation*) issued by Maria Theresa in 1770 as a general rule for the whole monarchy (Augustínová, 2006, pp. 55–57). Health education related efforts depended upon numerous circumstances which determined the level of health care among the population and its social groups including the elders. According to M. Beniák (1993, p. 13), contents, methods and popular educational instruments drew from this document. The population was educated by scholars who disseminated books and magazines, established libraries, readers' societies, preached and used other forms of oral communication, and published original as well as translated awareness-raising works (Pasiar, Paška, 1964). In the period of enlightenment, Juraj Fándly (1750–1811) belonged among the authors of original health-related literature; he was one of the most active members of A. Bernolák's movement who authored many awareness-raising works on health and agriculture with popular

educational influence. The *Zelinkár (Herbalist)* healing guide published in 1793 provided practical advice on the use of medicinal herbs for treating different diseases. It addressed the medicinal effects but also ways of picking and storing the herbs, referring also to ancient physicians. Samuel Tešedík (1742–1820) was another disseminator of the modern knowledge; he mainly addressed economic rationality, but also multilateral popular educational activities. “*He actively challenged superstitions, ignorance and backwardness in the area of health by organising discussions, public speeches and publishing his preachings in a collection titled O příčinách chorób, O správném upotrebení lidského rozumu, O pijanství (On the Causes of the Diseases, Proper Use of Human Reason and Excessive Drinking) in which he spoke against the professional and national hatred*” (Franková, 2007, p. 150). During this era, calendars represented an efficient way of disseminating the knowledge; this traditional instrument of popular education focused on progress and rationalisation, agriculture, battling superstition, etc. (Franková, 2007). The aforementioned works and activities were highly valuable in terms of medicine as well as awareness-raising and education. In the history of gerontology, Ch. W. Hufeland’s (1762–1836) book titled *Macrobiotics: The Art of Prolonging Life* of 1796 explains that instead of seeking a meaning of life, he focused on its prolonging. He emphasizes the proper lifestyle, avoiding alcohol and smoking Hegyi, Krajčík et al. 2010).

## 2.5 The 19<sup>th</sup> century

In the 19<sup>th</sup> century, practically all countries started using the term popular awareness-raising. However, it did not cover all aspects of adult and senior education. During this period, different genres of medical literature emerged, mainly documents, guides, course books, monographs, but also educational calendars. Based on the experience of other European countries, institutions of popular education were established and promoted such as Sunday schools and popular libraries. Sunday schools represented institutions that purposefully intervened in adult education; their activity in the Slovak territory was addressed by E. Lukáč (2015). In this period, readers’ associations began to emerge. Awareness-raising and popular educational activities largely addressed mainly the battle against alcoholism. The anti-alcohol and teetotaling movement developed through the Institutum temperantiae society (Pasiar, 1977). In Horná Súča, Michal Rešetka (1794–1854) established the Temperance Society along with a Sunday school in which he also taught adults. People addressed him regarding health as well as social issues. The ill, old and poor knew they could seek help with him. According to several authors (Pasiar, 1977; Junas, 1990 and others), popular education was enhanced by collections and preaching addressing the drinking-related risks. In 1843 Samo Chalupka (1812–1883) fought against the bad habits plaguing the nation by publishing a paper titled *Pálenka otrava – Rozprávka k poučení a výstraze starých i mladých, bohatých i chudobných (Spirit Poison – A Cautionary Tale for Old, Young, Rich and Poor)* in which he addressed alcoholism as the worst ailment. Many works dealt with popular health and hygiene, provided advice and warned about alcohol. WW I hampered the educational developments and negatively affected the national life. A change was yet to come with the newly established state. In 1914 I. L. Nascher (1863–1944), the founder of the American geriatric school, published his *Geriatrics* which represented a milestone in the field of gerontology. The history of the Gerontology and Geriatrics Society refers to important activities of physician Bohumil Prusík (1886–1964) who helped develop geriatrics by establishing the gerontological section with the Czechoslovak Medical Society; in 1962 a separate Czechoslovak Gerontologic Society was established. Other reputable experts and practitioners who contributed to the development were J. Charvát,

V. Pacovský, F. Bláha, E. Gressner, H. Heřmanová, F. Makai, L. Hegyi, Š. Litomerický, V. Baláž, Š. Krajčík and others (Hegyi, Krajčík et al. 2010).

## 2.6 The 20<sup>th</sup> century

In the 20<sup>th</sup> century, revolutionary discoveries in natural and technical sciences determined the progress in prevention, diagnostics and therapy. The medical knowledge, which largely depended upon the particular physician and their experience, developed into domestic and international cooperation. Theoretical knowledge became closely connected with clinical knowledge. The modern medicine provided new procedures, treatment methods and preventive measures. However, just like in the past, new epidemic diseases emerged. In the developed countries, age-related and environmentally triggered diseases were studied, giving rise to new areas of medicine. Nowadays, ethical, bioethical and legal questions are addressed in relation to the medical progress which, in turn, brings issues of the educational nature (Sedláčková, Hlávková, 1995, s. 58–59). One of the authors addressing senior education was E. Livečka. His starting points for further development drew from Cowdry’s publication titled *Problems of aging* of 1939 and considers the establishment of the *Association Internationale de Gérontologie* in 1950 which organised world-wide gerontological congresses an important milestone. The first congress was held in Copenhagen in 1963 (it also addressed economic, sociological and psychological issues); the second congress took place in Kiev in 1972 (for the first time, memory and learning in old age was addressed which represented a significant shift in gerontopedagogy); the third congress was held in Oslo in 1973 (topic: qualification and professional training for workers with seniors); the fourth congress took place in Madrid in 1974 (topic: preparation for retirement). In the second half of the 1970s, efforts to establish institutionalised gerontological research in Czechoslovakia began. In 1977 the gerontological research institute in Malacky was established and later reorganised in 1991. In 1992 the department of social gerontology was established at the institute. Experts and researchers focused on relevant issues such as the changes in the life situation and social position of the elders, as well as the shift in the way they perceived the society and the way society perceived them. In 1995 the institute turned into the Geriatric Centre in Malacky. The centre provided mainly treatment and prevention Hegyi, Krajčík et al. 2010). In 1975 a breakthrough took place in the area of senior education which was largely discussed (Livečka 1979, pp. 12–17). In 1979 E. Livečka published his extraordinary work titled *Úvod do gerontopedagogiky (Introduction into Gerontopedagogy)*. The author presents gerontopedagogy as a new scholarly discipline addressing the preparation of adults for active ageing in terms of educational needs and interests. The work covered not only the theoretical starting points of preparation for old age and senior education, but also practical examples and adult education methodology. Researchers also dealt with the issue of senior education. However, discussions are still taking place regarding the name of senior education. Domestic as well as foreign publications are characterised by the lack of terminological unity; the discipline is referred to as e. g. geragogy (Čornaničová, 1998, 2007, Balogová, 2005, 2009, Határ, 2014, Krystoň, Kariková, 2015), gerontopedagogy (Livečka, 1979, Mühlpachr, 2004), gerontagogy (Špatenková, 2013, Špatenková, Směkalová 2015, Benešová, 2014, Veteška, 2017) or gerontology (Kalvach et al., 2004), etc. According to C. Határ (2011, p. 80), the term gerontagogy appeared in O. F. Bollnows work of 1962 in which he addressed educational assistance in old age; later the term geragogy appears in H. Mieskes’ works in the 1970s. Lack of the terminological unity was also pointed out by foreign authors such as C. Berdes, A. Zych, D.

Dawson (1992, pp. 31–33) according to whom it is necessary to avoid confusion and decide on a unified terminology to precisely define geragogy and determine its position among gerontological and pedagogical disciplines. In this publication the authors present the most active and interesting research in the field of geragogy. Geragogy – the term selected by the authors – studies history, extent, principles and practice of senior education. They propose new research opportunities that would allow for the integration of gerontological education. Along with the effort to provide a complex review of the field, the authors also address the following topics: University of the Third Age, motivation to embark on senior education, study programmes offered to the elders, etc. The information regarding the progress and development in the scholarly disciplines are highly important and valuable, therefore it is necessary to focus on their collection. National and international activities, conferences, contacts and information sharing abroad contribute to the cause. In this context, specific profilation opportunities in the field abroad in the form of international courses and congresses can be mentioned (Kalvach et al. 2004, pp. 818–819):

- International Institute on Ageing INIA, United Nations in Malta – in cooperation with the University of Malta it organises short- and long-term courses and programmes in gerontology for physicians as well as other university educated helping professionals. The institute also publishes the *International Journal on Ageing in Developing Countries*.
- The International Association of Gerontology (IAG) – it organises world gerontological congresses. It consists of two bodies: International Network for the Prevention of Elder Abuse (INPEA) and the International Council of Gerontology Student Organizations (ICGSO). IAG also publishes *Gerontology – International Journal of Experimental Clinical Behavioural and Technological Gerontology*.
- The International Federation on Ageing – it addresses the issues of social gerontology, senior rights and senior policy. It publishes the *Intercom* and *Global Aging* journals.

One of the globally active gerontology representatives is prof. Marvin Formosa from the University of Malta. In his works he deals with life-long learning in the senior age, critical gerontology and intergenerational learning: *Lifelong learning in later life* (Findsen, Formosa, 2011), *Learning across generations* (Schmidt-Hertha, Jelenc Krašovec, Formosa, 2014), *Social class in later life* (Formosa, Higgs, 2015) ([www.um.edu.mt](http://www.um.edu.mt)).

### 3. CONCLUSION

Just like everyone else, older people also have desires which they often retain from the previous stages of their lives. Naturally, they long for safety, love, comfort and the opportunity to self-actualise. For satisfying experiencing of old age it is important for them to adapt to the ageing process. In ageing prevention, emphasis is placed on healthy ageing, active lifestyle, prolonging one's self-sufficiency and improving the quality of life in seniors. Today, ageing and quality of life represent issues which attract a lot of attention in all developed countries; it reflects not only in the number of researches, but also international documents prepared based on the historical context, cultural, ethical, political and economic state of the society. According to Š. Krajčík (2006, p. 72), senior care is connected with a number of ethical issues. In the provision of quality professional assistance, every helping professional should approach this target group with great sensitivity, tact and respect. Suitable communication involving the ethical approach and empathy is very important. The ethical aspects of senior care result from the Hippocratic Oath principle – „primum

non nocere“ or first, to do no harm – which is still valid today. Training of helping professionals who work with seniors is extremely important. Currently, the number of seniors as a social group is rising and old-age related issues require professional approach. The professionals should naturally feel the need to specialise in this area, flexibly react to the increasing demands and always act in line with the specific principles of work with seniors. In terms of senior education, it can be stated that in many areas, it indeed follows the idea of active ageing – it belongs among the current topics. A number of authors are researching the topic as reflected in the range of publications, monographs and research efforts. These publications deal with different theoretical starting points which clarify phenomena related to the educational process, its principles, contents, methods and forms of work. Senior education is provided by a number of institutions and Universities of the Third Age are the best known of them (Gracová, Selecký, 2017). The activities they offer generate new knowledge, social contacts and largely improve seniors' quality of life. They are often motivated to embark on studies to seek a meaning of life. This type of education often helps prevent, remove and compensate deficiencies. It is important to closely follow the specific requirements of work with seniors (gradual and adequately paced teaching, clarity, activation, etc.). According to experts, it is necessary to take into consideration the seniors' age, health, habits and physical condition in the creation of individual educational activities. Last but not least, the educator plays the crucial role in creating the concept of any activity. The way educational activities are performed is highly dependent on their personality and competency. However, mutual trust and cooperation between the learner and the educator is the prerequisite for success. The educator's role includes informing, managing, assisting and adjusting the course of education. Every educator has their own teaching style and tends to use different procedures while putting their experience into practice. However, all their educational activities must be highly professional. As for the senior educator competences, the competence model proposed by Špatenková and L. Směkalová (2015, pp. 187–188) can be applied. They propose four basic competences that should be possessed by the senior educators: personal, specialised, andragogical-geragogic and educatory. The personal competence integrates also the ethical competence which consists of humanising aspects, politeness, respect, tolerance, patience and responsibility. To conclude, it can be stated that the educator's role is not easy as it is demanding in terms of preparation, methodology, organisation and specialisation.

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