

What Destroys the Feeling of Meaning of Life of Older Patients and Disturbs their Successful Aging

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Introduction

Kunik [1] discusses the topic of 'addressing the purpose and meaning of life in the clinical setting'. In his comment on the paper by Mota et al. [2], he enumerates questions which should be posed in the interest of well-being of patients in old age. He proposes asking patients 1. What currently gives you a purpose or meaning in life? 2. What brings you enjoyment or pleasure in life? 3. What are the most important relationships in your life? 4. What role does religion or spirituality play in your life? 5. What are your current life goals? The importance of taking into account the patient's feelings regarding a sense of meaning in their own lives, we also discussed in one of our previous work [3]

Of course a patient's well-being can be impaired by many factors like unfavorable state of health and many psychological influences decreasing his/her so-called resilience.

Janssen et al. [4] mention several kinds of factors determining mental resilience, among others: pride about one's personality, acceptance and openness to the support of others, anticipation of future losses, life skills, capacity for analyzing and understanding their situation, a balanced view on life, positive family relations and attitudes that can be characterized by the catchwords: 'not adapting the role of a victim', 'carpe diem', 'the power of giving'. We discussed all possible factors determining mental resilience in our former article [5].

In fact, the feeling of meaning of one's own life results from the favorable course of one's own trajectory of life and especially from the ability to work out a 'balanced perception of one's own life'.

As we emphasized already in our earlier paper on autobiography memorization, one should pay attention not only to biographical facts but also to important 'psychological transformations' concerning decisions on one's own further anticipated actions and behavior [6]. An example would be the decision that "it is not worth striving for a formal education because prosperity in life depends on other conditions". Reynolds et al. further point draws attention to the so called major life events [7].

In our opinion, the formulation of a positive remembrance of one's own life requires primarily the assessment of eventual critical facts

which determine the course of life, resulting from dramatic, often hidden biographical events such as the exclusion from family of somebody significant, breaking of family ties, sexual abuse – especially rape or incest, the suicide of someone close, the death of the mother in childhood, divorce of parents or criminal behavior of family members. Such events cause so called entanglements, and sometimes incline one to acts of revenge or plans to take vengeance. This is illustrated piercingly by Lauren Groff in her brilliant novel "Fate and furies" [8]. In cultivating the ability to determine the meaning of one's own life, we should be skilful in discovering past events that the patient is afraid to reveal. One of these methods is the technique of family constellations; see Weinhold et al. [9]. This method is, however, not recognized by most academic psychologists. Therefore, it seems to us that it is necessary to search for other ways of conversation with the patient which would enable the disclosure of such biographical data that are discussed by Lauren Groff in her novel. We propose a method of this kind in our another article [10].

In course of the formulation of this commentary we were asked by the reviewers about some further, detailed questions related to the determinants of the 'purpose and meaning of life as a factor influencing the successful aging'.

The problem was raised whether one should always inquire patients about such 'sensitive information' and which are the advantages and disadvantages of asking about such cumbersome data. To clarify these doubts we quote the fragment of our extensive questionnaire designed to the determination of overall trajectory of life. The quoted fragment is presented in Table 1. The complete questionnaire will be publish [10,11]. Familiarizations with indispensable questions really realize that the necessary questions can be very perplexing. It seems to us that are worth to ask such questions if we find negative mental feeling of a patient, especially manifestations of depression. The determination of the causes of mental health problems is not possible without obtaining a detailed history. Inconvenience of posing cumbersome questions seems then unimportant, because the advantages of possession of detailed information's create the good perspectives for improvement of feeling.

	Unfavorable events in childhood		
1	Death of a parent	+1	
2	Divorce of parents	+1	

3	Loss of other significant person	+1	
4	Domestic violence (physical abuse)	+1	
5	Sexual abuse	+1	
6	Alcoholism in family	+1	
7	Criminal behavior of family members	+1	
8	Severe disease in childhood	+1	
9	Lack of support in the family (no manifestation of love, rejection)	+1	
10	Poor educational standards	+1	
	Sum of points:		
	Past negative existential events in youth and adulthood		
1	Serious problems at school or university	+1	
2	Unwanted pregnancy	+1	
3	Misunderstandings, conflicts in the family	+1	
4	Separation, divorce of the asked person	+1	M
5	Death of a loved one	+1	
6	Long-term loneliness	+1	M
7	Committing a crime, imprisonment	+1	
8	Sudden loss of livelihoods, extreme poverty	+1	
9	Homelessness	+1	M
10	Debt, unstable financial conditions.	+1	M
	Sum of points:		
	Events, which happened in the near family (siblings, siblings of parents, grandparents)		
1	Someone has been condemned and excluded from the family	+1	M
2	Suicide of someone close	+1	
3	Long-term blackmail of the asked person or someone close	+1	M
4	The feeling that someone takes revenge of the asked person or someone close	+1	M
5	Conceive the plan of vengeance by the asked person or someone close	+1	M
6	Involvement in fight or war actions of the asked person or someone close	+1	M
7	Experience from the serious accident or disaster of the asked person or someone close	+1	
8	Kidnapping, ransom demand from someone close	+1	
9	Mental illness of someone close	+1	
10	Committing a crime, imprisonment of someone close	+1	
	Sum of points:		

Table 1: Unfavorable events in the past (unfavorable events in childhood, past negative existential events in youth and adulthood, important events in the near family).

One of persons interested much in the discussed problem wrote "... the most important question to be emphasized is 'what role does religion or spirituality plays in your life?' Once religion and spirituality attains a major influential role on the elderly, life tolerance and a meaning for life is a favorable consequence regardless of the unpleasant circumstance during his past history. That does not mean to take out

all the accumulating bad memories, but at least, it will give him or her some feeling of relief that makes him or her able to accept and accommodate with the circumstance".

Certainly this remark is important, however, we don't know so detailed studies on the neutralizing impact of religious faith in situations when a considered person experienced such life events as listed in Table 1. We presented our personal considerations of the meaning of spirituality in one of our previous articles, which is available on line [3]. It is a very interesting topic. We concentrated in our quoted article on the problem of significance of degrees of conviction about the truth and the reality of major previews concerning the fate of people, resulting from the religious message. We focused on the importance of spirituality for the well-being of patients who are non-believers or people who are agnostics. We wrote there: "Recently, it has been greatly emphasized why the clinician or the medical doctor should make an effort to learn and introduce 'meaning oriented therapy'...This is particularly important today when many people, especially in secularized European countries, have much individualized ideas about the origins of life and the beginning and purpose of the Universe. Contemporary metaphysical beliefs are often far from classical religious statements. Nonetheless, most people have some sense of transcendence. In our opinion, clinicians engaging in a conversation with patients about the meaning of human life and the Universe should be acquainted with some relatively new socio-cosmological theories, which assign meaning to the lives of people on the basis of other principles than the statements originating from religious revelation".

Some clinicians raise the problem who of the members of the medical staff, has appropriate expertise and time to deal with a thorough analysis of the risk factors threatening the well-being of older patients and who would eventually be able to lead the so-called 'meaning oriented therapy'. One of these clinicians emphasizes the role of so called "care managers" serving as a bridge between physicians, specialists and patients [8].

Conclusion

There are factors which build the meaning of life, expressed by the mentioned questions 1-5. It is however important to realize also the

factors which destroy this feeling. Our commentary is focused on considerations of influences, which impair the meaning of life, because we are convinced that these kinds of impacts need further discussion.

References

1. Kunik ME (2016) Addressing purpose and meaning of life in the clinical setting. *Am J Geriatr Psychiatry*.
2. Mota NP, Tsai J, Kirwin PD (2016) Purpose in life is associated with a reduced risk of incident physical disability in aging U.S. military veterans. *Am J Geriatr Psychiatry* 2016.
3. Brodziak A, Brewczynski PZ (2014) How to cope with the deficit of meaning: The crucial issue for integration of spirituality into patient care. *Pol Arch Med Wewn* 124: 140-142.
4. Janssen BM, van Regenmortel T, Abma TA (2011) Identifying sources of strength: Resilience from the perspective of older people receiving long-term community care. *Eur J Ageing* 8: 145-156.
5. Brodziak A, Ziolkowski E (2016) Medical and mental target risk factors for dementia prevention. *J Gerontol Geriatr Res* 5: 266.
6. Brodziak A, Rózyk Myrta A, Wolinska A (2016) How to arrange the remembrance of own life for the benefit of successful aging. *J Gerontol Geriatr Res*.
7. Reynolds JR, Turner RJ (2008) Major life events: Their personal meaning, resolution, and mental health significance. *J Health Soc Behav* 49: 223-37.
8. Groff L (2015) *Fates and furies*. Riverheadbooks, New York
9. Weinhold J, Hunger C, Bornhauser A, Link L, Rochon J, et al. (2013) Family constellation seminars improve psychological functioning in a general population sample: results of a randomized controlled trial. *J Couns Psychol* 60: 601-609
10. Brodziak A, Rózyk-Myrta A, Kolat E (2016) Trajectories of symptoms, syndromes, state of health and the overall trajectory of life. *J Pall Care Nurs*.
11. Ciccone MM, Aquilino A, Cortese F, Scicchitano P, Sassara M, et al. (2010) Feasibility and effectiveness of a disease and care management model in the primary health care system for patients with heart failure and diabetes (Project Leonardo). *Vasc Health Risk Manag* 6: 297-305.