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

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Received date: August 29, 2016; Accepted date: September 20, 2016; Published date: September 28, 2016

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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.

Jansen 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 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’. In our opinion, 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.

<table>
<thead>
<tr>
<th>Unfavorable events in childhood</th>
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<tr>
<td>1 Death of a parent</td>
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<tr>
<td>2 Divorce of parents</td>
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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 online [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