

Tomasz Gwoździewicz*

@ tomasz.gwozdziejewicz@us.edu.pl
ID <https://orcid.org/0000-0003-2153-6886>
University of Silesia in Katowice, Poland
ROR <https://ror.org/0104rcc94>

Aleksandra Kłos-Skrzypczak

ID <https://orcid.org/0000-0002-0512-7938>
University of Silesia in Katowice, Poland
ROR <https://ror.org/0104rcc94>

Care For the Elderly in the Polish Family: The Socio-Moral Aspect

DOI <https://doi.org/10.15633/pch.16111>

Abstract

The aim of this article is to examine care for older family members. The point of departure is the concept of the dignity of older persons, the proper understanding of which provides the normative basis for caregiving. The article also discusses loneliness among older adults and forms of support for seniors within the family. The study is theoretical and is situated at the intersection of sociology and moral theology. Using a secondary analysis of the available literature in sociology, moral theology, and Catholic social teaching, the authors synthesize the issue and indicate both the need for care for older persons and possible ways of providing such care.

Keywords

care, older people, family

* The research activities co-financed by the funds granted under the Research Excellence Initiative of the University of Silesia in Katowice.

In the social sphere, many groups require various forms of care. One such group is older persons. Seniors are often associated with the need for care arising from illness or functional dependence. Some older adults indeed require such support; others remain professionally and socially active and experience the “autumn of life” in an active way. Even active seniors, however, are not always able to meet all their needs independently. At certain stages of life or in specific situations, they also require support and assistance.

Pope Francis emphasized the need to support older persons in various ways, stating: “The elderly must not be left by themselves, they must live within the family, in the community, with everyone’s affection. And if they cannot live with their families, we must go visit them and stay close to them” (Francis 2024). Care for older persons, therefore, becomes a moral duty, a point that requires particular emphasis in the context of contemporary social changes, especially population ageing.

This article addresses care for older persons within the family. First, it presents the concept of human dignity, which is frequently misunderstood but remains the foundation of care. It then discusses loneliness among older adults as a pressing problem in caregiving and considers efforts to mitigate it by building support networks for seniors, especially within the family environment.

1. The Dignity of Older Persons

A fundamental issue in understanding old age and older persons is their dignity. Etymologically, the word “dignity” derives from the Latin *dignitas*, meaning personal worth or merit. In its basic sense, it expresses the universal conviction that human beings occupy a distinctive status in relation to other created entities. The dignity inherent in every human being is innate and inalienable (Machinek 2005, 217–220).

In contemporary scholarship, dignity has become an object of inquiry across disciplines, from philosophy to the social sciences. This allows the concept to be examined from different perspectives, but it also produces a rapid evolution of meaning depending on the adopted paradigm. The Dicastery for the Doctrine of the Faith recognizes this situation, noting both the increasing sensitivity to human dignity and the many misunderstandings that distort the concept (Dicastery for the Doctrine of the Faith 2024).

It is therefore necessary to distinguish between different meanings of dignity in order to identify the one that concerns the essence of the human person. In relation to older persons, Stanisława Steuden summarizes the position of scholars of ageing, who point to four dimensions of dignity: personal dignity (*Menschenwürde*), dignity related to personal identity, dignity related to merit, and dignity related to self-esteem or moral status (Steuden 2014, 217–220).

In its basic sense, personal dignity arises from the mere fact of being a person. It is unconditional and belongs to every human being, regardless of social status. Fundamental human rights derive from personal dignity and belong to every person regardless of age.

Dignity related to identity does not have the same unconditional and immutable character. It may change under the influence of age, emotional states, and psychophysical conditions. It is connected with the roles a person has fulfilled throughout life, with the historical context in which the person lives and with social status. Dignity related to identity is vulnerable to being wounded, just as the person is vulnerable to injury.

Dignity related to self-esteem is the sense of self-worth and self-validation that arises from behaviors consistent with one's adopted value system or from the way one's needs are met. This form of dignity is fragile and depends on the individual's particular way of experiencing the world and may be undermined by external factors affecting the experience of old age.

Finally, dignity based on merit results from social respect and recognition for fulfilling specific social duties or holding particular positions. It is therefore grounded in acknowledgment by others (Steuden 2014, 146).

Recognizing the value of this classification, it must be stressed that care for older persons should give priority to the dimension of dignity that does not change under the influence of the environment or other external factors. This dimension is ontological personal dignity. It is emphasized in the teaching of the Catholic Church and in international documents.

This dignity is "inalienably grounded in his or her very being, which prevails in and beyond every circumstance, state, or situation the person may ever encounter. This principle, which is fully recognizable even by reason alone, underlies the primacy of the human person and the protection of human rights. In the light of Revelation, the Church resolutely reiterates and confirms the ontological dignity of the human person, created in the image and likeness of God and redeemed in Jesus Christ. From this truth, the Church draws the reasons for her commitment to the weak and those less endowed with power,

always insisting on the primacy of the human person and the defense of his or her dignity beyond every circumstance” (Dicastery for the Doctrine of the Faith 2024, 24).

The possession of personal dignity in the ontological sense indicates that the human person is a unique creature on earth. This recognition calls for the greatest possible care, regardless of the condition in which a person finds him or herself, and for the creation of conditions that allow for the fullest possible development, including in later life.

The United Nations makes the same point in the *Political Declaration and Madrid International Plan of Action on Ageing*, which calls for action to enhance and recognize the dignity of older persons and to enable them to age with dignity. Older persons deserve respect and care, and discrimination against them violates their dignity. The document also stresses that disability or any other ground cannot justify unfair treatment of older persons (United Nations 2002).

Reference to the dignity of the human person demonstrates that this value is universal. It exceeds ideological and confessional boundaries. Human dignity is inviolable, indivisible, and absolute and rooted in the ontological structure of the human being. It is therefore independent of historical and social context, although it may be demeaned in practice. For this reason, the possession of ontological dignity requires opposition to everything that violates it. Thus, everything that “is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia or willful self-destruction, whatever violates the integrity of the human person, such as mutilation, torments inflicted on body or mind, attempts to coerce the will itself; whatever insults human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of women and children; as well as disgraceful working conditions, where men are treated as mere tools for profit, rather than as free and responsible persons; all these things and others of their like are infamies indeed” (Second Vatican Council 1965, 27).

Respect for the dignity of older persons is therefore a key principle for everyone who cares for them. Caregivers should do everything possible to respect personal dignity in the ontological sense because this dimension is foundational. At the same time, they should oppose all actions that violate such dignity.

2. The Problem of Loneliness among Older Persons

When addressing loneliness among older adults, it is necessary first to distinguish between two phenomena that often overlap but should not be treated as identical: loneliness and social isolation. Social isolation has an objective dimension and refers to the actual absence or paucity of social contacts in one's immediate environment. Loneliness, by contrast, is a subjective and emotional experience of insufficient connection, understanding, or support (Wawrzyniak 2015, 56).

Loneliness is a subjective feeling of a lack of presence and support. It is possible to live among relatives and still suffer from loneliness. This occurs when acceptance, the recognition of needs, shared experience, love, friendship, or affection are lacking. Loneliness arises from individual needs and experiences and always has a negative dimension. It may intensify in response to emerging deficits, including the loss of a loved one, illness, or disability (Trafiałek 2016, 147).

The history of family life has a crucial influence on the intensity of loneliness in old age. Loneliness will be experienced differently by someone who was actively involved in family life and had children and grandchildren than by someone who has lived alone throughout his or her life. It is highly probable that people who did not develop inner autonomy, independence, or self-identification will experience loneliness more intensely. Higher levels of loneliness also affect individuals who overinvested in professional life or maintained excessive expectations toward life (Wrótniak 2015, 90–97).

Although loneliness is a subjective experience of a “lack” of something, its development is also influenced by external factors. The first is a lack of interest from close relatives. The reasons for this condition vary. It may result from neglect by those who have a moral duty to care for the older person. Adult children have such an obligation toward their parents and grandparents. At the social level, many models of intergenerational care have been developed, including Bengtson and Schrader's (1982) model of intergenerational solidarity and the exchange model, in which support is provided through the exchange of goods between parents and adult children (Tobiasz-Adamczyk 2013, 202).

The moral imperative remains unchanged, especially for believers, because it derives from the commandment: “Honor your father and your mother, that your days may be long in the land that the Lord your God is giving you” (Exod. 20:12). This commandment imposes specific requirements on Christians, as the Catechism of the Catholic Church states: “The fourth commandment

reminds grown children of their responsibilities toward their parents. As much as they can, they must give them material and moral support in old age and in times of illness, loneliness, or distress” (*Catechism of the Catholic Church* 2003, 2218).

The second factor contributing to loneliness is the feeling of loss. It may occur on several levels; for instance, it may result from the “empty nest” syndrome caused by children leaving home, from widowhood, or from the intense professional lives of relatives who fail to notice the older person in the family. Sometimes, however, the feeling of loss is caused by seniors themselves who withdraw from social contacts (Błaszczuk and Rynkowska 2016, 70).

The third factor contributing to loneliness is informational exclusion. As Pronzato notes, the loneliness of older persons is also caused by a lack of information (Pronzato 2006, 80). This may result from health conditions that make access to information difficult, such as impaired sight or hearing. Moreover, in a period of rapid technological development, older adults’ technical competences may no longer be sufficient. This produces exclusion that not only limits access to information but also deepens the sense of inadequacy and thereby intensifies loneliness.

Loneliness is experienced by older persons as an adverse state with specific consequences. “Loneliness creates the danger of becoming dependent on a caregiver or simply the presence of another person” (Wawrzyniak 2015, 56). One way to overcome loneliness is to build relationships with others and seek a “kindred spirit.” This involves deep emotional bonds, trust, respect, and sincerity. A person reveals the truth about himself or herself to another and expects similar openness in return (Wrótniak 2015, 90–97).

This process may, however, become pathological. For an older person, loneliness may lead to an attachment that becomes dependence. Caregiving itself may become a pretext for frequent visits and constant presence. This gradually consumes more of the caregiver’s time, and the accompanying emotional blackmail may intensify the dependence. Although such a situation may be easier for a person outside the family to resolve, it is much more difficult for a close relative. Resolution requires clear boundaries so that caregiving does not dominate the caregiver’s life.

Loneliness among older persons may also expose them to various dangers, including increased vulnerability to abuse. Depending on the classification used, the most common forms of abuse are physical, psychological, and emotional; financial exploitation; sexual abuse; and neglect. Older persons are vulnerable

to abuse because of their limited functional capacity and dependence on their environment. They often fear disclosing abuse and frequently do not know where to seek help (Mordawska 2017, 126–137).

Loneliness is an additional factor that increases vulnerability to abuse. Older persons may accept various forms of mistreatment because they fear rejection, abandonment, or even greater harm from the caregiver. The relationship between loneliness and abuse is often rooted in emotional dependency. The caregiver may make the older person dependent in order to control his or her entire existence. In some cases, the older person may not even be aware of being abused, and a deep emotional bond with the caregiver may serve to justify different forms of mistreatment.

The destructive character of loneliness is also visible in illness, not only at the somatic but also at the psychological level. Loneliness often contributes to depression. Among older adults, minor depression, also called subclinical depression, is more common than major depression. Its symptoms are less severe than those of major depression and include lowered mood, reduced motivation, and, at times, loss of interest in daily activities. Depressive states may also exacerbate somatic ailments and lead to a general decline in health (Hoffmann-Aulich et al. 2016, 281).

3. Family Support Networks for Older Persons

One factor driving changes in the demographic structure of society is the increase in average life expectancy, which results from improvements in medical care and living standards in many parts of the world. Beneficial changes have been observed across age groups. Over the past five decades, the estimated life expectancy of the global population has increased substantially: “The expected average life expectancy of a person born in 1971 was 58 years, while in 2012, the estimates rose to 71 years” (Lipczyński 2024). According to the Statistics Poland 2025 life-expectancy tables, the projected further life expectancy at age sixty in Poland is more than 254 months for both women and men (Statistics Poland 2025). Among all older age groups in Poland, the largest increase by 2050 is expected among persons aged eighty-five and over. It is forecast that the size of this group will increase by more than 2.5 times in comparison with 2021. In demography, this process is described as the “double ageing” of the population, because “the number of old-old (aged 75–84) is growing faster than the

younger old (aged 65–74), and the oldest-old (aged 85 and over) are growing the fastest” (Dragan 2011).

The extension of human life is an optimistic phenomenon, provided that health and both physical and mental fitness are preserved in old age. The life course, including the universal impact of population ageing, has both personal and social implications. A response to the ageing of society requires “achieving a balance between sustainable solutions for the social care system and enhancing intergenerational solidarity and justice between young and older people” (European Commission 2021). Longer life expectancy increases the risk of limitations in the ability to perform daily activities independently. It is therefore necessary to create a comprehensive support system for older persons, including care facilities and home-care services provided by professional caregivers.

For both seniors and the care system, the preferred solution is often for older persons to remain in their own homes for as long as possible. For older adults, a support network is crucial in overcoming the challenges of daily life. For this reason, the family potentially constitutes the first and most important support network for seniors, because relatives often understand the needs of older persons better and can provide support more quickly. According to analyses by the Statistics Poland, older persons who become incapacitated expect help almost exclusively from family members: 64 percent of respondents indicated a spouse or partner, and nearly 33 percent indicated children and grandchildren. The data show that, as age increases, the importance of a spouse or life partner as a source of help with household chores or illness decreases in favor of younger generations: children, including sons-in-law and daughters-in-law, and grandchildren. This shift is understandable: First, the number of people living alone increases because of widowhood; second, help for seniors often requires physical fitness, which is strongly age-related. A family support network may also provide psychological support, because “this dimension of assistance is best diagnosed with whom we feel most strongly connected, who suits us the best characterologically, with whom we feel good, trust, and whose presence has a calming effect on our psyche” (Główny Urząd Statystyczny 2021).

The Statistics Poland’s study on social cohesion has shown that seniors would turn primarily to family members in cases of sadness or depression: 45 percent of respondents indicated a spouse or partner, whereas more than 37 percent indicated children, including sons-in-law and daughters-in-law, and grandchildren. The analysis also included support in the event of financial difficulties. Nearly 80 percent of persons aged sixty-five and older indicated family members,

whereas less than 5 percent stated that they would turn to friends or acquaintances for help with financial problems.

It is nevertheless difficult to discuss the family as the most important support network for care of older persons without considering its dynamic structure. The decline in child mortality and the increase in adult life expectancy since the mid-twentieth century have made multigenerational families a common phenomenon. Although the practice of several generations living under one roof is diminishing in favor of nuclear families, its consequences are visible in the emergence of the “sandwich generation,” that is, persons aged 45–59 who are “burdened with a dual family balance” (Szukalski 2008, 31). Members of the “sandwich generation” provide material and emotional support both to their children under eighteen and to at least one parent aged sixty-five or older. According to Wiesława Walkowska, for this reason social policy should pay attention “not only to care services for the oldest generation but also to creating a supportive environment for the continued development and successful aging of the so-called middle generation” (Walkowska 2018, 9).

Multigenerationality is also accompanied by an extension of the period spent in the same family status: it is now common for grandparents to live to see the thirtieth or even fortieth birthdays of their grandchildren. According to Piotr Szukalski, “the result of this situation is, on the one hand, a delay in the occurrence of changes in family status caused by the death of close relatives, and on the other hand, the progressing democratization of intra-family, intergenerational relationships” (Szukalski 2008, 31). Moreover, generational homogenization, resulting from declining fertility and the postponement of procreative plans, has led to generations composed of persons of similar age. This means that “the siblings of seniors are individuals close to their age, and therefore this is a group from which more intensive support in advanced age is difficult to expect” (Szukalski 2008, 32). Low fertility is reflected in an old-age index of 122: for every 100 “grandchildren” (children aged 0–14), there are 122 “grandparents” (persons aged sixty-five and over), with a population difference of 1.3 million in favor of grandparents (Statistics Poland 2022).

Cultural and ideological changes affecting family structures also play a crucial role in support for older persons. Over time, family members have become more geographically mobile: children often leave their hometowns, and young people frequently move from rural areas to urban agglomerations. This mobility is associated with the social advancement of offspring and often significantly reduces family contacts. In addition, perceptions of family obligations have

changed among young people, middle-aged persons, and older persons themselves: the family is “increasingly seen not as an institution fully responsible for caring for elderly members, but as one that shares this responsibility with public agencies” (Szukalski 2008, 33).

4. Family Care Networks for Seniors

In contemporary social structures, persons aged fifty and over still include representatives of the post-war baby boom. Many remain professionally active and have a changed perspective on “old age and the concept of active aging” (Walkowska 2018, 10). Despite social change, in the Polish context the family retains a high position in the hierarchy of values, and adult children—especially women—feel obliged to support and care for ageing parents. A woman aged fifty or over who assumes responsibility for caring for seniors “does so permanently, at the sacrifice of family life, free time, and simultaneously giving up her own professional development or other life activities. It is not easy for her to balance professional life with caring for dependent elderly individuals” (Mirewska 2016, 90). The type and frequency of support provided by women and men differ. Women more often provide systematic support, whereas men tend to provide incidental support, because “men are less likely than women to help seniors with services such as cleaning and cooking, which are culturally assigned to women” (Szweda-Lewandowska 2014, 92).

Among motives for providing care to seniors, setting an example for children or grandchildren is frequently mentioned. According to the report *Family Caregivers of the Elderly: Problems, Needs, Challenges for Social Policy*, caregivers believed that, by caring for a senior, they were “teaching younger generations to respect the elderly and setting an example of how to behave toward those in need of help. This gave them a sense of security based on the belief that they, too, would receive help and care if they needed it” (Szlązak, Piłat, and Sarata 2015). Another motive is the feeling of being needed, which is characteristic of people leaving the labor market and seeking activities that provide satisfaction and structure life in a manner similar to their previous employment. A further motive is “repaying a debt” or fulfilling a duty. This is especially relevant in care for one’s own parents, because it involves gratitude for care received during childhood.

Research conducted by Wiesława Walkowska indicates that women regard help for the older generation as their duty toward both parents and parents-in-law,

especially when the husband is an only child or has only brothers. In seniors' daily lives, nonfinancial support is more significant than financial assistance. This includes help with cleaning, shopping, and personal care. In everyday life, women manage seniors' household tasks, including cleaning, laundry, meal preparation, and purchasing medication. They also assume administrative and bureaucratic duties on behalf of those in their care, such as "efforts to determine the degree of disability, applying for rehabilitation stays or sanatorium visits, helping with tax returns, and purchasing glasses or orthopedic equipment" (Szlązak, Piłat, and Sarata 2015).

A person engaged in care for an older individual purchases household accessories, organizes the repair of household appliances, and is often compelled to arrange renovation work to adapt the home to the resident's needs. As Elżbieta Mirewska emphasizes, the caregiver's schedule also includes responsibilities related to the organization of medical and rehabilitation care: "the caregiver [...] must ensure the coordination [...] of activities, while also remembering the scheduled dates of medical appointments [...]. They often themselves provide transport for medical examinations, treatments, and rehabilitation, and assist during these appointments. Their presence with the senior is indispensable in interactions with medical specialists, as it determines the quality of home care provided" (Mirewska 2016, 91).

Care for seniors is not limited to practical or financial support; it is closely connected with emotional care. In her research, Wiesława Walkowska emphasizes that organizing and transporting relatives to specialist physicians makes many women "feel very mentally burdened by the daily complaining, listening, and grievances of their loved ones. Moreover, they are constantly on call, ready to help at any time of the day" (Walkowska 2018, 10). The scope of home care for seniors expands over time as ailments increase and disability deepens. As Mirewska notes, "the situation is complicated by [...] changes in the health status of seniors, e.g. a senior with Alzheimer's disease, senile dementia, or an oncology patient. The caregiver's scope of activities then expands to include additional care and hygiene activities such as: washing, feeding, dressing, administering medications, performing basic bedside rehabilitation procedures, etc." (Mirewska 2016, 92).

Caring for seniors involves sacrifice, rarely provides a stable sense of satisfaction, and often negatively affects caregivers' psychophysical well-being. Physical strain, including back pain and varicose veins, is among the most common ailments and is largely associated with neglect of one's own health. Caregivers

“do not manage their ailments, do not undergo examinations, and visits to the doctor are only related to monitoring the condition of the dependent person” (Szlązak, Piłat, and Sarata 2015). A lack of time and the inability to leave the senior unattended cause caregivers’ health problems to recede into the background. Physical difficulties, together with the burden of daily tasks that generate stress and fear, may lead to depressive states in caregivers. Caregivers report that they “are mentally exhausted, often cry, and resort to antidepressant medications [...] due to being constantly on alert, they cannot sleep peacefully” (Szlązak, Piłat, and Sarata 2015).

Providing support to older persons significantly affects family relationships. Many caregivers devote themselves to the dependent person, which prevents them from maintaining satisfactory relationships with other family members. “Dedicating oneself to an elderly person is very often associated with resentment from close family members towards the caregiver, especially when they neglect other social roles, such as that of a mother or wife” (Szlązak, Piłat, and Sarata 2015). Disruptions in family relationships, difficulties arising from care for seniors, and the sense of life passing may produce rebellion, irritation, and stress, sometimes leading to abusive behaviors. “However, the most common form of abuse in the home environment is considered to be neglect” (Pawlikowska-Łagód and Sak 2016, 56) along with physical violence. According to Emilia Jaroszevska, “these feelings are usually reinforced by the lack of support from the partner, who perceives caregiving tasks as an obvious/natural duty of women—even if it concerns his own parents” (Jaroszevska 2012, 118).

Fatigue, a lack of time for rest and personal activities, and the neglect of family relationships cause frustration and stress among caregivers. Ultimately, this may lead to a condition often described as caregiver stress syndrome (CSS). According to Wiesława Walkowska, support and facilitation for family members who care for seniors are necessary. Local initiatives should play a crucial role and may include comprehensive information provision, prevention programs promoting physical activity and healthy lifestyles, senior-friendly places that relieve family members in caregiving, financing of day medical-care homes from the basket of guaranteed services, and support for volunteering. Educational initiatives addressed to schools and concerning healthy lifestyles and conscious adulthood should also be mentioned.

For family caregivers of older persons, temporary replacements in care (respite care or temporary full-time care facilities), help in caregiving, opportunities to discuss problems, and assistance in organizing transport are crucial.

One solution to many caregiving dilemmas could be a care assistant: “The care assistant should indicate effective techniques for performing caregiving tasks and provide guidance and information [...] This person should visit the senior and their caregiver once or twice a week initially, and periodically monitor the situation in later stages [...] The role of the care assistant would involve acting as an intermediary between the caregiver and the institution, as well as providing advisory and informational support” (Szłazak, Piłat, and Sarata 2015).

According to Remigiusz J. Kijak and Zofia Szarota, “not only have demographic indicators changed, but so have the social boundaries of old age: currently, it is achievable for the majority of people. It is the duty of the state and society to create optimal conditions for every individual to live and age successfully. Through skillfully implemented social policies, the risk of social marginalization of seniors is minimized, and the risk of senility is reduced” (Kijak and Szarota 2013, 23). Social policy is linked to the inalienable human right to the inviolability of dignity. This is particularly significant for seniors, who may struggle to adapt to current social conditions because of physical and mental challenges.

Summary

Care for older persons should become a moral imperative for contemporary societies in which the senior population is significantly increasing. This requires numerous changes, not only in the better organization of care but, above all, in the transformation of social attitudes so that the presence of seniors is recognized both in society and in families.

The foundation of care for older persons is respect for their dignity. This dignity is personal dignity in the ontological sense: innate, inalienable, and independent of external factors. Treating the person as unique and as occupying a privileged place in the creative act of God belongs to the very essence of this understanding.

One of the greatest forms of suffering experienced by older persons is loneliness, which arises from the felt absence of another person. To counteract loneliness and other difficulties associated with the “autumn of life,” comprehensive care is necessary. Although such care may take various forms, care within the family remains especially important because it offers substantial potential for compensating for the deficits that appear in old age. It requires sacrifice and may

not always be adequately understood by contemporary societies. Nevertheless, it shows that the family is not only a basic social unit but also a community of life and love.

References

- Bengtson, Vern L., and S. Schrader. 1982. "Parent-Child Relations." In *Research Instruments in Social Gerontology*. Vol. 2, *Social Roles and Social Participation*, edited by David J. Mangen and Warren A. Peterson, 115–86. Minneapolis: University of Minnesota Press.
- Błaszczuk, Katarzyna, and Dorota Rynkowska. 2016. *Problemy społeczne i opiekuńcze seniorów i ich rodzin: studium socjologiczne na przykładzie opinii pracowników socjalnych*. Rzeszów: Wydawnictwo Uniwersytetu Rzeszowskiego.
- Catechism of the Catholic Church*. 2003. Vatican City: Libreria Editrice Vaticana. https://www.vatican.va/archive/ENG0015/_INDEX.HTM.
- Dicastery for the Doctrine of the Faith. 2024. *Declaration "Dignitas Infinita" on Human Dignity*. Vatican City. April 2, 2024. https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_ddf_doc_20240402_dignitas-infinita_en.html.
- Dragan, Artur. 2011. *Starzenie się społeczeństwa polskiego i jego skutki*. Opracowania Tematyczne OT-601. Warszawa: Biuro Analiz i Dokumentacji, Kancelaria Senatu. <https://www.senat.gov.pl/gfx/senat/pl/senatopracowania/15/plik/ot-601.pdf>.
- European Commission. 2021. *Green Paper on Ageing: Fostering Solidarity and Responsibility between Generations*. COM(2021) 50 final. Brussels: European Commission. https://commission.europa.eu/system/files/2021-06/green_paper_ageing_2021_en.pdf.
- Francis. 2024. "'The Caress and the Smile': Meeting of Pope Francis with Grandparents, the Elderly and Grandchildren, Organized by the Fondazione Età Grande (Old Age Foundation)." Vatican City. April 27, 2024. <https://www.vatican.va/content/francesco/en/speeches/2024/april/documents/20240427-incontro-nonni-nipoti.html>.
- Główny Urząd Statystyczny. 2021. *Jakość życia osób starszych w Polsce*. Warszawa: Główny Urząd Statystyczny. <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/jakosc-zycia-osob-starszych-w-polsce,26,2.html>.
- Hoffmann-Aulich, Joanna, Arleta Wojciechowska-Łącka, Grażyna Milewska-Wilk, Monika Lato-Pawłowska, and Jan Łącki. 2016. "Wpływ samodzielnego funkcjonowania seniora na poziom satysfakcji z życia i nasilenie depresji." In *Starość: poznać, przeżyć, zrozumieć*, edited by Małgorzata Halicka, Jerzy Halicki, and Emilia Kramkowska, 279–93. Białystok: Wydawnictwo Uniwersytetu w Białymstoku.
- Jaroszewska, Emilia. 2012. "Starość i agresja—osoby starsze jako ofiary oraz sprawcy przemocy." *Problemy Polityki Społecznej*, no. 17, 113–29.
- Kijak, Remigiusz J., and Zofia Szarota. 2013. *Starość: między diagnozą a działaniem*. Warszawa: Centrum Rozwoju Zasobów Ludzkich.

- Lipczyński, Tomasz. 2024. "Oczekiwana długość życia ludzkiego ekspresowo rośnie. Jak na tle świata wypadła Polska?" *Forsal.pl*, February 21, 2024. <https://forsal.pl/gospodarka/demografia/artykuly/9436617,oczekiwana-dlugosc-zycia-ludzkiego-ekspresowo-rośnie-jak-na-tle-swiat.html>.
- Machinek, Marian. 2005. "Godność osoby ludzkiej." In *Encyklopedia bioetyki: personalizm chrześcijański, głos Kościoła*, edited by Andrzej Muszala, 217–20. Radom: Polskie Wydawnictwo Encyklopedyczne.
- Mirewska, Elżbieta. 2016. "Model opieki senioralnej i wsparcia opiekunów osób starszych-zależnych." In *Starość: poznać, przeżyć, zrozumieć*, edited by Małgorzata Halicka, Jerzy Halicki, and Emilia Kramkowska, 81–100. Białystok: Wydawnictwo Uniwersytetu w Białymstoku.
- Mordawska, Joanna. 2017. "Zjawisko przemocy wobec osób starszych—skala problemu, czynniki ryzyka, metody przeciwdziałania." In *Osoba doświadczająca przemocy w świecie milczenia czy wsparcia?: refleksje interpersonalne*, edited by Agnieszka Lewicka-Zelent and Kamil Maciąg, 126–37. Lublin: Wydawnictwo Naukowe Tygiel.
- Pawlikowska-Łagód, Katarzyna, and Jarosław Sak. 2016. "Agresja i przemoc wobec osób starszych—skala zjawiska, przyczyny, zapobieganie." In *Pozytywne aspekty starzenia się*, edited by Wiesław Kowalski, Anna Włoszczak-Szubda, and Magdalena Głowacka, 55–63. Lublin: Innovatio Press Wydawnictwo Naukowe Wyższej Szkoły Ekonomii i Innowacji.
- Pronzato, Alessandro. 2006. *La vecchiaia: Età della speranza*. Milano: Gribaudi.
- Second Vatican Council. 1965. *Pastoral Constitution on the Church in the Modern World Gaudium et Spes*. Vatican City. December 7, 1965. https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html.
- Statistics Poland. 2022. *Population. Size and Structure and Vital Statistics in Poland by Territorial Division in 31-12-2021*. Warsaw: Statistics Poland. https://stat.gov.pl/download/gfx/portalinformacyjny/en/defaultaktualnosci/3286/3/31/1/population_size_and_structure_and_vital_statistics_in_poland_by_territorial_division_in_31-12-2021.pdf.
- Statistics Poland. 2025. *Life Expectancy in Poland 2024*. Warsaw: Statistics Poland. <https://stat.gov.pl/en/topics/population/life-expectancy/life-expectancy-in-poland-2024,2,18.html>.
- Steuden, Stanisława. 2014. *Psychologia starzenia się i starości*. Warszawa: Wydawnictwo Naukowe PWN.
- Szłazak, Małgorzata, Aleksandra Piłat, and Joanna Sarata. 2015. *Opiekunowie rodzinii osób starszych—problemy, potrzeby, wyzwania dla polityki społecznej: raport z badania*. Kraków: Regionalny Ośrodek Polityki Społecznej w Krakowie. <https://rops.krakow.pl/dzial-publicacje/opiekunowie-rodzinni-osob-starszych-problemy-potrzeby-wyzwania-dla-polityki-społecznej-2015>.

- Szukalski, Piotr. 2008. "Rodzinne sieci wsparcia seniorów w starzejących się społeczeństwach—kilka refleksji." In *Sieci wsparcia społecznego jako przejaw integracji i dezintegracji społecznej*, edited by Jolanta Grotowska-Leder, 28–43. Łódź: Wydawnictwo Uniwersytetu Łódzkiego.
- Szweda-Lewandowska, Zofia. 2014. "Status rodzinny i nieformalne nierodzinne sieci wsparcia a zamieszkiwanie w instytucjach opiekuńczych." *Studia Demograficzne*, no. 2 (166), 79–95. <https://doi.org/10.33119/SD.2014.2.4>.
- Tobiasz-Adamczyk, Beata. 2013. "Wyzwania dla rodzin związane z opieką nad chorym lub starszym bliskim." In *Zagadnienia małżeństwa i rodzin w perspektywie feministyczno-genderowej*, edited by Krystyna Slany, 191–211. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.
- Trafiałek, Elżbieta. 2016. *Innowacyjna polityka senioralna XXI wieku: między ageizmem, bezpieczeństwem socjalnym i active ageing*. Toruń: Wydawnictwo Adam Marszałek.
- United Nations. 2002. *Political Declaration and Madrid International Plan of Action on Ageing*. New York: United Nations. <https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf>.
- Walkowska, Wiesława. 2018. "Pokolenie sandwich generation w nurcie współczesnych przemian demograficznych." *Polityka Społeczna*, no. 9, 7–12.
- Wawrzyniak, Joanna K. 2015. "Starzenie się i jego charakterystyka." In *Ludzka starość: wybrane zagadnienia gerontologii społecznej*, by Artur Fabiś, Joanna K. Wawrzyniak, and Agata Chabior, 42–78. Kraków: Oficyna Wydawnicza "Impuls."
- Wrótniak, Joanna. 2015. *Zasoby psychospołeczne osób w podeszłym wieku z poczuciem samotności*. Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej.