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The Potential of Gerontological Counseling

Abstract

The rapid aging of the Polish population creates new challenges and needs, including the development of counseling services for older adults. The analysis aimed to identify the needs and expectations of older people in relation to counseling, diagnose the current state of gerontological counseling, and propose a model of gerontological counseling that takes into account the current social context. In the study, which used an interpretative paradigm, I reviewed the literature and conducted expert and informal interviews. The diagnosis points to the lack of a coherent, interdisciplinary system to support older people. The results of the study provide a basis for practical measures to develop a counseling system and educate gerontological counselors. In the proposed model, I assume the integration of counseling with senior policy. In the study, I raise the postulate of professionalizing gerontological counselors and propose a preliminary description of the profile of an academic graduate.

Keywords: ageing population, problems and needs of older adults, model of gerontological counseling.

Potencjał poradnictwa gerontologicznego

Abstrakt

Dynamiczne starzenie się Polaków implikuje nowe problemy i konieczności, w tym rozwój poradnictwa senioralnego. Celem podjętych analiz była identyfikacja potrzeb i oczekiwań osób starszych w odniesieniu do poradnictwa, diagnoza stanu poradnictwa senioralnego oraz zaproponowanie modelu poradnictwa gerontologicznego, uwzględniającego aktualne konteksty społeczne. W badaniu realizowanym w paradygmacie interpretatywnym wykorzystałam przegląd literatury oraz przeprowadziłam wywiady eksperckie i swobodne. Diagnoza wskazuje na brak spójnego, interdyscyplinarnego systemu, wspierającego osoby starsze. Wyniki badań dostarczają

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podstaw do aplikacyjnych działań w kierunku budowy systemu poradnictwa oraz edukacji doradców geragogicznych. W zaproponowanym modelu zakładam integrację poradnictwa z polityką senioralną. W opracowaniu podnoszę postulat profesjonalizacji doradców gerontologicznych i proponuję wstępny opis sylwetki absolwenta studiów akademickich.

Słowa kluczowe: starzenie się populacji, problemy i potrzeby starszych dorosłych, model poradnictwa gerontologicznego.

Take kindly the counsel of the years, gracefully
surrendering the things of youth.(...)
You are a child of the universe no less than the trees and
the stars; you have a right to be here.

Max Ehrmann, *Desiderata*, 1927

Introduction

When navigating life's challenges, we usually turn to people, friends, and acquaintances we respect and trust. This advice is informal, reinforced by the advisers' life experiences. We also search for answers to our questions online, in guides, and in magazines. When the quality of the advice we receive depends on our own judgment, we seek specialized advice from qualified individuals employed by certified institutions.

This article aims to propose a model of counseling for seniors in its general outline and current social context by identifying the needs and expectations of older adults and recognizing the meanings they assign to counseling processes.

I formulated the following research questions:

- Who provides counseling to older adults, where, and to what extent?
- What forms does gerontological counseling take?
- What should characterize geragogical (educational) counseling?

I applied an interpretive paradigm in my research, triangulating knowledge sources. The analysis was based on a literature review using the Consensus.app system and the SciSpace platform. The selection criteria for publications included the research phrase "what characterizes counseling for older adults?", keywords from the articles, and their abstracts. I analyzed textbooks, peer-reviewed scientific articles, and reference works containing knowledge on senior counseling.

I obtained research material through focused interviews with two older adults (65 and 63 years old) who were caregivers for their parents (aged 80+). I conducted expert interviews with academic teachers and leaders of associations, federations,

and foundations serving seniors, which enriched the research perspective. Their participation in the study stemmed from their expert knowledge and involvement in nationwide activities. Some of the interviewees held prominent social roles. All participants had higher education, and the academic staff held academic degrees. Personal data can be found in Table 1.

Table 1. Experts and interviewees

L.p.	Interviewee code	Function	Experience working with seniors	Institution	Location
1.	K DE50+	Academic teacher	-	university	capital city
2.	K PA50+	Educator	10 years	NGO: foundation	county town
3.	K ŁM40+	Academic teacher	-	university	county town
4.	M IR40+	Academic teacher, social worker	8 years	university; OPS	regional capital
5.	K BW70+	President	17 years	NGO: federation, U3A; National Senior Policy Council	county town
6.	K SB80	Chairwoman, activist	20 years	NGO: association, municipal seniors' council	regional capital
7.	K DA40+	Director	7 years	U3A at the university	county town
8.	K MZ60+	Academic teacher, educator	15 years	Regional Council for Senior Policy	regional capital
9.	K AB60+	Informal caregiver	6 years	-	county town
10.	M SA60+	Informal caregiver	5 years	-	village

Source: own research

I conducted interviews from early November 2024 to the end of January 2025. Individual interviews lasted between 33 minutes and just over an hour and were recorded. All data was anonymized. Codes indicate: F and M – gender, initials, age. In no case was there any ethical conflict or conflict of interest. All participants consented

to participate in the study. The following acronyms were used in the descriptions: OPS – Social Welfare Center, PCPR – County Centre for Family Support, CAS – Senior Activity Center, CUS – Social Services Center, DPS – Social Welfare Home, U3A – University of the Third Age, UL – People’s University, LOWE – Local Knowledge and Education Center.

Concepts of gerontological counseling

Contemporary counseling draws from positive psychology, which encourages professionals to focus not only on problem-solving but primarily on discovering clients’ strengths, strengthening their resilience, and supporting well-being and a fulfilling life despite the difficulties they encounter (Stead et al. 2017). It supports the development of reflexivity, critical thinking, and emancipatory behaviours, helping clients redefine their identities and build relationships conducive to social integration (Kargulowa, 2016, p. 145).

It is a practice carried out within an interpersonal and dual-subject relationship, a social action and a form of assistance, as well as a relationship and practice of coping, seeking advice, and advising others (Kargulowa, 2023, p. 14). In this conception, counseling becomes an opportunity for learning — especially self-learning; it facilitates self-understanding and the construction of identity by creating a space for reflective analysis of one’s own biography (Dębska, 2020). This view is consistent with the standpoint of educational gerontology / geragogy, understood within the constructivist perspective (Muszyński 2024).

Assessment by K DE50+, counseling studies expert:

Counseling is available through the assistance and support of various counselors, both specialists and non-specialists, who aim to help resolve problems or difficulties experienced. Counseling concepts draw on key psychological concepts: behavioral, psychoanalytic, cognitive, and humanistic. Each of these approaches represents a different type of counseling and a different model of action by the counselor (F DE50+).

Counseling, therefore, focuses on supporting clients in developing coping skills, self-discovery, and self-development.

My text presents a gerontological perspective on counseling. The starting point is the needs and problems of older adults, as the aging process is associated with a subtle, yet noticeable, decline in the ability to cope with the demands of their environment. Difficulties that were previously resolved casually, without much effort, now become increasingly challenging. As the number of seniors grows, so does the need for specialized counseling services. Counseling for older adults can become an important element in efforts to improve the quality of life of seniors and their social integration. It has the potential to become a fundamental form of support, addressing the psychological and social needs of older adults.

Gerontology creates a comprehensive framework that, in practice, serves as a guide to helping older adults maintain their well-being. Its subdisciplines offer po-

tential for advising older adults. Social gerontology examines, among other things, the social position and roles of seniors, their forms of activity, and age-related prejudices against older adults. Gerontology of care addresses social and care issues related to social support and assistance. Educational gerontology (geragogy), on the other hand, explores issues of senior development through the analysis of learning processes, participation in culture, recreation, and other related aspects (Szarota 2015).

The literature on the subject offers analyses of specific approaches to counseling for older adults, encompassing both the forms and methods of working with older adults and the specificity of various interventions. Individual and group interventions, psychodynamic approaches, interpersonal therapy, cognitive-behavioral models, as well as reminiscence techniques, structured life review, and guided autobiographical approaches are discussed (Blando 2011). These studies rightly emphasize the need to consider cultural differences and family scripts in the counseling process.

Texts dating back to the 1980s were intended to help counselors develop the interpersonal skills necessary to assist older adults requiring psychological services. They addressed systemic and methodological solutions in this area. The table of contents of *Counseling the Older Adult: A Training Manual in Clinical Gerontology* (McDonald, Haney 1988) identifies the most important issues addressed in the counseling process. These included: "Affective Disorders; Depression: Alternative Interventions; [...] The Problem of Addiction; Alcoholism: A Family Disease; Jung and Clinical Gerontology; [...] Providing Mental Health Services in the Community" (McDonald, Haney 1988).

In subsequent years, new paradigms shaped the content of textbooks, the theories and concepts of counseling they proposed, and the methods employed. An example of this approach is John Blando's (2011) proposal, which integrates basic counseling skills with theories of the aging process. The author addresses issues related to mental health, career development, rehabilitation, and family counseling, among others. Blando emphasizes that counseling for older adults is not the same as counseling provided to the general population. He points out that effective work with seniors requires specialized skills, gerontological knowledge, and a particular sensitivity to the context of an older person's life – including issues of race, cultural differences, and social situation.

Eleonora O'Leary and Nicola Barry (2013: 371) analyze counseling for older adults and selected therapeutic approaches, such as cognitive behavioral therapy, family therapy, humanistic therapy, and reminiscence therapy. Each of these approaches addresses specific issues faced by seniors. Among the most important, they cite the experience of loss, including the loss of loved ones, marginalization of family, professional, and social roles, decreased physical fitness, and diminished financial resources. They also highlight loneliness, depression, somatic illnesses, psychosexual difficulties, sleep disorders, anticipation of death, and cognitive decline.

Olga Czerniawska should be considered a Polish pioneer of counseling for older adults. In a 1985 conference presentation, she innovatively defined its essence, and in subsequent years identified original areas, including peer counseling

and non-professional counseling (Czerniawska 1988, 1995, 1996, as cited in Kargulowa 2015: 51–55).

Thirty years later, Małgorzata Malec-Rawiński and Agnieszka Piasecka-Robak (2017) described gerontological counseling, drawing on Alicja Kargulowa's (2005) classification – which encompasses directive, liberal, and dialogic models – and Bożena Wojtasik's (1993) continuum of career counselor roles: expert, informant, consultant, reliable caregiver, laissez-faire practitioner, and consultant. These approaches, while organized, fail to capture the specificity of working with older adults and contradict John Blando's (2011) position, which emphasizes the need to address their unique needs. The authors equate counseling with adaptive activities and education for old age, which aligns with the directive approach, limiting seniors' agency.

Contemporary counselology discourse advocates a model in which the person seeking advice is perceived as an agent and one in need of this agency. What we see here is „a shift from counseling understood as a process of adaptation to a difficult situation to counseling understood as emancipation from experiences that weaken or immobilize agency” (Siarkiewicz 2023: 51). The constructionist paradigm, as Muszyński (2024) notes, enhances the older person's activeness. Counselors' work styles evolve: from mentoring, through tutoring, to coaching (Piasecka-Robak 2018).

End-of-life counseling addresses the deprivation of emotional needs, helping seniors find peace and (relative) mental well-being. Piasecka-Robak emphasizes the humanistic aspects of helping older people develop: “Counseling and social support for seniors should focus on building faith in the possibility of improving their quality of life” (Piasecka-Robak 2018: 272). Spiritual concerns (Fabiś 2018: 39–46) are just as burdensome as existential problems. They are an inherent part of old age, especially late, advanced old age. For those overwhelmed by the burden of existence, a better alternative is advisors, i.e., people who provide the freedom to seek advice. The advisor can be a daughter/son, a friend, a caregiver, or a neighbor. A formal advisor, i.e., an expert or specialist identified with an institution, will remain a stranger to the older person, arousing distrust and even irritation.

Geriatric counseling (medical and nursing), as well as dietary, hygiene, physiotherapy, and preventive services, focuses on somatic and mental health needs. From a geragogical perspective, it forms part of social health education, and only this context is considered in this text.

Common problems of older adults

The worries of older people affect their well-being. These include illness, the hardships of existence, and mobility difficulties. Loneliness, bereavement, (self-)isolation, the emptiness of a barren day, loss of autonomy and previous categories, social and digital exclusion, ageism, emotional problems, the need to be needed, and relationships with adult children and caregivers.

The interviewees shared two perspectives on the concerns of seniors: medical and social. The first category includes the inaccessibility of healthcare and limited access to functional services:

The “descent” into old age begins after turning seventy-five. That’s when Calvary begins. The prospect of waiting for a specialist is devastating. In old age, there is no time to wait anymore! I sold the plot of land after my mother to pay for specialists, because I have to pay for my own treatment, rehabilitation — everything on my own. This is a sick system! (F SB80)

Health, health, health! My friend’s mother is 80 years old and regularly attends spinal exercises. I see elderly people coming from nearby villages for rehabilitation, for those paltry ten treatments. They’re so happy because they want to improve their health, but how much effort it takes! Waiting in line, then arranging transportation both ways, for two weeks (F AB60+).

The second, we can call it the “social” category, involves loneliness, which, according to both the literature and our interviewees, is the biggest problem of old age. It can even have a destructive impact on the experience of one’s own old age:

Thinking about my own old age, I fear loneliness, widowhood, and being rejected by my children when I’m in need (F MZ60+).

The problem is loneliness, but only the person concerned can solve this particular concern. You can go to a club, the gym, or the swimming pool, but you return to your loneliness (F AB60+).

A lack of any activity is unfortunately characteristic of Polish aging: “There are 10 million older people in Poland, and only 1.5 million are active. How can we activate the rest? What can we do to get them to reach out to others?” wonders F BW70+. The interviewee emphasizes the importance of prevention, properly prepared publications, websites, courses, workshops, and tutorials. Another interviewee shares a similar opinion:

They ask how to get a place in a nursing home because they no longer want to live under the same roof with their child, and they ask how to defend themselves against their husband’s violence. Some don’t know they have rights, and they don’t realize they can work beyond retirement age (women MZ60+).

The phenomenon of double aging means that caregivers for older adults are often people over 60:

My mother is 87 years old, and I’ve been helping her for six years, including bathing. Her mind is sharp, but her body is helpless. She can’t leave the house or use the stairs on her own. Access to support and help is limited. We don’t live together (F AB60+).

My mother, 84 years old, suffers from heart problems and dementia. I have to help her in many areas: managing medications, helping with household chores, paying bills, and making minor repairs. I do the shopping, laundry, vacuum, and cook. We need to spend time together, talk, offer advice, go for walks, and encourage her to be active. I provide support during her appointments with specialists. A caregiver isn’t eligible for social assistance, and we live separately (M SA60+).

Given this accumulation of responsibilities, it is reasonable to call for support programs for family caregivers: “Respite leave is desperately needed” (F MZ60+);

"Family caregivers come to us [at the U3A] for a 'breathing space' so they don't lose themselves in the caregiving" (F PA50+).

Decreased mobility, neophobia, and decision-making difficulties limit seniors' independence. Poverty – financial and social – is both a cause and a consequence of exclusion. Equally burdensome are health problems, cognitive decline, depression, anxiety disorders, and communication and architectural barriers: "Those on the fourth floor can't go anywhere, they can't because there are no elevators!" (F SB80).

Seniors experience health problems, loneliness, social and digital exclusion, as well as emotional and relationship difficulties. The phenomenon of "double aging," where caregivers are also seniors, is a cause for concern. Support for family caregivers, education for seniors, and the promotion of social engagement are highlighted.

Counseling for older adults

Malec-Rawiński and Piasecka-Robak (2017) see a place for directive counseling (elements of psychoanalysis, behaviorism), liberal counseling (humanistic psychology), and dialogical counseling (cognitive psychology) in formal settings. According to the authors, informal acts of counseling are characterized by chance experiences, participation in so-called best practices, seeking advice from significant others, and utilizing the services of educational or social institutions. Volunteer gerontological counseling is based on the social capital of the local community and provides advice from the perspective of acquired practice, wisdom, and life experience. It should be added that children, and sometimes even adult grandchildren, often advise an older person. Community-based civic counseling and legal aid centers are also being developed, providing voluntary advice.

Commercial counseling services for seniors in Poland provide support tailored to the individual needs of seniors and their families. Paid services address issues related to coping with everyday challenges, bereavement, illness of oneself or a loved one, and social and professional exclusion. They also provide support for individuals experiencing anxiety, depression, or violence. Services include health, psychological, and family counseling, addressing issues related to family care and social services.

I asked each interviewee if there was a system for providing advice to seniors in Poland. The answers were clear:

If I had a problem, I wouldn't know where to go (M SA60+).

There's no such thing in this country, and there's a great need, especially for attentive, one-on-one listening. The new age brings new problems (F DA40+).

Absolutely not! Each successive government clearly lacks understanding of the concerns of seniors. The government needs to wake up to meet the needs of seniors (F AB60+).

There's no strategy for the development of Polish senior policy. There's not even

a website. There's no efficient flow of information. There are regulations, but there's no implementation (F BW70+).

There is a social welfare system and care advice, but these are limited to selected issues. There are no preventative measures for all of us (F ŁM40+).

Data analysis indicates that Poland lacks a counseling system for older adults, and counseling services are fragmented. Commercial psychogerontology services offer the most consistent services in terms of organization and content. Advice on community support and social assistance is provided by social welfare organizations. Local communities and support groups – for example, at universities of the third age – organize civic counseling and legal assistance centers. Social organizations run senior groups and patient clubs. Informal support based on family ties should also be mentioned.

The interviewees have their own vision of senior counseling. They envision it as providing interdisciplinary assistance in overcoming everyday concerns and being located close to the individuals involved, in the municipality or district:

A facility combining counseling with healthcare, social services, family, neighbors, and senior groups, close enough for people to come and learn, rather than having to run from one office to another (M SA60+).

This should be accessible from the street, without any referral. A clinic, of course, wouldn't be cheap initially. A separate facility combining medicine and physiotherapy, with several rooms and various specialists. Psychologists would be needed, but there are more physical health issues. This unfortunate social assistance system might be able to handle it (F AB60+).

There should be a community counselor, a social service within the local social policy system. I would create counseling for all ages. Public, private, and non-governmental organizations encompassing at least the triad of education, health, and sports. It's important that in demographically "old" municipalities, this type of social service be located within the Social Welfare Center (OPS) and the Social Insurance Center (CUS), and in "young" municipalities, within the County Centre for Family Support (PCPR) (F ŁM 40+).

The municipality should have a senior center or point with social and care counseling, as well as family support centers and, in the case of small municipalities, a County Centre for Family Support (PCPR). It should be organized according to the triad: counseling, guidance, and advocacy, with a defined catalog of services, targeted at individuals and in the interests of specific categories of people (M IR40+).

If you need a clinic, it should be at a Social Welfare Center (OPS) or a Senior Activity Center (CAS). People in need are already reaching out to them. But that's not enough! (F SB80).

Some NGOs are already working in an innovative format:

We have created a Mobile Gerontology Clinic, where we work through supportive conversations and group methods. This is a group approach, a relationship-based approach focused on personal change, rebuilding self-esteem, and learning to care for one another. Our "family" includes grassroots support groups, peer consultations based on regular volunteer shifts, and a colleague available at regular times for those in need of a supportive conversation (W PA50+).

Another narrator emphasizes the importance of grassroots initiatives:

The U3A students, 500 of them, are organizing themselves; this is their need, a grassroots movement. We help them by encouraging participation, active involvement in designing the program offerings, and by leading individual activities themselves. We have programs for people with disabilities, a Patient Club with health stands and lectures. We offer sports activities. The pandemic launched volunteer counseling, and human kindness did this; students were on duty on specific days and times, providing attention, consultations, and peer counseling (K PA50+).

Counseling, as part of senior policy, should be a constant presence in long-term national strategies:

We need to establish a proper ministry for senior policy, collaborating with districts and municipalities – I'm referring to the CUS and CAS, but also rural OPS (Open Social Welfare Centers), senior clubs, and the Association of Retirees, Pensioners, and People with Disabilities. In rural municipalities, we could invite rural housewives' associations, LOWE, and UL. There's a minister for seniors, but little comes of it, only the senior voucher (F MZ60+).

The advisor should have extensive contacts with active senior centers, seniors' councils, non-governmental organizations, healthcare facilities, and parishes – a multidisciplinary stream of counseling (F SB80).

Such a counseling center should work with leaders, animators, community activists, and board members of the U3A. This will allow knowledge about counseling to reach the people (F BW70+).

Senior leaders and animators are not waiting for government and local governments to act; they're organizing themselves. Specialists are popularizing the topic in the media, which should play an active role in informing seniors about available support options:

The media are failing to fulfill their mission. Editors are often unprepared for the conversation, infantilizing the issue, reducing it to Grandparents' Day, looking for sensationalism or easy-to-read content, and lacking serious analysis. The media have great power, but it's not being utilized (F MZ60+).

Public television should have an hour-long program on a public channel, an informational and advisory program, always at the same time. Such a culture of counseling services needs to be built from the ground up (F SB80).

The responses revealed expectations regarding the forms and areas of support for older adults. Among these, counseling is particularly important, as it helps in coping with the difficulties of everyday life, bereavement, illness, social and professional exclusion, as well as experiences of anxiety, depression, and violence. Counseling for families of seniors is also expected, covering issues related to home care, access to social services, and education on the rights of older adults. A need emerged for support programs for family caregivers, particularly those providing psychological support and respite leave. Among the desired initiatives were courses, workshops, and brochures supporting seniors' active living.

Gerontological counseling services should integrate various areas of support – health, social, psychological, and educational. Interdisciplinary institutions, collaborating with experts, could provide comprehensive assistance tailored to the daily needs and health status of seniors. Counseling should be a component of public policy, built on cooperation between relevant ministries and institutions, the local community, and families. It could be available at local support centers, as well as social welfare centers (Table 2).

Table 2. Entities and scope of counseling

Group	Counseling Setting	Scope	Interviewee comments
Government institutions	OPS, CAS, LOWE	Senior policy, multi-annual programs	Need for an integrated counseling system; current activities insufficient in scope; call for a community counselor role
Local institutions		Local institutions social assistance, social services, health education	
Non-governmental organizations	Associations, U3A, UL, counseling centers	Social activity, education, and peer counseling	Grassroots initiatives positively assessed, but lack of continuous funding and support
Informal counseling	Family, neighbors, local communities	Emotional support, daily assistance	Crucial role of family and neighborhood ties; importance of volunteering
Commercial services	Private counseling practices	Therapy, support in coping with grief, illness, and everyday difficulties	High cost is the main barrier to accessibility
Media	Public television, internet	Information about services, support options, and senior education	Lack of media presence in building a counseling culture, proposals to create information and counseling programs

Source: Own study.

Within local social policy, it would be worthwhile to introduce community counselors tasked with providing advice on health education, prevention, and physical activity. The effectiveness of gerontological counseling could be increased by entrusting NGOs and universities of the third age with these tasks. The media should also actively participate in informing seniors about available support options. Such diverse initiatives would foster the development of a coherent network of services, increase their availability, and better address the real needs of older adults. Furthermore, literature and interviewees emphasize the value of grassroots initiatives in building support and counseling networks.

Gerontological counseling exists within formal structures (OPS, CAS, NGOs) and informal ones (family and neighborhood counseling). Commercial (private counseling services) and volunteer (peer support groups) also exist. The scope of counseling includes psychological, social, health, activation, and educational support.

The geragogical counselor – A call for professionalization

Contemporary gerontological discourse emphasizes the growing need for competent practitioners (Jamshidi, Hashemi 2024), including specialists experienced in life coaching. In this field, gerontologists serve as “life coaches,” helping seniors discover their developmental potential and adapt to change, focusing on opportunities and solutions (Rizza, Langer 2009).

Counseling for older adults draws on the achievements of social, educational and care gerontology, and fits within the broader field of lifelong counseling. It can be integrated with counselor training programs. As Rizza and Langer emphasize:

Whether the older client is seeking psychological counseling or personal evolution and ways to live a more fulfilling life, the gerontologist is the professional best equipped to address their concerns. To meet the growing expectations of the baby boom generation, academic programs must prepare practitioners to serve both as counselors and coaches. Clients will decide which specialist best meets their current needs (Rizza, Langer 2009: 46).

Hans Mieskes (1971) recognized that geragogy is a system of “practical, pedagogical prevention and care, which must come down [...] to counseling and therapy” (quoted in: Halicki 2007: 22). It supports the self-development of older people, helps them overcome difficulties and adapt to new living conditions, using educational tools (Szarota 2010).

In practice, geragogical counseling is provided by mentors, coaches, and facilitators who support seniors in personal development, intergenerational learning, and empowerment. The counselor diagnoses the needs of an older adults and supports them in health, lifestyle, emotions, and social relationships. They also serve as an educator, guide, and partner for mental well-being. The effectiveness of this form of support requires its integration with senior policy and the professionalization of the geragogical counseling profession.

The primary areas of a geragog’s community-based role should include organizing and coordinating social education. The proposed content is presented below (see Table 3).

Table 3. Scope and content of geragogical advice

Scope	Content
Social activation	promotion and encouragement of participation in social life, implementation of a participatory model of social involvement;
Professional activity	encouraging participation in the labor market and career counseling;
Cultural promotion	demonstrating the importance and forms of participation in a broadly defined culture for personality development;
Education, learning, and skills development	encouraging participation in education, helping to acquire skills and maintain mental fitness, as well as acquiring and improving digital competencies;
Social Inclusion	eliminating barriers that lead to the isolation of older people, creating spaces for participation in culture, sports, recreation, and education, and initiating programs promoting participation in social life;
Support and care	orientation within the healthcare, assistance, and care system, assistance in accessing social services, and social and rehabilitation support programs;
Preventive Healthcare	health care, awareness of the importance of exercise and physical activity, proper diet, pharmacology, supplementation, sleep, etc.;
Creating inclusive and empathetic communities	promoting senior policy in public policies, creating a culture of old age and aging in the local community; intergenerational programs that support people of all ages through learning about aging and through aging;
Emotional support	assistance in coping with emotions, anxiety, and feelings of isolation;
Advocacy	protecting the rights and dignity of older people, working to eliminate discrimination and unfair treatment, especially in the context of social, economic, and health exclusion;

Source: own study.

Postmodern counseling is focused on the individual and their life projects (Kargulowa 2023). A. Piasecka-Robak (2018) presented model roles for counselors working with older adults with disabilities: a mentor restores the senior's activity, stimulating the search for opportunities, and strengthening their sense of agency. A tutor supports personal development through dialogue and consultation, building the older adult's independence. A coach encourages the reconstruction of one's own reality by posing reflective questions, which can lead to a redefinition of the senior's goals, values, and lifestyle.

Contemporary concepts of aging are moving away from the stereotypical perception of age as the primary determinant of an individual's activity and agency. The term "perennial", introduced by Gina Pell (2015), is gaining popularity, denoting people "without age" who, regardless of their age, remain socially, professionally, and culturally active, open to new experiences, and participate in public life. This concept aligns with geragogical discourse, which emphasizes agency, continuity of development, and the ability to transcend age limits. In this approach, age becomes less of a determinant and more of a context, and older people can be perceived not as beneficiaries of assistance but as full participants in social life. From this perspective, the goal will be to stimulate the client's active construction of their life:

A coach who asks questions in a safe space, a companion in the change process, a facilitator, a mediator, a trainer. These roles are rooted in constructivism and utilize dialogue. On this trip, we offer workshops in the forest and laughter therapy; all our tools are focused on "health" (F PA50+).

Above all, a companion who supports, not imposes, because each person is an expert on their own life. Everyone is unique, so a counselor should follow the individual's lead. Where therapies aren't necessary, and even a higher education isn't necessary, I would include this profession in the group of assistant professions. To provide care, comfort, and support – a kind of soft crisis intervention (F ŁM40+).

Baby boomers demand more respect; this topic is forward-looking and very important (F AB60+).

F DE50+ emphasizes the need to use different methods when working with clients aged 60 and 80. The expert believes that the counseling format has changed: "you can go to a counselor to talk about life, and they themselves adopt a more liberal, not directive, style" (F DE50+).

Another expert emphasizes the importance of informal counseling:

These are ordinary people, grassroots. They do great work for local communities. They are undervalued, even patronized. Reliable knowledge and a variety of community consultations are needed. And a counselor should be someone with experience and competence (F BW70+).

M SA60+ shares a similar view. According to him, a counselor should be "competent, communicative, friendly, eager to help, insightful, and helpful." They should be "a practitioner with extensive connections in institutions and among people" (M SA60+). Additionally, the interviewee, as an informal caregiver, expects information, consultation, and appropriate support from the counselor to "gain knowledge about the disease [dementia], its progression, and methods of coping with its effects" (M SA60+).

F MZ60+ takes a more caring stance, outlining the following characteristics of a counselor:

Competent, a good listener, sensitive, patient, stimulating, willing to help solve problems. Seeing potential in an older person, or the need to care for someone who can no longer cope with the challenges of life (F MZ60+).

The facilitator supports the individual in defining their goals, deepening their reflection on their own needs and motivations, and accepting feedback. They work

flexibly, adapting to the older person's situation and needs, helping them understand their current life situation and adopt the appropriate perspective (Dębska 2010).

Geragogy (that is, educational gerontology) in practice (that is, gerontological education) involves guiding people towards old age (Szarota 2004) and accompanying older adults in the later stages of life (Dubas 2005). It focuses on optimizing the living conditions of older adults, fostering their social and personal activity, and supporting adaptation to ageing. Research in this field integrates seniors' educational processes with knowledge about ageing and with educational practice within institutions that provide gerontological education. It constitutes an integral part of the theory and practice of lifelong learning (Szarota 2015).

Gerontological education prepares professionals to work with older adults and their families, including gerontological social workers (Mois, Fortuna 2020), who provide socio-psychological counseling and support older people in coping with the challenges of ageing (Lifanova et al. 2024). These specialists are employed in fields such as social support, social work, healthcare, residential care, counseling, occupational therapy, as well as health and social education.

Experts recognize the need to train senior educators and invite leaders of organizations and activists for seniors to collaborate: "We need to start educating specialists now. These are the challenges of the near future" (F DE50+).

It's essential to prepare senior educators for their work. They play the role of facilitator, assistant, and sometimes expert. At folk high schools, we offer a "Senior Course," which prepares individuals for working with older adults (tools, methods, training) (F PA50+).

Marcin Szumigraj (2013) formulated recommendations for counselor education. However, they lack a gerontological dimension. Thomas Boll (2022) proposed methodologically structured content on learning and teaching gerontopsychology. This proposal also fails to capture the essence of counseling for older adults.

Gerontological education is present in Poland in some pedagogical specializations (Chabior, Leszczyńska-Rejchert, Szarota 2021), in the field of social work, in second-cycle professional specializations in social work, and in postgraduate studies (Szarota, Perek-Białas 2017). Gerontological counseling is rarely included in the curriculum.

A model of gerontological counseling

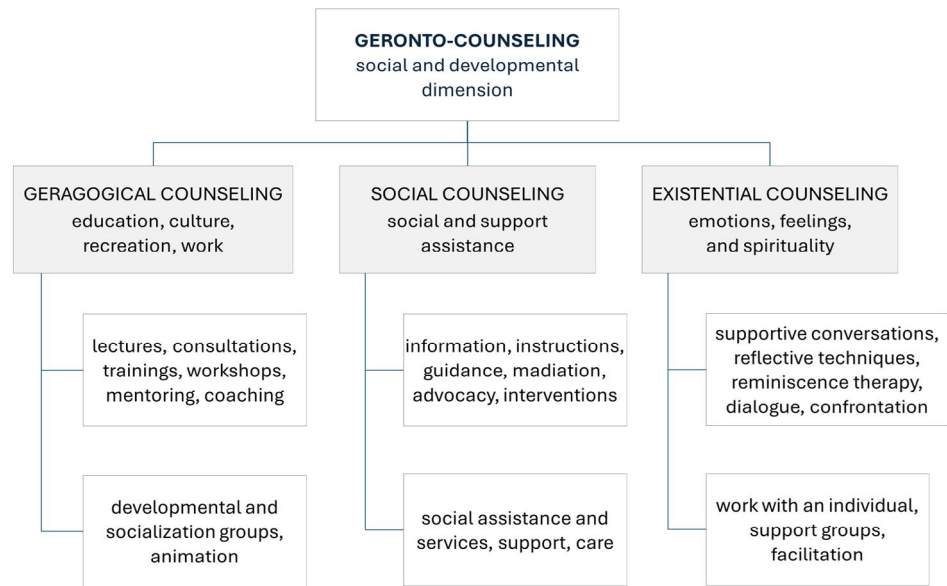
Counseling should be integrated with social policy and requires the professionalization of the geragogical counseling profession. Low social and political awareness of demographic changes hinders the development of a formal job description and required qualifications, as experts advocate.

An integrated approach, combining counseling with education and developing the skills necessary for active aging, while taking into account various social, cultural, and organizational aspects, enables comprehensive assistance in challenging life

situations, such as adapting to retirement, coping with loneliness, or grieving the loss of loved ones. The primary goal is to improve the quality of life of seniors and ensure their full participation in society.

In this article, I presented various aspects of gerontological counseling as a tool for supporting older adults in the context of contemporary social challenges. My reflections are summarized in the proposal presented in Figure 1.

Fig. 1. Gerontological counseling in the social and developmental dimension



Source: own study.

Geragogical counseling combines education and learning with preventive and therapeutic functions. It is social in nature – focusing not only on the individual needs of seniors but also on their role in society and building supportive communities. In my approach, the principles of social science, particularly geragogical theses, were crucial.

The involvement of older people in municipal senior councils, advisory bodies, and volunteer programs, as well as support from the state and local governments in the form of funds, senior centers, and clubs, contributes to the gradual development of support networks. This gives older people a space to connect with others, share experiences, and benefit from the advice of peers, caregivers, and assistants.

I am convinced of the need to incorporate gerontological counseling into long-term senior policy.

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Zofia Szarota – a researcher in social gerontology, inclusive social education, and life-long learning in adulthood. Author of numerous scientific publications and Vice-Chair of the Gerontology Section of the Committee of Pedagogical Sciences of the Polish Academy of Sciences. She is also a member of senior policy expert bodies and a popularizer of knowledge.

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