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Polish Women 50+: How do We Age?

> "One goes on. And the time, too, goes on—till one perceives ahead a shadow-line warning one that the region of early youth, too, must be left behind."
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> (J. Conrad, "The Shadow-Line")

Abstract: The article presents women's ageing in Poland as a biological, psychological, and socio-cultural process. It also points out some of the differences in relation to men's ageing. The object of a detailed study is the situation of women in the 51–60 age group, i.e. in the period when women of "mature age" become "older." This period is particularly interesting both because of the women's feelings and the social pressure to which they are subjected.

Keywords: ageing, frame of mind, sexuality, menopause, social activity, work-retirement.

Introduction

Sociological analyses of older people conducted in Poland concentrate mainly on old people's living conditions, the quality of their life, social and health problems which they face, and also on the social and economic consequences of their growing number. Many of those analyses treat older people as a specific social category—placed at the end of the social structure, after the categories of "mature" people or the middle aged—which therefore has specific or different needs and life possibilities (Seniorzy 1999, Halicka 2004, Tobiasz—Adamczyk 2004). The object of interest is thus old age as a certain stage in life—and not ageing as a process. This is also how the questions of old age are perceived by the social policy which is geared toward identifying the needs of the old people's 'segment'. Fewer attempts however are made to follow ageing through as a process leading to old age; as a simultaneous biological, psychological and social process—which in fact begins considerably earlier and which has specific implications for the shape of life in its later stages.

The ageing process commands relatively more attention among Western researchers, representing behavioural sciences, although there too it used to be mainly the object of interest of biology and medicine. Nevertheless, in the seventies the essence and the social sense of ageing became the object of sociological theories presenting the process both in a systemic (Busse 1968), and an individual perspective (Biggar 1979). The former, when analyzing the aged people's status in society, pointed out its changeability with relation to the dynamics of social changes (the faster the

dynamics, the clearer the lowering of the status), or the proportion of aged people in the society (the status is lower in societies with a large number of aged people). From among individual theories, oriented above all towards finding a key for a satisfying old age unit, two which are already classics are worth mentioning; the social activity theory and the disengagement theory (Biggar 1979), which propose entirely different interpretations of ageing. Also both define certain typical societal expectations in relation to older people.

The activity theory explains ageing as the lowering of the number and frequency of social activities with the passage of time. This lack of activity condemns ageing people to increasing idleness and alienation. In the social sense, these states are already *de facto* a symptom of ageing, in consequence conditioning further psychological and physical processes. It has to be stressed, nevertheless, that this idleness is a socially enforced state. Many older people retain the ability to carry out different tasks and engage in active life and their lack of activity is neither caused by the state of their health nor their fitness. It is rather a function of dominating stereotypes and often of economic market forces. Therefore in order to avoid old age in the social sense (in other words, to age in a satisfactory way) one ought to be professionally active, develop one's interests, nurture social contacts and activities, participate, get involved, be "up to date." In the light of this concept, old age has to be opposed, as it is a neither a desirable nor a functional state.

The disengagement theory looks at it differently. Withdrawing from active social life and slowing down its pace is a natural need in older people, whose strength and vital energy decrease. The key to a satisfying old age is to accept reduced tasks and social interactions. Withdrawal from active life is inevitable and necessary in order to secure for the younger generation a gradual taking over of different social roles and positions. It is an element and a requirement of generation related changes and a condition of their gentle, gradual course. If death occurred unexpectedly, at the time of full social activity, it would cause several dysfunctions, and the process of taking over social functions would be chaotic. Ageing and withdrawing from social life is a socially desirable process—and acceptance of old age is beneficial both for the individual and for the society.

Both these concepts contain value judgements, attributing to old age more or less positive and negative characteristics. The approaches to old age they demonstrate are also present in the ways of popular thinking about it and in the dilemmas of the present socio-economic policy, not only in Poland. They boil down—to put it simply—to two options: a choice between the need of the older to continue being active in public life and the labour market—and their withdrawing for the sake of younger generations and limiting their activity to the sphere of their family.

It is also worth seeing these questions within the context of the culture framework in which the process of ageing is presently under way in Poland. It has thus to be pointed out that the social image of older people contains more negative features than positive ones and that the process is not as yet undergoing the changes which we already observe in Western countries. There more and more often "the vogue to be old" is noticeable (Bois 1996)—it sees creators, consumers, voters and even trend-

setters in the population of the older (especially if they are financially independent or simply wealthy). The dominating image of an old person in Poland is associated mainly with senility or at any rate with uselessness, illness, deprivation, lessening physical and intellectual condition, an unattractive body, need for care and living on a modest pension (Halik 2002). By this token the process of ageing—that is the process leading to old age—is not awaited by anyone and is not a reason to feel satisfied or proud.

That picture is linked to the syndrome of cultural lagging behind, not keeping pace with "progress" and the modern dynamism of life which makes older people's presence on the labour market difficult. It is expressed in the "previous era" people's inability to make choices, to find their way through the growing mass of information, to use new technologies and even in difficulties with pursuing their rights in institutions governed by complicated laws. Their way of life, practices and habits turn out to be non-functional and often they are themselves given to understand that they do not fit into the contemporary world. An additional difficulty is their financial situation and in generally deteriorating health, linked to their drawing a pension or an allowance, which is not conducive to modernizing one's life and keeping pace with the "young." At the same time, the growing segment of the older (especially women) makes it necessary to develop their potential and to "reposition" them appropriately in the society.

The subject of the present article will be biological, psychological and social aspects of women's ageing in Poland, with a particular consideration of what happens—symbolically—from the age of 50. It is the period when women hitherto treated as "mature," start being perceived as "ageing" or reaching an "advanced" age.

The challenge to take up this subject were the increasingly broadly discussed changes of the social security system in Poland, whose aim was to extend the period of women's occupational activity and at the same time to delay their acquisition of pension rights. At present, thanks to the possibility of earlier retirement, the majority of women stop working on reaching 55 years of age, and often even earlier, owing to which the occupational activity of women of 50+ drops dramatically[1]. In comparison with other EU countries the Polish 50+ women's participation in the labour market is among the lowest, along with Greece, Spain and Italy which are characterized by the lowest women's employment rate in general (First European Quality of Life Survey 2007).

Programmes of social and professional motivation of women are complex issues; their legitimacy and plausibility are worth analyzing from several different social points of view, both micro and macro. These issues are certainly the country's economic problems, the situation on the job market or the efficiency of the present pension system, but also psychophysical and social ones; possibilities of older women have to be taken into account. It is thus a question of the state of health, general frame of mind and physical wellness, as well as of certain stereotypes, cultural ways in which women at 50+ are perceived and of expectations connected with the cycle of life in which they find themselves.

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[1] While the employment coefficient of women in the 45–54 age group is 0.58, for the next, 55–64 group it is only 0.19. (Sztanderska, Grotkowska 2007, p. 174)

From the point of view of the above issue—and the tasks of the present analysis—the 50+ category needs to be defined, as in practice it may include the whole set of women who have passed the 50th year of age. In this article however we will concentrate particularly on women between 50 and 60. It is in that age group that the first, clearer and at the same time progressive symptoms of the organism's "wearing out" appear which in consequence cause a number of adverse health and psychological phenomena. In women's individual sensations the feeling of fatigue and lack of the life-drive intensify—and even if those feelings are not accompanied by actual somatic complaints, the awareness of ageing and the sense of difficulty fighting that irreversible process increase. Many of the latter issues are connected with that particular phenomenon in a woman's life, coinciding with that very age—the menopause.

Psychological and physical sensations of women in menopause are often in conflict with activity, self-confidence and confidence in the continuation of their professional career. Also the perspective of imminent retirement lowers their motivation to additional professional development and to undertaking of new challenges. This is compounded by the stereotypes functioning on the labour market, often disqualifying the ageing women's usefulness and favouring younger workers with "more modern" qualifications. The political and social situation of men from the same age group looks considerably more favourable from the point of view of their possibility to continue or take up new activities (Sztanderska, Grotkowska 2007)—which becomes the source of social inequality of opportunities between the two genders. The configuration of all those biological, psychological and social factors puts the women at the age of 50+ in a specific, complex situation. Showing this complexity which is the function of biological and psychological possibilities on the one hand and of pressure and social expectations on the other, will direct our further considerations.

When Does Old Age Begin?

The theories of old age and of ageing presented above were based on a processual approach to the changes which are taking place. However, purely pragmatic needs sometimes require a choice of that moment in time when the ageing person becomes old. The sphere of public life is dominated by a legal concept which links old age to the acquisition of pension rights. It is reflected in all kinds of statistics and rights (e.g. concessions of various kinds). Thus in Poland a 59 year old woman is still within the population of middle aged (mature) people, while a year later she joins the population of the older. In the case of men, the critical age is 64 years of age.

Medical concepts of ageing refer mainly to the state or degree of the human organism's wearing out. All accepted borderlines are quite arbitrary; attention is drawn to the dynamics of degenerative changes. According to some medical definitions women start reaching old age already in their fifties. It is a few years sooner than men whose old age starts only around 60. It is worth giving some thought to the question to what extent it is linked to the fact that a 50 years old woman loses her reproductive abilities while a man retains them. The ability to reproduce would thus mark the symbolic

borderline between maturity and old age. That leads to the conclusion that biology is not fair. It would also suggest the influence of medicine's paternalistic approach to masculinity and femininity.

Irrespective of the accepted borderline, in the physiology of an ageing organism a less intensive rebirth of cells, lower metabolism, decreased activity of several systems, and particularly of the nervous system are noted. Hormonal changes appear; in the case of women is particularly significant the gradual stop of the production of oestrogen, which not only regulates sexual functions but also constitutes a specific protective barrier preventing different ailments (circulation disorders, osteoporosis etc). Tissues become dehydrated, joints stiffen, the strength of muscles and of coordination lessens, eyesight and hearing deteriorate, memory and coordination fail more and more often. External symptoms are greying hair and less elastic skin. Some of those symptoms appear earlier, some later; people going grey at the age of 30—40 are not infrequent. Ageing in the physiological sense is thus a process already starting when thoughts about old age are still very distant from us. All those changes—albeit physiological in character—have a very strong psychological and social component. Problems changing image of one's body's appear—of its looks and fitness. Because of the existing cultural norms, the threat of loss of such values as good looks, health, youth, sexual attractiveness or the ability to reproduce (on which often self-esteem was based), is more clearly visible in women than in men (Tobiasz-Adamczyk 2004).

All psychological changes accompanying the process of ageing happen gradually and—as in the case of physiological changes—it is difficult to define the point in time in which they start. Psychologists often identify that point with the so-called mid-life crisis (Beisert 2010), with the time when people try to take stock of taken and missed possibilities, the rightness of choices and life decisions made. With the accumulation of years the subject of reflection is increasingly often the evaluation of one's life until now and the values which inspire it. Of course, the objective processes taking place in the organism and the subjective sense of ageing do not have to correspond with the loss of interests, the possibility of personal growth, the ability to function socially and to work, or even playing important roles in public life. Nevertheless, frequently the goals which were once our life programme lose their motivating power; careers, professional success, constant competition with others are no longer important. On the other hand, attempts appear to re-evaluate the current life goals and to define new priorities for the coming years (Bielawska-Batorowicz 2006). A change of life style, new interests or new patterns of behaviour introduced on the "now or never" basis can be an alternative for the existence until now. Psychologists point out that the motivation to introduce changes can be both positive—doing something new and valuable as long as our health, energy and age allow it; but it can also be negative—breaking free from duties which were not a source of satisfaction (Oleś, Baranowska 2003).

According to the public opinion survey, old age in Poland starts after the age of 60.[2] Nevertheless, only one Pole in ten declared feeling "old." The younger the

[2] The Polish edition of the European Social Survey (2006) conducted on an all-Poland representative sample of 1720 persons. All data from the research quoted here come from my own calculations.

respondent's age, the lower the time defined as the beginning of old age. For young people (aged 20 years) old age started eight years sooner than for seventy year olds, who defined the 65th year of life as the beginning of old age. Thus older people defend themselves against old age considerably longer than young people are prepared to realize. At any rate, "old" Poles are relatively young in comparison with the "old" from other countries. In the United States opinion polls indicate 75 as the beginning of old age (Palska 2004).

Old age in women—according to Polish society's judgement—starts at around 62; two years earlier than in the case of men. The difference may not seem large, but it increases distinctly if we compare the views of the two genders. Men are ready to include women into the old age group noticeably sooner than women themselves do.[3] However, if the criterion for old age should be the loss of the ability to reproduce or to parent, women define it as such much more often than men do.[4]

Undoubtedly, the definition of the moment of getting old, as well as the perception of older men and women, remains under a strong influence of sex stereotypes. It is partly conditioned by the existing legislation, differentiating the retirement age, i.e. the age of professional usefulness. These criteria also reflect cultural models of features associated traditionally with both sexes. According to them, men are characterized by independence, identifying with work and the domain outside the home, while women, are characterised by protectiveness, identifying with the home and readiness to make sacrifices for it—features corresponding with the picture of a grandmother whose place is with her grandchildren. The socio-cultural model and its socialized contents also programme women more than men to take care of their looks, personal hygiene and physical attractiveness; hence the questions of changing looks and the aesthetics of ageing concern them to a higher degree.

Resentment towards ageing, present in today's world finds strong allies in the shape of newly developing medical technologies and specializations (genetics, "bio gerontology," "tissue engineering," "regeneration medicine")—trying to arrest the organism's natural degeneration processes, both of the body and the mind. An increasingly better understanding of the processes leading to the wearing out of the human organism, of cell degeneration and of the atrophy of self-repair mechanisms present a chance to work out a method to stop them. The pharmaceutical industry is actively involved in the research. According to "The Times" (London, 8.09.2009), the worth of the "anti-ageing" industry in the United States alone is estimated at 20 billion dollars per year and it tends to grow. The scale of rejuvenating treatments in Poland is difficult to assess, but judging by the advertisements in periodicals for women—the market for these services is growing systematically.

Nevertheless, irrespective of such inventions as plastic surgery clinic, hair dyeing, teeth whitening and numerous preparations arresting the process of ageing (still more

[3] 65.2% of men included women below 60 to advanced age while only 47.6% of women did so. On the other hand, 28% defined 70 years of age as the border line of the advanced age of their sex, while only 16% of men thought so (ESS 2006, Polish edition).

[4] 80.9% decided that the age of 45 was too late to think about motherhood, while only 50.1% of men pointed out the same border line for them (ESS 2006, Polish edition).

popular among women than among men), a fifty or sixty year old man is perceived as younger and more attractive than a woman in a similar age—both in the domain of work and of personal life. It concerns also the motivation aspect; it is believed that men are interested in both professional work and in sex longer than women. In the latter issue the results of research on sexuality of people aged 50+ are indicative. If we are to assume that sexual drive and active sex life is (at least on the strength of the stereotype) the domain of young or mature people, then the age when sex stops being important also tells us something about the beginning of old age. Research results show that in popular opinion sex ceases to interest women significantly earlier than men (Izdebski 2006).

How does Women's Life Change at 50+? Health, Frame of Mind, Sexuality, Social Activity

In the 50–59 age brackets the majority of women in Poland still have a husband and only one woman in 10 lives alone. In the next decade—60 to 69, the number of women living alone is twice as big. This growing trend is matched by the decreasing number of women from households of three people and bigger in successive age groups. On the one hand the changes can be interpreted as the consequences of progressing widowhood and on the other of the departure of children who have their own families.

Widowhood is considerably more widespread among women than among men because of women's longer life in general. Both widowhood and the children's departure to their own households require adapting to a different way of life, to a changed content of family roles, a change in the structure of duties, ways of spending one's time—and in the case of widowhood—to a life as a single person. It does not have to mean living in solitude. Still, solitude, understood as the lack of important people around, lack of support and the sense of being excluded from the system of vital interactions, lack of contacts which other people have—is the experience of many ageing people (Halicka 2004). The children's moving out and the shrinking of the household, are the causes of the phenomenon called "the empty nest syndrome." The problem is more acute for women than for men because they are in general more oriented towards internal goals and family functions. If grown up children's moving out is accompanied by the woman's retiring, then along with the loss of power in the family and the loss of daily contacts with the children comes a change in her financial and professional situation which is translated into a lowering of her social position. This problem is almost universal and appears in many countries (Arber, Thomas 2001)—however, in Poland it concerns a relatively younger group of women.

The fact of ending one's occupational career is not only the end of gainful employment and an indication of deterioration of the financial situation, but, like the changes in the family structure, it forces transformations in the organization of daily existence. Since gainful employment of women in Poland usually takes place outside the home, work time and leisure time are clearly separated. Stopping one's occupational activity destroys that order. Interactions and social contacts linked to work cease, too much

leisure time appears. Leisure time, which was always scarce at the time of professional activity, starts becoming a negative value. However, in women's subjective feeling, a serious counterbalance to the continued professional activity is the expectation that they will take on tutelary roles in the family (especially in relation to grandchildren), to the fulfilling of which women are motivated emotionally and often also obliged morally. Incidentally, that particular situation of acting "under the pressure of tradition honoured demand" boosts many women's confidence, giving them the feeling of being indispensable for the functioning of the family life (Titkow 2007). This circumstance is enhanced in Poland by the shortages of tutelary and educational infrastructure for children at pre-school age. That leads to women of 50+ concentrating on families of the younger generation—sons, daughters and grandchildren.

The slowing down of life functions which is advancing forces at the same time changes in the life style. With advancing age both health and physical condition deteriorate. (In the 40–59 age group 74% of women describe their health as not the best, above 60—as many as 91, 9%—CSO 2004). Apart from ailments which compromise functioning, the general frame of mind deteriorates; sleep disturbances and depressive moods appear (Tobiasz-Adamczyk 2004). The state of health and worry about it take up more and more attention. Anxieties appear stemming from anticipating further deterioration of health and becoming dependent on others. Anxieties and stress become converted into somatic symptoms, making physical ailments worse and—on the principle of a vicious circle—worsening the person's subjective feeling about her health.

It is worth noting that a definite, visible worsening of women's health happens precisely in the age brackets we are interested in: 50–59 years. This shows that as far as the state of health is concerned, for many women this is a decisive age.

Table 1

State of Health Indicators by the Women's Age
(Survey of the state of health of Poland's population CSO 1997)

Age group	Suffering from chronic illnesses	Average number of chronic illnesses per person	Legal disability per 100 people in a given age group
40–49	75%	2.2	14.4
50–59	90%	3.4	32.9
60–69	93%	3.8	33.4

The majority of chronic health problems intensify and in subsequent, older age groups we generally observe a progressive increase of the number of women falling ill. Still—which is worth mentioning—in the case of some ailments the apogee in women falls precisely on the 50–59 age group. They suffer first of all from gynaecological diseases, neuroses, thyroid gland disease as well hyper sensitizations and allergies (CSO 1997).

This particular deterioration of the state of health in women over 50 years of age is also confirmed by the list of subjective health evaluations (in the same consecutive age brackets). 58.8% of women from the 40–49 age group evaluated their health as

very good, and only 27.8% from the 50–59 age group, which is almost identical with the 60–69 age group (27.3%). At the same time a similar specificity is not visible in the evaluation of the degree of disability, deepening, as it were, systematically in subsequent age groups.[5] This may show a considerable role of psychosomatic factors and also a growing concentration of one's physical and psychosomatic complaints. It seems to be confirmed by the dynamism of selected symptoms from mental health (table 2).

Table 2

Recurrence of Unfavourable Psychological States in Women in Three Age Groups (Mean values; 1–5 scale; ESS 2006—Polish edition)

Symptoms	Age groups		
	40–49 N = 143	50–59 N = 162	60–69 N = 99
Depression	1.78	2.01 t = −2.44 p < 0.01	2.12 t = −0.98 not sign.
Difficulties undertaking activity	1.83	2.06 t = −2.57 p < 0.01	2.13 t = −0.62 not sign.
Sleep difficulties	1.76	2.12 t = −3.16 p < 0.001	2.30 t = −1.40 not sign.
Feeling lonely	1.46	1.71 t = −2.41 p < 0.01	1.81 t = −0.79 not sign.
Feeling sad	1.72	1.93 t = −2.11 p < 0.03	2.08 t = −1.43 not sign.
Apathy, discouragement	1.70	1.96 t = −2.65 p < 0.01	1.91 t = 0.48 not sign.
Anxiety	1.74	1.93 t = −1.92 p < 0.05	2.03 t = −0.84 not sign.

The data presented in the table above indicate again that with respect to the presence of the symptoms analyzed—women from the 50–59 age group represent a profile which is closer to those from older age groups than from younger ones. They appear with a frequency similar to that in 60–69 age group, whereas they differ statistically from the frequency reported by women in the 40–49 age group (they are lower). This suggests that the process of increasing mental health disorders,

[5] No limitations to fitness in subsequent age groups, respectively: 70.6%, 60.5% and 49.5. Own calculations, on the basis of the ESS 2006, Polish edition.

Table 3

Evaluation of One's Present Life as a Happy One, in Three Age Groups (Mean values; 1–10 scale; ESS 2006—Polish edition)

Age groups	M	st.dev.	t	p
40–49 years	6.83	2.0	2.34	$p < 0.01$
50–59 years	6.26	2.2		
60–69 years	6.27	2.3	−0.09	not sign.

characteristic of ageing, increases more clearly in that group of women. Also their subjective sense of happiness clearly decreases (table 3).

Among the undoubtedly numerous factors which may influence the sense of happiness and satisfaction with life, a vital part is played by relations with other people, social bonds and contacts. Nevertheless in the 51–60 age group the frequency of such contacts drops. In comparison with both older and younger women, the highest percentage of those, who maintain contacts less frequently than once a month and the lowest percentage of those who have such contacts more often than once a week characterize those in the 50+age group.[6]

Apart from the smaller intensity of contacts also the composition of social groups changes—of friends and acquaintances, due to the proportion of people of both sexes. Older women increasingly often spend time with other women—rather than with men. This fact, along with the growing number of widows, again turns our attention to the question of intimate life. It is thus worth stressing that also in that period, when the sexual drive decreases, satisfactions of erotic nature are still possible and their influence on the quality of life cannot be questioned (Beisert 2010). However, in the cultural model of an older person, dominating in our country, and especially of an ageing woman—there is practically no room for sexuality. Intimate relations with the opposite sex therefore become more difficult also because women realize their diminishing physical attractiveness. Their faster social ageing is the reason why they indicate the lack of a partner as the cause of the lack of sexual activity more often than men at the same age do. Admittedly, many women state decreasing sexual needs, but that may be both a function of hormonal changes taking place and a justified form of resignation from sexual experiences, in tune with the expectations stemming from the cultural models existing in our country, which define what is proper and often also "decent" for an ageing woman (Skrzypulec 2010).

It is characteristic that men and women's assessments concerning reasons of sexual abstinence differ considerably. While in a survey of the Poles' sexuality none of the interviewed men of 50+ declared reluctance towards sex, it was declared by nearly one woman in five of that age. Also women declared more often a lack of need to have sexual relations whereas men more often justified the lack of sexual activity by health problems (Izdebski 2006).

[6] My own calculations, ESS 2006. Social contacts more often than once a week were declared by 24% in the 50–59 age group, while 28% of younger and 32% of older women; more seldom than once a month 32% of women in 50–59 age group in relation to respectively: 18% and 30% in the younger and older age group.

Also the data from the above mentioned survey is interesting—comparing anxieties linked to sex which trouble the 50+ population. Men's main concern is that they will not perform adequately, or fear of their partners' assessment of their sexual skill. Women, on the other hand, most often fear the assessment of their bodies. The results presented above correspond with conclusions of other researchers. For instance, Hanna Palska (2004) observes that "old people … still in their fifties (women in particular) show the highest level of dissatisfaction with their appearance."

Role of the menopause

Problems of women's health, activity and general feeling, as well as of their sexuality at the age of 50+, can not be considered apart from physiological changes linked with the menopause. Changes happening in the woman's organism may considerably impair her psychosocial functioning. In the majority if European countries, also in Poland, the average age of the menopause is around the 50th year of age (Melby, Lock, Kaufert 2005). This means that in these countries women live more than 1/3 of their lives after the menopause. However, in Poland one does not attach proper importance to social aspects of the period of the menopause; if the notion appears in the public discourse, its medical concept dominates (hormone deficiency),[7] or the one minimizing the women's experience or bringing it down to jokes or patronizing comments. It is therefore worth devoting some more room to the problems linked to the experience of the menopause and their conditionings.

Interest in the menopause as the subject of psycho-medical study is mainly connected with the appearance of a number of mental and physiological symptoms, which in a different degree and intensity leave their imprint on women's general frame of mind and functioning.[8] These symptoms may persist for a few years after the disappearance of menstruation or even longer and last in the 50–59 age brackets which we are interested in. Often they constitute problems palpably disturbing women's activity—in the domain of work, family life and even the possibility of rest.

However, what attracts attention of the researchers of the menopause in women in different countries is the fact that there is considerable diversity among them with relation to the way and scope of experiencing all the symptoms and consequences of the menopause. Some women go through that period of their life almost imperceptibly, while for others it sometimes means years clearly dominated by physiological and psychological changes, disabling their normal functioning. Looking for the factors responsible for the observed differences has become a challenge for doctors, psychologists, anthropologists and sociologists. Initially the differences between women as to the intensity of the experienced symptoms were looked for within biological

[7] It is confirmed by the analysis of the contents of seven high circulation women's magazines which contained articles on menopause. Most often they were devoted to the symptoms experienced by women and the HRT (A. Rzązewska 2002; quoted here after E. Bielawska-Batorowicz 2006).

[8] They are most often presented as three groups: vasomotor symptoms (hot flashes, nightly drenching sweating, excessive sweating), somatic (fatigue, giddiness and headaches, numbness of limbs, spine pains, muscle and joint pains) and psychological (anxiety, mood swings, difficulty to concentrate, depression, lack of energy, insomnia).

variables. On the other hand, intriguing results obtained by cross-cultural research on the way of experiencing the menopause initiated putting forward hypotheses of a social and cultural character. It was pointed out that the dominating views on fertility, ageing and women's role in general, shape their expectations and attitudes towards the menopause and influence the social status of middle aged women. Those are translated into a subjective perception of the menopause and the meaning ascribed to it (Lock 1994; Lock 2002). In traditional cultures, which treat the ageing process more naturally and have a positive approach to old age, the menopause processes unfold more gently (Kaufert 1996). Also stated were interdependencies between the perception of symptoms and level of education, the women's social status and employment (Gold 2000) as well as more frequent presence of psychological symptoms in obese women—which may be linked to physiological processes but also to cultural concepts of the body (Astbury 2008).

Research carried out in Poland, comparing the presence of the psycho—physiological symptoms that can be treated as typical of the menopause among men and women at the age 45–55 (Bielawska-Batorowicz 2005), indicated considerably bigger disorders in women; also more than 80% of them experienced several of those symptoms. They were: irritability, excitability, worrying without reason, mood swings, and difficulty to concentrate, frequent headaches, and insomnia. During the menopause also unfavourable changes appear in the state of health which are registered in medical statistics: women's sick rate of the reproductive organ cancer increases, as a result of the oestrogen deficiency the cholesterol level rises, changes due to arthrosclerosis appear and obesity develops. Also degenerative changes of the joints occur along with a tendency to osteoporosis (Wojtyniak, Goryński 2008).

This problem has both an individual and a social dimension. The disturbed functioning is translated into the sphere of professional work and the effectiveness of family roles—thus, in a broader perspective it has its social and economic consequences. Difficulties linked to living through the menopause also coincide in time with the decisions concerning retirement or—in particular—with early retirement. Difficulties with mobilization, a feeling of discouragement in many cases pave the way to the decisions to give up employment.

The present approaches to the interpretation of the complexity of the menopause period indicate a necessity of an interdisciplinary approach. The hormonal changes occurring in women's bodies are beyond discussion and their character is universal—although they may appear at a different age and with a different intensity. However, the subjective feelings connected to those changes should be considered from the point of view of the women's psychological characteristics, the way in which they experience the sensations coming from their bodies (personality, neuroticism, and reactivity) and their culturally formed expectations connected with the menopause and the social attitude to women's ageing.

Different interpretations of the menopause are also reflected in the degree of its medicalisation—treating it either as a natural phenomenon, a natural part of a woman's life, or as a disturbance linked to the oestrogen deficiency, causing discomfort and requiring medical intervention. The latter approach is characteristic of the

rich countries, having well developed systems of health care and where institutions of pharmacological research have started intensive studies on the possibility of a hormonal support during the menopause. "Hormonal replacement therapies" were able to bring relief to numerous women, reducing considerably the acuteness of the symptoms. Also preventing osteoporosis and circulatory system diseases were mentioned among the positive results of the therapy. Nevertheless, researches into further health consequences of the prolonged application of such therapies did not definitely and finally solve their influence on the occurrence of negative health phenomena—first of all breast cancer. Broadly disseminated results of the *Women's Health Initiative* research, indicating the HRT's risk to health (Chlebowski et al. 2003, after Astbury 2008), although subsequently criticized for negligence in methodology, have influenced many women's decision to stop using it and thus lose the possibility to control the symptoms they experienced.

In Poland questions and problems arising from the menopause belong mainly to the competence of gynaecologists. In the case of intense symptoms that complicate the woman's life, it is the gynaecologist to whom women most often turn for help to lessen the symptoms' acuteness. Of course, not all women look for such help; the cultural barriers existing in our country often stop them from consulting a gynaecologist even when there is a serious threat to health (Ostrowska, Gujski 2008). However, it is worth asking if a woman consulting a doctor in order to have HRT prescribed or get another form of help can count on finding understanding? We have no research results concerning this, but letters to the editors of women's magazines show that often this is not the rule, even if there are no medical counter indications. Here is a fragment of one of the letters:

"…I was 50 years old at the time. Things started happening, which I took to be a signal to start thinking about HRT. The first visit, a private clinic: I am told that HRT is not a method to treat anything at all but a very unsafe fashion with which silly women harm themselves… Now it's the NHS's turn. I hear from them that it is God who arranged *these things* and it is not a good thing to try and fight His will. The suggestion—herbal tea and *something to calm me down*… Horrible, because the *something to calm me down* is benzodiazepine. A third visit, another NHS clinic. Surprise and a touch of offence, that *at my age* I have a problem with a decreasing libido and that those sweating and suchlike symptoms are best waited out, as they will stop in a few years anyway. And as for the relationship crisis, I exaggerate—if I care about it, *you can force yourself* … I leave. […] I've had enough. I let it go for almost six months… I feel bad. The typical menopausal symptoms are accompanied by a bad mood, heavy sleep, a sense of permanent fatigue. Relationship problems grow… Another appointment, another NHS clinic. […].—and finally a prescription. For one box of plasters [hormone replacement—A.O.]. … it is just fine. Four days ago in the evening I applied the first one. And I woke up without feeling drained or a headache. I haven't felt so natural and balanced for years. There remains only a shadow of anxiety—I have exactly three weeks to find a truly sensible clinic [to get the next prescription—A.O.]" (JAEL53 Wysokie obcasy, 19.09.2009).[9]

Apart from the arguments and the language used in the interviews with the patient, one can see that the doctors treat her like an object, imposing their own system of values; there is also complete lack of understanding for her psychological problems. The above example is certainly not characteristic of all gynaecologists in Poland; nevertheless it draws attention to the tendency to ignore the specific psychological

[9] The weekly *Wysokie Obcasy* is a women's supplement of the daily *Gazeta Wyborcza*, whose circulation is around 500 000. It is addressed mainly to women with a liberal philosophy of life.

and health problems which appear after the end of reproductive functions. Non interfering with the so-called natural processes is common among Polish gynaecologists and it often spreads onto other spheres of women's lives—for instance on contraception counselling where many doctors refuse them hormonal contraception, favouring natural methods even though they prove unreliable (Izdebski, Ostrowska 2003).

In this situation a reflection arises that women, at that difficult time of life, are not properly understood or supported. There is no data, of course which would indicate that this state of things is simply translated into social and professional activity of women aged 50 + or a possibility of their coping with the social expectations directed at them. I believe, however, that these issues should not be ignored.

Women of 50+ and Social Expectations. Work or Retirement?

The extending lifespan—otherwise a positive indicator of social development—constitutes a serious problem for the social policy of all developed countries; already now the proportion of persons over 60 is higher there than that of people in the age of 12–24. Forecasts which appear indicate that in 2050 in the countries of the EU the old age dependency ratio will change from 4 : 1 do 2 : 1. The problem is considerably more distinctive among the so called new EU members. It creates the necessity to reform pension systems and to increase the older people's and first of all women's participation in the work market. Also the Lisbon Strategy (Council of Europe 2000) recommends reforms aiming at a better use of older people's work power and efficiency. The need to create useful social roles for all who wish to carry them out is thus an increasingly clearly stressed challenge for contemporary social policies.

In Poland as much as in other countries, social policy, in its regulations concerning the situation of the older is directed to a large extent by economic reasons—expenditures on pensions and benefits, health care and maintaining centres of institutionalised care. And although a lot is being said about the necessity to secure adequate conditions for the old, at the same time the excessively expanded sphere of social expenditures, and in particular pensions, is considered to be one of the main issues of the "economic crisis." It is pointed out that the increasing average lifespan makes women draw pensions statistically for 20 years; at the same time their health and fitness at the time of retirement do not indicate a necessity to stop work.

Thus the majority of postulates refer to stimulating women to be professionally active, treating them—because of an earlier retirement age—solely as non productive consumers of public funds. The fact that older women's growing participation as consumers of services paid for by public funds is partly balanced by their unpaid services for other, often younger family members (work in the family household and tutelage), is seldom taken into consideration as it has been mentioned in the present article. This problem is thus undoubtedly more complicated than it would follow from the official, political documents.

Discussions, which have lasted for several years now, on lowering women's retirement age, are met in Poland with mixed reactions from women themselves (Szukalski

2008). The differences between retirement age for men and women (men—65, women—60), statutory in effect, were originally to be a privilege for the latter, but in fact they became a more or less binding regulation. Employers make women retire upon reaching 60, even if they are ready to work longer. Paradoxically, their frame of mind (table 2, 3) at that age does not deteriorate and even improves slightly. Of course, in many women's expectations, the moment when they retire is a much awaited time of respite from the work routine, particularly desirable especially if their work was onerous, not very well paid, exhausting and not self-esteem bolstering. Still, many women particularly involved in their career and work would like to continue doing it. Also, the shorter period of women's employment is not free of effect on the amount of pension they receive; their lower pensions are becoming an argument for the opponents of women's lower retirement age than men's.[10]

The new retirement system, introduced in 1999, relating the amount of pension to the length of time during which retirement contribution has been paid, the amount of the amassed capital and the length of subsequent life after retiring, is more favourable for men than for women. The 60 years threshold makes the contribution period shorter and, moreover, women's salaries, which are lower than men's, make the amount of their contribution lower as well. Because of their longer life on average, the capital they amassed is divided into a bigger number of years. Nevertheless, the majority of Poles (80%) feel that women's earlier retirement is fair (Szczepańska 2007). At the same time, it is characteristic that Poles in general (and in particular older, relatively less well educated, living in smaller localities) are convinced that the retirement age should be even lower, both for men and women.

One may nevertheless assume that this situation will change due to the growing level of education of women reaching retirement age and in the same way the extension of the period of professional activity will be a regulation which the party concerned will accept more readily.[11] Just like the growing education, the financial factor, linked to the worse provision for the old age, should be—at least in theory—a strong stimulus for women to make changes in the retirement system in order to maximise their pensions through a longer period of employment. However, as it has been mentioned, women's stand in this is not uniform and undoubtedly intelligent actions of social policy, accompanying the legal changes are needed here.

The votes "for" come first of all from educated women, interested in their work, for whom it is an intellectual challenge and not just the need to earn money; the votes "against" come from women doing exhausting physical work or tiresome, badly paid office work, described as a "treadmill." In the latter's life experience the reconciling of home and professional duties proves the most difficult task. One can also assume that their subjective feeling of being tired of life and work is bigger and stresses that they experience are of a more chronic character. Data on health of women from different social classes in numerous countries confirm clearly the bigger "wearing out"

[10] Those issues were one of the main problems raised during the II Congress of Polish Women within the "Women and Economy" panel, Warsaw.

[11] According to the 2006 data, the percentage of women with primary education only was 48,5 in the 60–69 age group; 30,8 in the 50–59 group and in the 40–49 group only 12.6%.

of the organisms of women from lower classes than from higher (Ostrowska 2009). Also, women at 50+, educated and with high professional qualifications, find more possibilities on the labour market and more possibilities of a satisfying choice. The more limited productivity of lower classes is also linked to the difficulties in keeping pace with the new technological requirements and the ageing of their professional qualifications.

* * *

The changes taking place in Poland require therefore a change in the way of thinking about old age and a more active preparation for it, both by the citizens and by the state. From the latter's perspective it is necessary to introduce and carry out a "modernising scenario" (definition by Irena Kotowska 2007), i.e. an adequate long term state policy towards ageing and old age as a life cycle. The need to be active and take more responsibility for one's life at an older age should also be an element of individual planning and preparations in the 50+ age group. Research conducted in recent years (Szukalski 2008) indicates that Poles at pre-retirement age are oriented towards the present and there is a lack of long term planning of one's later life. Thus women live about ⅓ of their lives without clearer plans and perspectives for the future. Such attitude is strongly linked to the minimalist concept of "holding out" in the way, which is guaranteed to pensioners by the means provided by the state. This attitude, close to the concept of ageing as disengagement, is also visible in the sphere of social and civic activity of ageing women. Thus, legislative changes alone, which will extend the frames of employment, do not seem to form a sufficient solution. It is also necessary to create systemic possibilities which will allow stimulating the activity of women at 50+ (introduction of flexible forms of employment, organization of work in social services, forms of permanent education, encouragement to participate in social life, releasing women from tutelary functions—for instance by creating kindergartens).

From this perspective one sees the need of socialization anticipating the approaching changes—even before they become a necessity. Thus e.g. retiring should not be perceived solely as a fact or an event to happen in the future but as another stage of socialization, begun consciously still in the period of "late maturity," at the age of 50 or still earlier (Wollf 1978). With relation to women entering the fifth decade of their lives, proper support should be secured in the scope of medical care in the difficult period of intense health and hormonal changes.

Social policy's failure to see the problems women of 50+ face is also manifested in the lack of research which might become a basis for diagnoses concerning the situation of women between mature and old age. That age, or the 50–60 decade, at the same time difficult and constituting an important stage in shaping the next twenty odd years of life on the average, deserves a particular interest of social policy, if only for that reason. However, it has not been as yet a subject of specific research, which might offer suggestions for both an improvement of women's quality of life and for their social activization.

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