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EDITOR-IN-CHIEF

Jan Wolicki

DEPUTY EDITOR-IN-CHIEF

Zofia Józwik

EDITORIAL SECRETARY

Alicja Capała, Amelia Mokijewska

GRAPHIC AND LAYOUT DESIGN

Dorota Maroń, MA

TYPESETTING AND TEXT MAKEUP

Dorota Maroń

AUTHORS:

Katarzyna Bralczyk

Alicja Capała

Ezra Milewska

Julia Motel

Agata Oleś

Zofia Stankiewicz

Zuzanna Włodkowska

Jan Wolicki

LINGUISTIC SUPERVISION

Anna Treger, MA and the Maria Grzegorzewska
University Professor Bronisław Treger, PhD

LETTER

Dear Readers,

Last time, we focused on children's perspectives and broadened your understanding of the different approaches and challenges faced by young children. This time, we switch our focus to people that, as a society, we tend to forget about far too often: older people.

In today's world, we often like to optimise, be fast and efficient, and work as much as our bodies let us. And when some things or some people show us that this is not the way, or that it will end someday, we, wanting to protect ourselves, often overlook them. Older people aren't fast or efficient, but they are essential for any society because they provide the experience and wisdom on which future generations can build. And they have so much to give.

So in this issue, we touch upon issues that affect them: ageism, the health care system, family support, and a few more. Last time, I wrote about creating an environment and society in which children can flourish. This time, I invite you to consider a similar perspective: let's create an environment in which our elders can also flourish.

With all that said, I would like to thank the whole team for the work that they put into creating this issue. I would also like to thank our expert doctor, Magdalena Parchimowicz-Skwara, for her kindness and insight into the healthcare perspective.

So, thank you all.



Jan Jolki

Editor-in-Chief



Ageing Well in a World of Ageing Pretty

BY JULIA MOTEL



Today's world makes valiant attempts to convince everyone that ageing is something negative, something to fear and to postpone (or at the very least try to). That ageing well means retaining our youthful appearance, even as we grow older and older. As another anti-ageing product starts becoming repeatedly recommended to us (with an outrageous price at that), and as we keep seeing celebrities irreversibly change their faces with plastic surgeries, we might begin to forget the reality of life—our skin will sag, our bodies will change, our faces will gain many a wrinkle, and nothing is going to stop the passage of time.

It doesn't have to be this way; instead of succumbing to these negative ideas, we ought to redefine what it actually means to age well. It should mean living instead of surviving, striving to find peace with ourselves as we are, and taking care of ourselves, as at the end of the day, we're irrevocably stuck with our bodies and

minds. With all that considered, what can we really do to age well?

First and foremost, what comes to mind when the topic of taking care of oneself is brought up? Physical health, of course. Undoubtedly, at any age, it's vital to look after our bodies, but it becomes even more important as we mature. Growing older brings many challenges, especially physical ones. There are many relatively easy habits to adopt that will make everything easier. Firstly, exercise—research has shown time and time again that it boosts mood, lowers stress levels, and even improves symptoms of mental health conditions, such as depression and anxiety (both of which commonly affect older adults).

Secondly, maintaining a good sleep schedule. A few aspects of a good sleep schedule include: waking up and going to bed at the

same time every day, limiting daytime naps, avoiding screens before bedtime, and, unsurprisingly, keeping physically active.

Last but not least, and perhaps the most challenging of them all, is keeping up a healthy diet that takes into account your nutritional needs. This means eating healthy fats (such as avocado or salmon), staying hydrated, getting enough fibre, reducing salt consumption, and ensuring enough vitamin intake. These are three of the most commonly cited habits that will have a decidedly positive impact on a person's physical health, no matter their age.

Although the physical aspect of health is important, we cannot neglect the cognitive aspect. While both are connected (after all, being physically healthy has many benefits), the ability to learn, think and remember clearly (known as cognitive health, as defined by the National Institute on Ageing) is just as vital. There are many ways to stimulate the brain, for instance, crossword or sudoku puzzles, which enhance problem-solving skills. Another way to improve cognitive health is by reading—it teaches us to maintain focus for long periods, which, with the rise of social media, has become that much harder. Reading not only engages the brain, but it also provides opportunities to develop social connections (e.g., through book clubs).

Lastly, learning new skills or practising old ones should also be considered, as they can certainly help enhance memory. As we age, we may begin to think that it's too late to learn anything new, but the simple truth is that while we might not improve as fast as we would like to, or match those who have started earlier, we will nonetheless greatly benefit from continuing by boosting our confidence and general well-being.

By now, it's well known that humans are hardwired for social connection. Once upon a time, they were necessary to boost the chances of survival and reproduction of our species, but nowadays there is no need to hunt or protect each other from wild animals. It's still crucial that we maintain strong and meaningful relationships with others. According to the National Institute on Ageing, social isolation and loneliness are associated with increased risks of (among others) depression, anxiety, dementia and cognitive decline, all of which are common in older adults.

Although, as we grow older, it may become difficult to find reasons to engage in social activities, we should still strive to maintain our relationships and develop new ones. That can be done by something as simple as calling family members and friends, talking to neighbours, as well as engaging with the local community (by volunteering, which might make it easier to meet new people) and finding new hobbies.

People's expectations about ageing don't appear out of nowhere—they come from the media we consume daily and from the people around us. There exists a persistent narrative that growing older is something to be feared; that with it comes the inevitable decline in physical and mental health; that we ought to do everything in our power to stop, or at the very least, slow it down. All of these negative views perpetuate harmful stereotypes, which

can subsequently become internalised by people of all ages, beginning the cycle of fear anew. On the other hand, research suggests that those who hold positive beliefs about ageing report higher life satisfaction and better mental, cognitive, and physical health.

A positive attitude counters the physical and cognitive challenges we might face. It's essential that we work to dismantle the aforementioned negative views of ageing, both individually and on a larger scale, by acknowledging that we all carry biases and by being aware of our thoughts as they arise.

No matter how much we wish otherwise, life is inherently unpredictable and will sooner or later throw all kinds of challenges our way. As we move through life, it's crucial that we find helpful approaches to potentially challenging and stressful situations. Coping mechanisms, as they are called, aim to reduce psychological stress. These can be divided into unhealthy and healthy ones—for example, avoidance, negative self-talk, overthinking, substance abuse, and isolation are all common unhealthy coping mechanisms.

On the other hand, healthy coping mechanisms include, but are not limited to: meditation and breathing exercises, journaling, positive thinking, finding the "good" in a bad situation, talking to friends or mental health professionals, and determining an alternate solution to the issues at hand. Choosing a coping mechanism depends fully on an individual—some may prefer practical approaches, while others might focus more on managing their emotions. A good coping mechanism will not only help manage the encountered stress and reduce anxiety, but also help adapt to dealing with potential future challenges.

In conclusion, ageing is a continuous and unavoidable process that affects all of us. I believe it's important, especially in today's social climate, to redefine what it means to age well and discuss ways to do so. With the wealth of information available at our fingertips, we can learn how to cope with growing older and lead fulfilling lives. With that in mind, I leave you with a question posed by Mary Oliver in her poem "The Summer Day": "What is it you plan to do with your one wild and precious life?"

Glossary

- decline** – to become worse, weaker, or less
- dismantle** – to show that a claim, statement, or explanation is not true or correct
- enhance** – to improve or make better
- hardwired** – genetically or innately predisposed
- hydrated** – having enough water in the body
- irreversibly** – in a way that cannot be reversed or undone
- irrevocably** – in a way that cannot be changed back
- perpetuate** – to cause something to continue for a long time
- sag** – to sink or hang down loosely
- succumb** – to give in to something; to be defeated by something
- valiant** – very brave and determined

Sharp Brain at Any Age: Neuroplasticity

BY AGATA OLEŚ



It was long thought that the human brain reaches its peak of development at a young age, and then it stops or significantly decreases. The ability to produce new neuronal connections or reorganise already existing ones is called neuroplasticity. It plays a crucial role in learning, memory, adaptation to environmental changes, and reorganisation of brain structure after injuries.

This misconception that we lose neuronal connections with age or that we face major difficulties in forming new ones is still alive among people, especially those who believe they are affected by it. You have surely heard from your older relatives that they are too old to do something: too old to start learning a language they've always wanted to speak, too old to get a new phone because they wouldn't be able to learn how to use it, even though they have to struggle with an old, faulty one. It is a fact that in older age, it's not as easy to form new neural connections as it is in youth, and as a

result, it's harder to learn new things, but that doesn't mean it's unattainable.

Seniors don't like any changes or situations that require adaptation to new conditions. Routines bring comfort, and the same old living conditions give a sense of stability and safety. Therefore, people tend to choose familiar patterns, get caught up in their routines and habits, or choose lower-effort cognitive tasks. But long-standing and rigid practices are damaging to our neuroplasticity.

Trying something new once in a while can bring many advantages. We live in a world that is rapidly changing, which somehow forces us to adapt to new conditions. Mental flexibility is, without a doubt, essential to staying independent and not feeling overwhelmed in this dynamic reality. Therefore, maintaining neuroplasticity should

be a priority. This applies not only to older people but to everyone. Even the simplest and trivial changes count. Try brushing your teeth with your non-dominant hand or walking back home on the opposite side of the pavement than usual. Your brain will surely thank you for that, since the more connections you form in your younger years, the better your brain will work when you're older. This cognitive reserve not only helps keep the brain in shape but also speeds recovery after brain damage.

Neuroplasticity can be both beneficial and detrimental. Due to the consolidation of negative patterns, bad habits or addictions can form. Repetitive behaviours strengthen synaptic connections, making it hard to reduce certain actions, as they become automatic.

LTP—long-term potentiation—is a process in which that enhancement occurs. Although it contributes to the formation of undesirable habits and behaviours, it is also essential for long-term memory and the development of healthy routines. Conversely, LTD—long-term depression—weakens synaptic connections by reducing the strength of signal transmission. This process helps the brain adapt to changing conditions by diminishing less useful connections and supporting the reorganisation of neural networks.

All in all, the more synapses are used, the stronger the connection gets, and when neglected, it fades.

Researchers have proved that people possess lifelong neuroplasticity. Although it depends on lifestyle and overall health, it doesn't fully diminish with age. But new synaptic connections won't form by themselves. It requires effort and engagement in brain-stimulating activities.

To optimise the development of new neural connections, learners need tasks that are appropriately challenging. The method known as contextual interference suggests performing two tasks simultaneously. In the short run, it may seem less effective, but in fact, it provides better long-term cognitive storage and retrieval because it is more challenging than completing tasks sequentially. According to scientific knowledge, this method should be accessible to both young and old, as they both possess the cognitive resources to manage it.

The inhibitory neurotransmitter gamma-aminobutyric acid (GABA) plays a crucial role in neuroplasticity. Random practice with high-cognitive-load tasks decreases GABA levels, making neuronal connections easier to form. Contrarily, blocked practice increases GABA levels, making it harder to develop new synapses.

According to this pattern, a person's occupation affects brain structure. If the tasks performed are varied and different every day, the brain will stay sharper than that of people who immerse themselves in routine tasks that become automatic. In such cases, a process of repetition suppression may occur, leading to enhanced GABA levels.

What can help keep the brain in shape?

There are numerous ways to keep a bright mind. What is worth mentioning is that they unfortunately won't prevent or stop already developing neurodegenerative diseases; however, they may delay

the emergence of symptoms or mitigate their manifestation.

Language learning at high intensity activates broad neural networks, including not only those involved in language processing but also those for memory, attention, and executive functioning. It has been proven that acquiring a new language increases grey matter volume in the brain. Moreover, in bilingual people, symptoms of, for example, dementia appear with a delay. The ability to switch between languages, suppressing one while activating the other, is a great brain workout.

Physical activity may expand the hippocampus, a structure responsible for memory and learning. Intense movement increases blood flow and enhances BDNF (Brain-Derived Neurotrophic Factor)—a protein secreted by neurons responsible for neurogenesis, neuron survival and synaptic plasticity. A minimum of 150 minutes of physical exercise a week is recommended.

A nutritious diet rich in antioxidants and omega-3 fatty acids seems to be the most beneficial, as it prevents inflammation, reduces free radicals, and maintains lipid homeostasis, which is necessary for maintaining the proper structure of the cell membrane. The Mediterranean diet is known for providing our bodies with the most health-promoting dietary components—fruits, vegetables, nuts, fish, and whole grains—and for limiting red meat and highly processed foods.

Stress and high cortisol levels weaken the hippocampus. Long-term exposure to stress is responsible for dendritic branch atrophy and reduced neurogenesis. Frontal lobe functioning is also impaired, manifesting as problems with planning, decision-making, and emotional control. Additionally, chronic stress has a negative impact on communication between brain structures.

During sleep, especially NREM, newly acquired knowledge undergoes a process of consolidation—transforming fleeting memory into a stable and lasting engram. This is also when unused synapses are removed, maintaining synaptic homeostasis. During REM sleep, procedural memory is consolidated.

Lack of proper night rest can be catastrophic as it disrupts the regeneration of the nervous system and may lead to neurodegenerative diseases. The recommended amount of sleep is 7–9 hours, but because sleep disorders are more common with age, it's harder to maintain adequate rest. Keeping the sleep environment cool, dark (since the body produces less melatonin in response to light), and quiet should make a difference. In addition to maintaining a regular sleep schedule, physical activity and limited screen time before bed positively affect sleep quality.

Challenging the brain with mental activities doesn't have to stop after retirement. Reading, solving crossword or sudoku puzzles, and creative hobbies such as crocheting or gardening expand knowledge and boost plasticity.

As long as health conditions allow, travelling and exploring new places is another great way to feed the brain with new experiences and insights into foreign traditions. Engaging in cultural and social activities, such as visiting museums and theatres and participating in local communities, is also salutary.



Pursuing additional training is crucial for a happy and healthy autumn of life. The golden rule for preserving a sharp mind is to fully use your mental faculties at any age. The greatest harm to the brain is stagnation.

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Glossary

atrophy — (of body tissue or an organ) waste away, especially as a result of the degeneration of cells

cognitive load — the amount of mental effort needed to do a task

cognitive reserve — the brain's ability to stay strong despite ageing or damage

consolidation (of memory) — the process of making memories stable and long-lasting

cortisol — a hormone released during stress

dendritic branching — the growth of small extensions of neurons that help them connect

detrimental — harmful or damaging

engram — a physical trace of memory stored in the brain

homeostasis — the process of keeping the body or brain stable and balanced

inhibitory neurotransmitter — a chemical in the brain that reduces or slows down nerve activity

long-term depression (LTD) — weakening or removal of unused brain connections

mitigate — to make something less severe or less harmful

neurodegenerative (diseases) — diseases where the brain slowly loses function over time (e.g., dementia)

neurogenesis — the creation of new brain cells

neuroplasticity — the brain's ability to change and form new connections throughout life

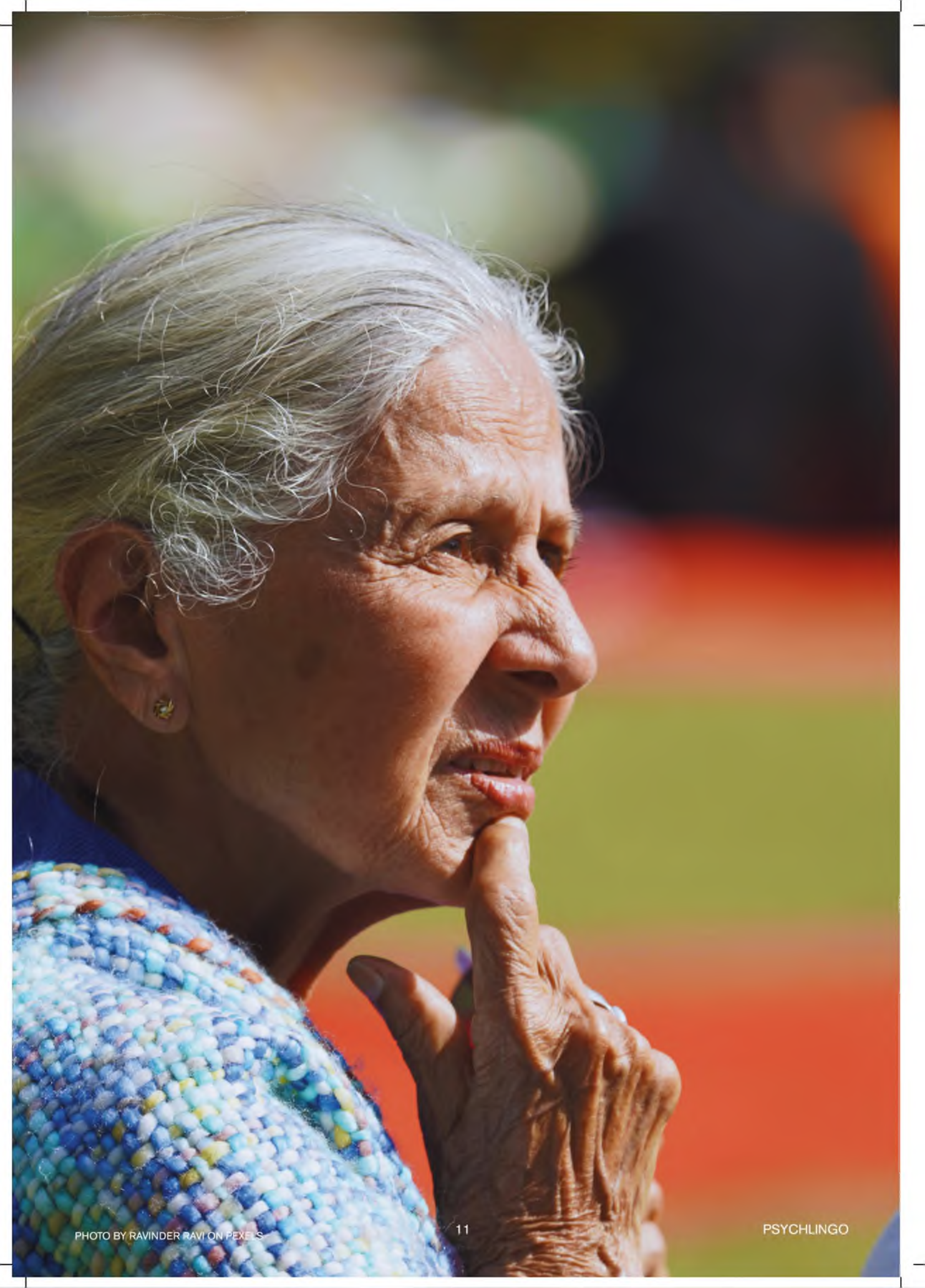
potentiation (LTP – long-term potentiation) — strengthening of connections between neurons

retrieval — the process of remembering or bringing information out of memory

salutary — beneficial or good for health

secrete — to produce and release a substance by a gland, organ, or cell

stagnation — a state where nothing develops or changes



How Modern Society Redefines Ageing

BY ALICJA CAPAŁA



This article explores how perceptions of older people are evolving in contemporary society, the influence of older generations on the modern world, and the ways in which popular culture shapes attitudes towards ageing.

The first issue we will examine is the shift in attitudes towards ageing and how it is portrayed in popular culture. Nowadays, the age limit is slowly fading as more and more people become "kidults" and embrace the idea of being "forever young".

There are waves of ageing individuals moving into spaces previously more socially associated with teenagers or young adults. Instead of staying in their "safe spaces", older adults are attending various music festivals, engaging in extreme sports, or playing computer games.

This is also reflected in the online world, where older individuals (Silver Influencers) are gaining significant popularity and winning the hearts of thousands on platforms such as TikTok and Instagram, breaking stereotypes and even becoming fashion icons and role models for younger generations.

This cultural shift may also reflect a deeper social fear of ageing and mortality. Contemporary culture strongly idealises youth, productivity, attractiveness, and independence, often making old age seem undesirable or even threatening. As a result, many people try to distance themselves from traditional images associated with ageing.

The concept of being "forever young" can therefore be understood not only as a positive expression of openness and vitality, but also as an attempt to challenge the stereotypes traditionally connected

with old age. At the same time, it shows that age is becoming less defined by numbers and more by lifestyle, mentality, and social participation.

These social and cultural changes are closely connected with the growing popularity of the "Forever Young" mindset. In a philosophical sense, this term means a state of mind that doesn't correspond to one's age. The concept is associated with qualities such as neuroplasticity, a childlike curiosity, and openness to change. The last one means the ability to adapt and redefine our goals at every stage of life.

This mindset is closely connected with the Japanese philosophical concept of *Ikigai*, which directly means a sense of life or a reason to live. It's a state of harmony and inner motivation that gives people a sense of purpose in everyday life. There are four overlapping pillars/areas of *Ikigai* (as interpreted in the West): what you love, what you're good at, what you can be paid for, and what the world needs. Your *Ikigai* is the place where these four areas come together.

Returning to the topic of old age, it's interesting to note that the community on the Japanese island of Okinawa, famous for having the highest number of centenarians in the world, follows 10 rules for living, which are also the principles of *Ikigai*. These principles include: being active and avoiding complete retirement, slowing down and avoiding constant stress, eating moderately, surrounding yourself with good friends, staying physically active, appreciating everyday moments, maintaining close contact with nature, practising gratitude, focusing on the present moment, and following one's personal purpose (*Ikigai*).

These principles promote not only longevity, but also emotional well-being and social connectedness in old age. Interestingly, this shift towards purpose, activity, and emotional fulfilment is not only evident in personal lifestyles but is also increasingly influencing the modern economy and consumer market.

Another phenomenon worth discussing is the so-called "silver economy"—a type of economy in which an ageing population is transforming certain aspects of the fashion, cosmetics, travel, and entertainment markets. Companies must indeed adapt their branding to the current needs and interests of the largest or most profitable customer groups. Therefore, we should see more and more offers specifically targeted at senior citizens.

The Baby Boomer generation is entering old age with completely new habits and expectations. They have a need for exploration, which explains the rapid growth in the tourism segment for seniors, fitness clubs for people aged 50 and above, and dedicated cultural offerings.

However, despite many positive changes in perceptions of ageing, modern culture also creates certain pressure around the idea of "successful ageing". Older people are increasingly expected to remain active, productive, physically fit, socially engaged, and even attractive regardless of their age. Media and advertisements often portray seniors as frequent travellers, regular exercisers, and people who constantly develop new passions.

Although this representation can help break harmful stereotypes about old age, it may also create unrealistic expectations. After all, not every older person has the health, financial stability, or psychological resources to maintain such a lifestyle. As a result, some seniors may feel excluded, inadequate, or invisible if they cannot meet these modern standards of ageing. For this reason, contemporary society should promote not only active ageing, but also acceptance of different ways of growing old.

Many of these changes in priorities and lifestyle can be explained by psychological theories of ageing, especially the Socio-emotional selectivity theory (SST) by Laura Carstensen. According to SST, when a person realises that their time is limited (which naturally happens in old age), their priorities change.

Young people seek to acquire knowledge and make new connections, whereas older adults focus more on maximising positive experiences and emotional regulation. How does this affect the market? Well, seniors prefer to spend their money on meaningful experiences (family trips, intimate gatherings) rather than on unnecessary material possessions.

Furthermore, they seek out brands that are authentic and emotionally reassuring. Another field that responds to the well-being paradox, besides tourism, is education, which includes the University of the Third Age.

The well-being paradox is a psychological phenomenon that suggests that, despite physical decline and health problems related to ageing, many older adults maintain a relatively high level of life satisfaction and emotional stability. In some cases, their psychological well-being may even improve with age.





Researchers explain this phenomenon by pointing out that older people often develop better emotional regulation skills and become more focused on meaningful relationships and experiences. Unlike younger individuals, who frequently concentrate on future achievements, competition, or social status, older adults tend to value more emotional balance, close relationships, and everyday moments more deeply.

This shift in priorities helps many seniors cope better with stress and negative emotions, which can positively influence their overall sense of happiness and fulfilment. This phenomenon is closely connected to the Socio-emotional selectivity theory, which holds that older adults prioritise emotionally meaningful experiences over long-term, future-oriented goals.

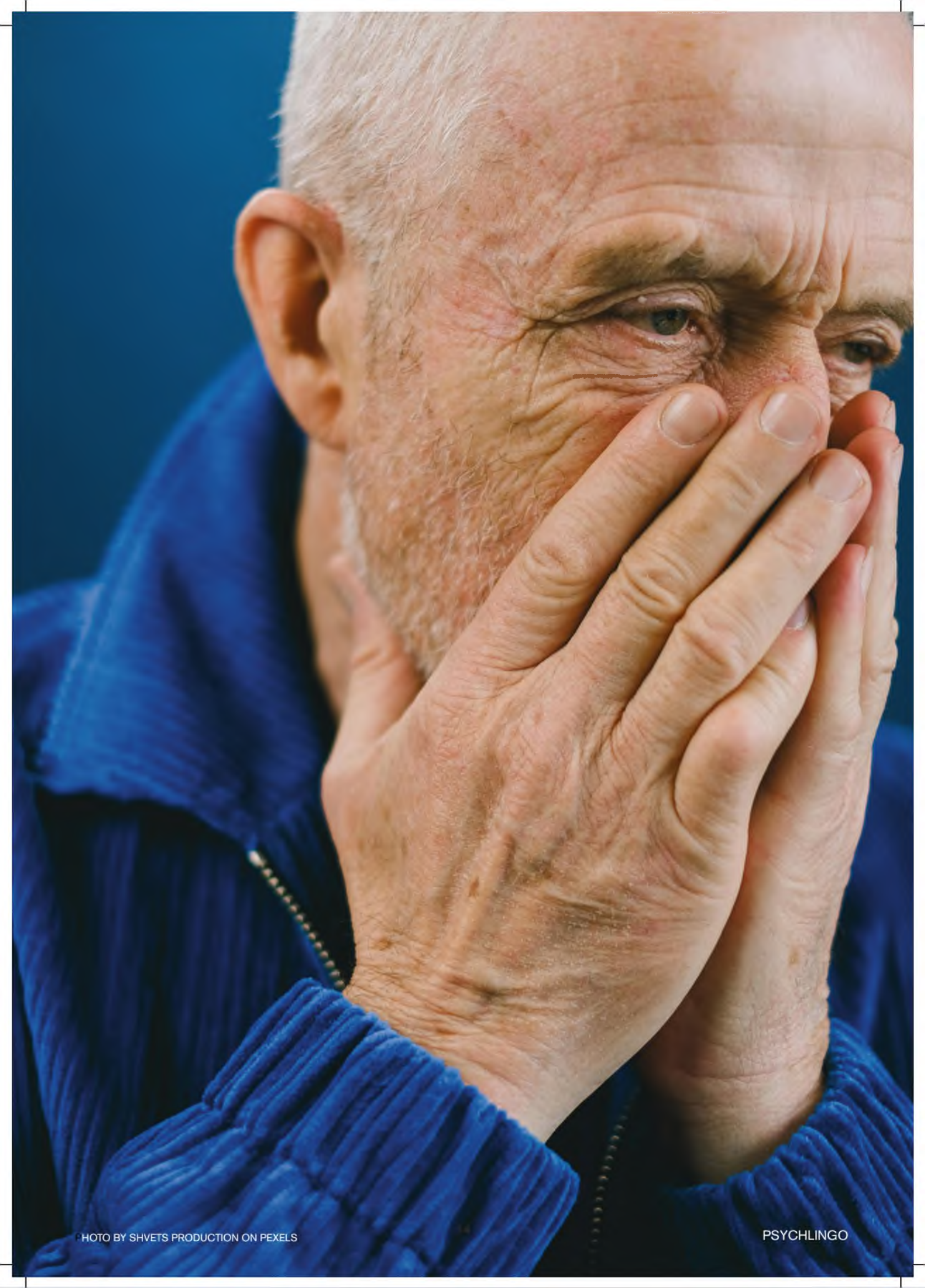
To conclude, ageing is no longer associated only with decline and passivity. Contemporary culture increasingly presents old age as a stage of self-development, activity, and emotional fulfilment. Although stereotypes still exist, social attitudes towards ageing are gradually becoming more open and inclusive.

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Glossary

- centenarian** – a person who is 100 years old or older
- cultural offerings** – cultural activities, events, attractions, and experiences available to the public, such as museums, concerts and festivals
- embrace** – to accept or support something willingly and enthusiastically
- emotionally reassuring** – making someone feel safe, confident, comforted, or emotionally secure
- evolve** – to develop or change gradually over time
- inadequate** – not good enough or not sufficient for a particular purpose
- inclusive** – involving and welcoming all people, regardless of their differences or backgrounds
- kidult** – an adult who enjoys activities, interests, or products that are usually associated with children or teenagers
- maximise** – to make something as large, effective, or successful as possible
- mindset** – a person's way of thinking and their opinions
- mortality** – the state of being subject to death
- passivity** – the state of not taking action or not being actively involved in something
- shift** – a change from one position, idea, or situation to another
- vitality** – the state of being strong, active, and full of energy, both physically and mentally



When Memory Fades: Living with Alzheimer's

BY ZUZANNA WŁODKOWSKA



Receiving a diagnosis of Alzheimer's disease changes everything, not only for the patient but also for everyone who loves them. Alzheimer's is a progressive brain disorder that gradually destroys memory, thinking skills, and eventually the ability to carry out even the simplest daily tasks. It is caused by the buildup of abnormal proteins in the brain, which damage and eventually kill nerve cells, leading to a steady loss of brain tissue and cognitive function over time. As the disease progresses, independence slowly gives way to increasing dependence on others for care and support.

For most people, the first noticeable symptoms appear after the age of 65, although a smaller group of individuals develop what is called early-onset Alzheimer's in their forties or fifties. The disease follows a long and unpredictable course. On average, a person lives 4 to 8 years after diagnosis, but some survive as long as 20 years, depending on age at diagnosis and overall health. It is also important to note that nearly two-thirds of all individuals living with

Alzheimer's are women. This is partly because women tend to live longer than men, but researchers also believe there may be biological reasons why women are more vulnerable to the disease. While we often focus on the person who is ill, the family members and close friends who care for them carry a heavy emotional load that is only now being fully understood by geriatric medicine.

For families, the news that a parent, spouse, or sibling has Alzheimer's is rarely a single shocking moment. Instead, it is the beginning of a long and uncertain journey. Many relatives describe feeling a mix of sadness, fear, and even disbelief at first. A husband may notice that his wife no longer remembers the names of their grandchildren. An adult daughter might find that her mother gets lost on the way home from the grocery store. These small losses accumulate over months and years, creating a very specific kind of pain. Unlike cancer or heart disease, where there are moments of clear improvement or decline, Alzheimer's moves slowly

and unpredictably. Families often say they are mourning someone who is still physically present but psychologically slipping away. This feeling of losing a person twice—first their personality and memories, later their body—is what makes Alzheimer's uniquely difficult for loved ones.

The emotional reactions among family members vary widely but tend to follow some common patterns. Spouses, who often take on the role of primary caregiver, frequently experience loneliness and exhaustion. They may feel guilty for feeling angry or frustrated with the person they love. Adult children, meanwhile, often struggle with role reversal. Suddenly, they are the ones making decisions, managing finances, and ensuring their parent eats and bathes. This shift can bring up old family tensions or unresolved feelings from childhood. Siblings may disagree about what kind of care is best, leading to conflict at a time when they need each other most. Many relatives also withdraw from friends and social activities simply because it becomes too difficult to explain what is happening at home, or because they feel ashamed of their own difficult emotions. Research has shown that family caregivers of people with Alzheimer's report higher levels of anxiety and depression compared to those caring for patients with other chronic illnesses, but this is not inevitable. With the right support, many families find ways to adapt.

So how can a person cope when they learn that someone they love has Alzheimer's disease? The first and most important step is to accept that the diagnosis is real and that it will change the relationship. Denial offers temporary relief but delays the practical and emotional adjustments that must be made. One helpful approach is to educate oneself gently. Understanding the stages of Alzheimer's disease—from mild forgetfulness to severe cognitive decline—allows families to anticipate what might come next and to plan without being overwhelmed by fear of the unknown. Many hospitals and Alzheimer's associations offer free workshops or printed guides written in plain language.

Another practical coping strategy is to build a support network early. This does not mean sharing every private detail with everyone you know, but rather identifying two or three trusted people who can listen without judgment. Support groups specifically for Alzheimer's caregivers, whether in person or online, can be surprisingly helpful because they reduce the intense isolation that families often feel. In these groups, a wife caring for her husband can hear another wife describe the same frustrations and fears, which normalises her own experience and reduces shame. Research has consistently found that caregivers who participate in support groups report lower levels of burden and better mental health outcomes.

Learning to ask for and accept help is another crucial skill, yet families often resist it. Relatives may feel that accepting help means they have failed. However, caring for a person with Alzheimer's is genuinely exhausting, both physically and emotionally. Practical help can take many forms. A neighbour might sit with the patient for two hours so the caregiver can go for a walk or see a friend. A church or community group might prepare meals once a week. Adult day programmes, if available, give both the patient and the caregiver a much-needed break.

Even very small breaks have been shown to improve the caregiver's mood and reduce feelings of being trapped.

It is also essential for family members to practise forgiveness, both for the person with Alzheimer's and for themselves. The patient is not forgetting names or deliberately getting confused. The disease is causing these changes. At the same time, caregivers need to forgive themselves for moments of impatience, anger, or even wishing the burden would end. These feelings are not signs of being a bad person. They are normal human responses to an extraordinarily difficult situation. One study found that caregivers who practised forgiveness, both towards the patient and towards themselves, reported significantly lower stress and better quality of life in their caregiving relationship.

Finally, families should remember that they do not have to do everything alone. Consulting a geriatric social worker, family doctor, or psychologist specialising in ageing can provide personalised strategies for coping. Sometimes, just three or four structured problem-solving sessions can make a meaningful difference in a caregiver's confidence and mood. The goal is not to stop the sadness entirely, because some sadness is inevitable when a loved one is fading. The goal is to prevent that sadness from destroying the caregiver's health and spirit. By accepting the disease, building a support network, accepting practical help, and practising forgiveness, families can survive this journey. They may even find moments of connection and tenderness that would not have been possible without the slow, painful, but sometimes beautiful process of caring for someone with Alzheimer's disease.

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Glossary

buildup - a gradual increase or accumulation of something over time

decline - a gradual worsening or decrease in quality, ability, or condition

early-onset - (of a medical condition) starting earlier than usual or expected

fade - slowly disappear or become weaker

geriatric - related to older adults, especially in medical care

give way to - to be replaced by something else or yield to it

inevitable - certain to happen; unable to be avoided

primary caregiver - the main person responsible for someone's daily care.

role reversal - when people switch their usual roles or responsibilities (e.g. a child cares for a parent).

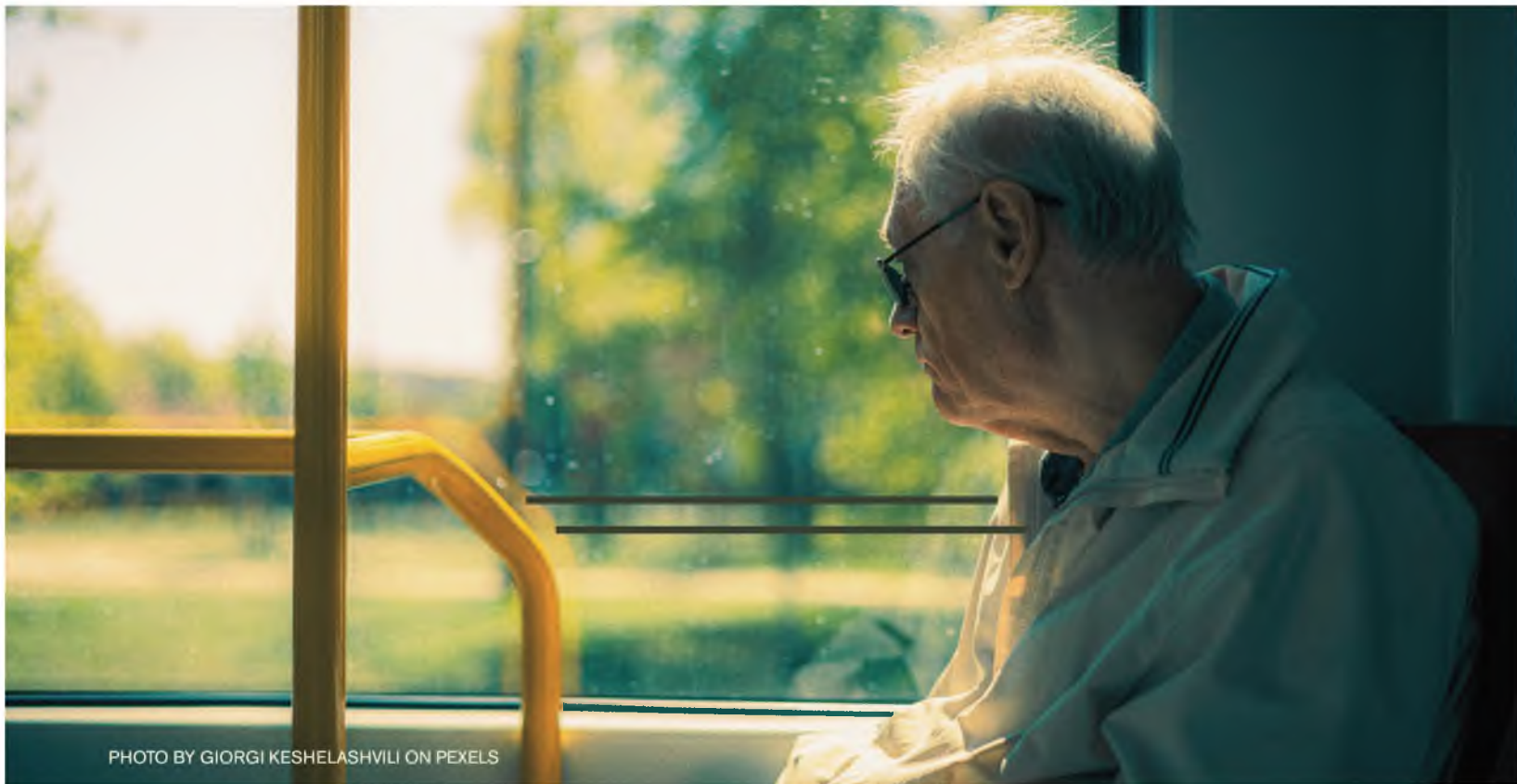
slip away - to gradually disappear or be lost

unresolved - not settled, solved, or brought to a conclusion

vulnerable - easily harmed, affected, or exposed to risk

Ageing Stereotypes and Their Impact on Health and Self-Esteem

BY ALICJA CAPAŁA



In this article, I will discuss certain ageism-related beliefs that can contribute to poor mental health and low self-esteem among older people. This phenomenon is very relevant today because ageism is becoming more prevalent as the number of older people (aged 65 and over) in our society increases. It can be observed in various social settings, although in many countries, laws are being enacted to protect older people from age discrimination. The long-term effects of this phenomenon are significant, especially regarding older individuals' mental health and well-being, which is not discussed often enough when speaking of the impact it has on the economy or society as a whole.

Ageist workplace and the importance of self-fulfilling prophecies

Age-based discrimination in a workplace is common despite legislation that makes it illegal. For example, older workers often face ageist comments such as being labelled "slow", "low energy level", "old" and "tired", or hearing things like "we need young blood

around here". Such attitudes may negatively affect older employees' self-esteem and sense of value in the workplace. Interestingly, some studies suggest that older employees may be just as productive as, or even more productive than, their younger counterparts. It has also been shown that older adults' knowledge and experience can compensate for deficits such as reduced speed of information processing.

"The self-fulfilling prophecy refers to the phenomenon by which our expectations for an individual's personality or behaviour cause that person to act in ways that confirm our expectations of them." Unfortunately, some older workers hold these beliefs, and those who do are less likely to take advantage of learning and development opportunities and less likely to report confidence in their ability to learn new skills. Negative stereotypes can then become a self-fulfilling prophecy. When older workers choose not to develop new skills, it can reinforce the stereotype that they don't benefit from training and development or that they are less competent.

This, in turn, decreases the likelihood that managers will recommend other older workers for those kinds of opportunities, and the cycle continues on and on.

What is also worth focusing on is how being out of work as an older adult can affect a person's mental health. It is well known that losing a job is a highly stressful experience and can lead to doubts about self-worth, personal importance, and one's contribution to society. Therefore, it is not surprising that, for older workers with many years of employment, losing their job can drastically lower their self-esteem as they may begin to see themselves as inadequate and unnecessary. It can also be overwhelming because, along with their work, they may lose an important source of social interaction and support from colleagues. In many cases, losing those connections can increase feelings of loneliness, helplessness, and social exclusion among older workers. Moreover, even when they don't doubt themselves at this stage, the recruitment process (which can potentially be age-biased, and in their situation, it's a major disadvantage compared to younger candidates) can ultimately lead them to lose their confidence and the stress factor may have an impact on their health and well-being.

Why are older people not offered the same support for mental health as younger people?

Another area in which older people are met with ageist assumptions is the healthcare system. Because of this approach, they are less likely to receive treatment based entirely on their individual health needs and symptoms, as many health problems are automatically associated with old age itself.

In cases of depression or anxiety, it's often assumed that loneliness, sadness, or emotional withdrawal are natural parts of ageing. And when treatment is prescribed, antidepressants are more commonly prescribed than talking therapy (unlike in the case of many younger patients). This may be due to stereotypes suggesting that older people are less capable of change and are less likely to benefit from psychotherapy. This can contribute to the underdiagnosis of mental health disorders among older adults and reduce their chances of receiving proper psychological support.

What do ageist attitudes have to do with older people's self-esteem and mental health?

There are aspects, such as how older people are treated by society or portrayed in various media, that can play a really significant role in how these older people view themselves and their mental state. This is related to the concept of self-directed ageism (analogous to self-fulfilling prophecies), which occurs when a person internalises ageist beliefs through constant exposure to such messages, leading them to adapt their thinking and behaviour to those messages.

In many cases, it occurred that due to repeated negative ageist messages, some people were made to believe that ageing must equal less productivity (both mentally and physically). As a result, some individuals may begin to experience a decline in confidence, motivation, or activity levels earlier than would normally be expected. This perception can lead to unnecessary pain, suffering, and emotional stress, and it's all because they don't see

the point in looking for help that would benefit them. Some people may also engage in unhealthy behaviours such as drinking or smoking. Others may fail to recognise the benefits of physical activity in counteracting the natural decline in fitness.

It's important to note the role that people's perceptions of ageing play. In Becca Levy's 2002 study, older people with negative self-perceptions of ageing were found to live significantly shorter lives than individuals with more positive perceptions. The study also controlled factors such as age, gender, socioeconomic status, loneliness, and functional health, which strengthened the conclusion that beliefs about ageing itself may influence longevity. Similar conclusions were reached in a 2013 study by Wurm and colleagues. Researchers found that positive beliefs about ageing were associated with more adaptive health strategies and behaviours, which contributed to better overall health. Conversely, negative perceptions of ageing were linked to fewer adaptive health strategies and worse health outcomes.

How does the media view older people?

When it comes to the portrayal of older people in the media, they are often underrepresented in television, film, and advertising. When they do appear, they are frequently presented in stereotypical roles connected mainly with illness, dependence, or loneliness. Older people are also much more likely to appear in ads for medication or medical services than, for example, in ads for clothing, technology, or lifestyle products. All of this may be influenced by contemporary culture, which is strongly focused on youthfulness, productivity, and physical attractiveness. Such a trend may reinforce the idea that ageing is something undesirable or associated with decline.

Ageist humour, memes, and negative comments about older generations on social media have also become increasingly common in recent years. Constant exposure to such messages may influence how older individuals perceive themselves and their place in society.

In conclusion, reducing ageism is important not only to protect older adults from discrimination but also to improve their mental health, self-esteem, and quality of life. As societies age, it will become increasingly important to create environments that value older people's experience and individuality.

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Glossary

assumption – something accepted as true without proof

longevity – long life or long duration of existence

underdiagnosis – failure to recognise or diagnose a condition

Dignified Ageing. Is it Possible in Poland?

BY EZRA MILEWSKA

Poland is the fastest-ageing society in the European Union. Every year, the percentage of elderly people increases. In 2005, this share amounted to 17.2%, while in 2024 it was significantly higher. As we know, in old age, we are more vulnerable to various diseases, disorders, and disabilities. But how does the system in Poland handle this?

In 2011, more than 2.5 million older people (aged 60 and over) described their health condition as unsatisfactory, reporting health problems (disabilities or chronic illnesses) that long-term limited their ability to perform everyday activities, accounting for more than half (54%) of the disabled population.

In such circumstances, is it possible to go through old age with dignity? Is it possible to freely benefit from the support system offered by the country?

If you have a disability that makes it impossible to take care of yourself or by your family (if you have any), theoretically you can be admitted to ZOL—a facility that provides inpatient and round-the-clock medical services, including long-term medical care and nursing for patients who do not require hospitalisation. But what conditions must be met to get admitted? It depends on the facility's policy, but mostly they are:



- a referral from a health insurance physician and another doctor;
- the patient's condition does not require further hospitalisation but does require constant medical supervision;
- a score of 40 points or less on the Barthel scale (a medical questionnaire used to assess a patient's level of independence in performing basic activities of daily living and their need for care).

And even then, you need to wait, in the best scenario, about a year, but it can last up to three years, because ZOLs are full and the waiting list is long. So, what can be done if it's impossible to take care of an older person at home? Only private facilities remain available.

At the same time, seniors' income in Poland in 2018, like the overall population's, was significantly lower than that in the European Union as a whole. The average pension in Poland amounts to approximately 3,500 zlotys. Private facilities in Warsaw cost about 12,000 zlotys per month.

Private facilities in Warsaw cost about 12,000 zlotys per month. Near the capital, prices can reach about 7,000 to 10,000 zlotys. So how is an elderly person with such a pension supposed to afford a dignified life? Without family support or substantial savings, it is practically impossible.

These very sad statistics will only worsen over time. As a society, we will have more and more elderly people, and at the same time, politicians are doing little to make the system more efficient. Hopefully, none of us will ever need such care, but just in case, it is worth saving money for old age.

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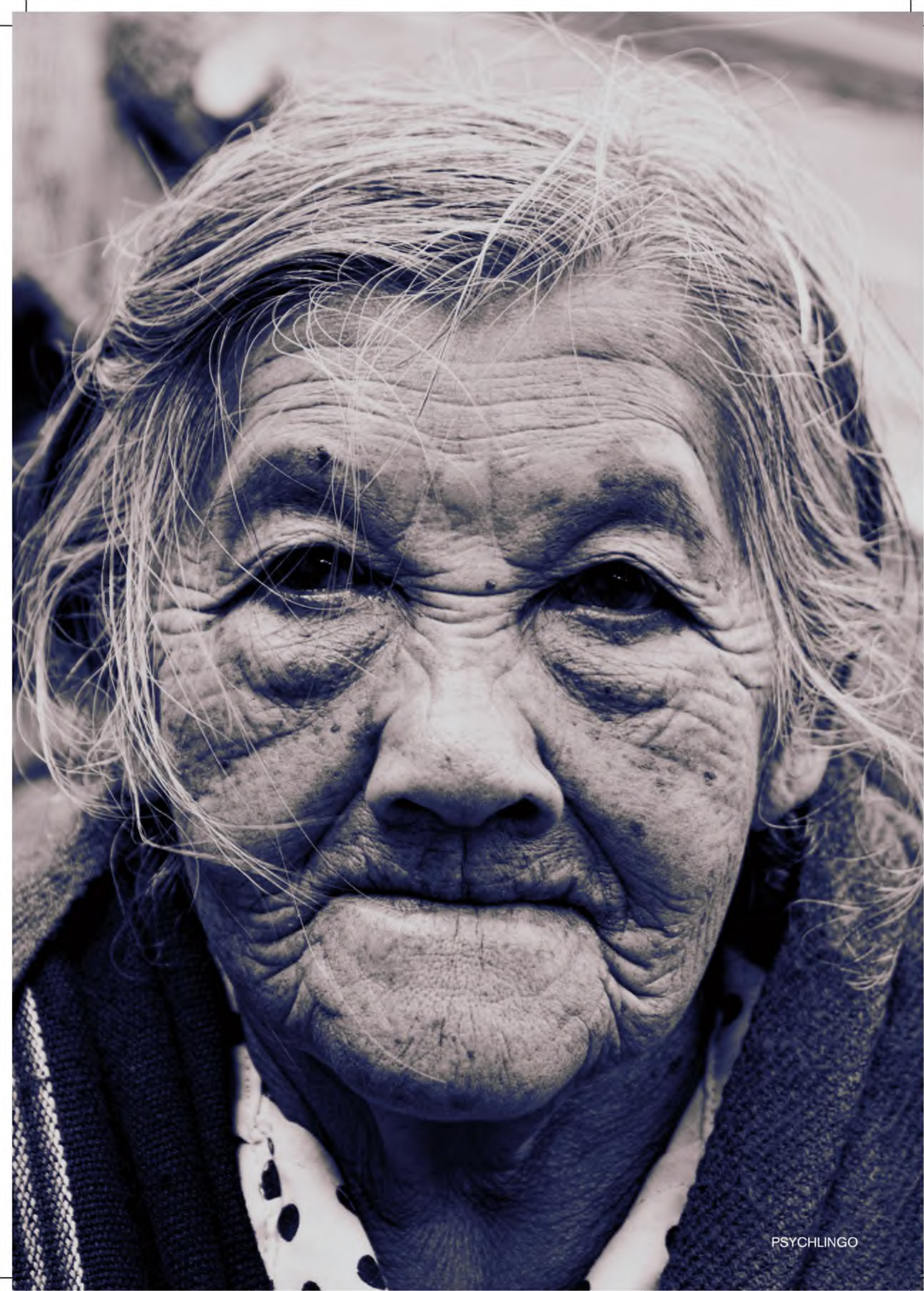
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Glossary

dignified – respected and treated properly by others

nursing – caring for sick or injured people

referral – a recommendation to see a doctor or specialist



INTERVIEW WITH AN EXPERT

BY JAN WOLICKI

Magdalena Parchimowicz-Skwara is a medical doctor specialising in family medicine. She has extensive experience in primary health care (POZ), working in Warsaw's Wawer district and in nearby Józefów, where she provides medical care for adult and older patients.

Jan Wolicki: From your daily perspective, what are the most common myths about old age that you encounter?

Magdalena Parchimowicz-Skwara: The first thing that comes to mind is cognitive disorders and dementia. There is a deeply rooted conviction in our society that losing memory and getting confused are normal parts of getting old. But that's a misconception. Advanced age is the primary risk factor for Alzheimer's disease, which is the most common cause of dementia, but this is a pathological process, a disease, not a natural part of ageing. There's also something very important that we cannot call a myth. Still, it should be mentioned here: a common lack of awareness of the significance of physical activity in the elderly population. I would also like to emphasise that there isn't a pill for every condition, as many people seem to think.

JW: And what about the myths that seniors themselves bring into the office?

MPS: Unfortunately, the phrase "The old age is God's failure" is incredibly common. I hear it countless times from patients and their families. But leaving faith aside, dependency, suffering, and old age are profound mysteries woven into human existence, and they are certainly not a mistake. Besides, we largely earn our old age throughout our actions during earlier years. It's, by and large, the aftermath of our daily choices and lifestyle, including good nutrition, not smoking, physical activity, social interactions, and education. Of course, some health conditions are entirely beyond our control, but a large part of how we feel as we age is simply the bill coming due for what we did to our bodies and minds over the preceding decades.

JW: You once mentioned that a geriatrician's office often becomes a place where older people can come and talk things through. That sounds like a massive responsibility. Does a geriatrician in Poland have to be a part-time psychologist?

MPS: Many older adults feel lonely. They need someone who will listen to them and show empathy. A doctor certainly should be such a person. People say that sometimes seniors visit the clinic just to gossip and take up places meant for genuinely ill people. From a medical perspective, they might not need to visit that often, but for many, it's one of the rare occasions to get dressed up, feel presentable, and leave the house.



MAGALENA PARCHIMOWICZ-SKWARA

The clinic becomes their primary social anchor.

In the office, they find a safe space to discuss their medical and non-medical problems. Sometimes they need to vent their frustrations. It's fascinating to see patients cheered up, chatting vigorously with acquaintances the moment they step outside. They go back home in a better mood. We will never replace actual psychotherapists, but we can listen, nudge patients in the right direction, and, when necessary, step in with pharmacotherapy.

JW: Why does the primary care physician have to carry this weight, though? Where is the systemic psychological support for older people?

MPS: Access to psychological and psychiatric services through the National Health Fund (NFZ) in Poland is limited. The system is inefficient. There's a long waiting list for appointments with psychologists or psychiatrists. And look, I understand the other side of the coin. Young professionals need to cover their professional development expenses themselves, so you can't blame them for not being interested in working for the low salaries offered by the public sector. It's really difficult for older people to get adequate help, such as cognitive-behavioural therapy, for instance. And don't forget that we take care of those who carry a heavy baggage of life experiences, who deal with loss, loneliness, chronic illnesses, depression, and sometimes poverty.

JW: True—today's eighty and ninety-year-olds belong to a generation with unique, often brutal life stories. What is actually hidden in their memories?

MPS: Deep, unhealed wartime and post-war traumas. I remember a patient who, as a child, witnessed a street execution in Warsaw during the Second World War. Or another one who hid in a basement during the bombardments. People carry those images in their memory for their entire lives. I'm honoured to care for one of the Warsaw Uprising veterans. Imagine what memories he keeps in his mind. I also remember a woman, well over ninety, who survived the Holodomor (the Great Famine) in Ukraine as a child. She lived in a simple house. In winter, she used to carry a bucket of coal by herself to heat the house to 12°C. And yet she said: "It's not bad, dear, it's not bad." What about us living in comfortable, heated apartments? Do we appreciate what we have?

JW: Does this heavy emotional baggage add up to clinical depression?

MPS: Yes, of course. Depression is one of the major geriatric giants. Yet, it's often underdiagnosed due to atypical presentation and to the false and harmful belief that depression is a normal part of ageing. There are various causes of depression, among them chronic pain, severe illnesses, and trauma. The possible trigger may be widowhood, which increases the risk of depression and suicide, particularly among men. People lose not only their loved one but also someone who ran the entire household, meaning cooking, cleaning, shopping (usually the wife) or someone who drove the car (usually the husband). There's also the economic shock. Instead of two pensions coming into one household, they are left with a single income, while the utility bills remain the same. Loneliness may be related to migration. Look at the scale of Polish emigration over the last twenty years. When those young people left, their parents were still relatively independent and fit. Now, two decades later, those parents are older, and some of them need help with daily activities. Some may feel lonely. The treatment of depression is not the same as with younger patients.

JW: How do we actually help them then?

MPS: Physical, social and mental activity are crucial for older people. They enjoy company, but sometimes they are unable to meet others due to mobility issues and need help in this area. They often need a gentle, empathetic nudge towards physical activity. Going to the swimming pool or pilates doesn't seem natural to them. However, going to dance classes sounds more familiar. By the way, dancing is a perfect physical activity! On the other hand, some exercise at home every day, while others regularly attend exercise classes organised for senior citizens. As an older person becomes more fragile, lighter physical activity is recommended. A gentle walk can sometimes be enough.

JW: What does that look like in reality? I know that many seniors have dementia, and what can we do to help them?

MPS: Let's focus on Alzheimer's disease. It lasts several years and has different stages. Many forms of activity can be offered to

people living with Alzheimer's. All the physical activities mentioned above are recommended. Then comes a whole range of occupational therapy. It's run by professionals at Alzheimer's centres. How can a family be supportive? It's important to keep a person with dementia involved in family life and daily activities. Let them do things according to their current abilities and at their own pace. We should make them feel valued and needed, even in basic tasks such as peeling potatoes, unloading the dishwasher, watering plants, or organising clothes in the wardrobe. Even when the plants don't need watering, the wardrobe has been reorganised multiple times already, and occasionally dirty dishes can be found in cupboards. We should all avoid the remarks of ageism like "let me do it, I'll do it faster" or "leave that, you'll break it" towards older people, not only those with dementia.

JW: What happens when an older person moves to a completely new environment?

MPS: Picture an older woman who spent her whole life in an apartment in the city centre. She knew her neighbours there, and she had her routine, favourite corner shop. The church, the library, the clinic and the pharmacy weren't far from her home. And the bus stop was just round the corner. Then she moves in with her family to a big house in the suburbs. She might be very happy there, being close to loved ones, maybe taking care of her grandchildren, maybe cooking dinner for the whole family, and looking after the garden. I've seen it. But she might feel quite the opposite—lost and trapped in unfamiliar surroundings. She might feel out of place in someone's kitchen and uncomfortable with different household rules. And she might feel lonely with everyone leaving for work or school and not being back until the evening. I've seen it, too.





PHOTO BY CENGIZ KUDAT BORBA ON PEXELS

JW: That's eye-opening. And on that: In geriatrics, you often differentiate between "life expectancy" and "healthy life expectancy." How does that distinction play out in actual medical practice?

MPS: Healthy life expectancy is, fundamentally, the time a person manages to retain their independence. In geriatric medicine, we focus on the quality of life, not just its length. If a patient is 50, we fight hard to secure their next 30 years of healthy life. But if a patient is 87, we don't focus on the future, on the next decades. We do our best to ensure that whatever time they have left is of the highest possible quality. Older people value their independence and autonomy most. They don't want to become a burden to their family.

JW: If you had to pinpoint the single challenge seniors face outside of the healthcare system itself, what would it be?

MPS: Public transport! The centre of Warsaw is well connected, but its peripheral districts, such as Wawer, and smaller towns like Józefów, have poor public transport links. Without a car, people are unable to move around or get to the clinic. Look at Canada—municipalities provide elderly residents with free transportation to medical or community centres. The older people's health isn't just about the pills we prescribe. It's about their ability to step outside, mingle with people and feel that they are still a valued, full member of society.

JW: And going towards the end, what would you like to say to sum it up, the thought that you would like to leave us with?

MPS: There's a beautiful Spanish word that fits geriatrics perfectly: *disfrutar*—to enjoy. Let's harvest the fruit of life, let's truly enjoy it despite getting older, despite physical limitations. And let's do our best to help older people feel that joy.

JW: Those are beautiful words. Thank you very much!

Glossary

- aftermath** – the period or results following an unpleasant event
- ageism** – unfair treatment or prejudice against people because of their age, especially older people
- cognitive disorder** – a condition affecting thinking, memory, or understanding
- conviction** – a strong belief
- differentiate** – to recognise or show differences between things
- distinction** – a difference between two similar things
- harvest** – collect the results of previous efforts, actions, or events
- life expectancy** – the average number of years a person is expected to live
- mingle** – to mix or socialise with others
- nudge** – a light push or small encouragement to do something
- occupational therapy** – a treatment that helps people overcome physical, emotional and social challenges
- rooted** – firmly based or strongly connected
- systemic** – affecting an entire system, not just one part
- utility bill** – a bill for services like gas, electricity, or water
- vent** – to express strong feelings, especially frustration



You Can Be Old Only if You Feel Like it

BY KATARZYNA BRALCZYK

When I was a young girl, I had an amazing conversation with my lovely grandma. She said something that made me think. We were talking about some silly things, as we usually do, when she said one sentence that changed my perspective for life. She said that an old person is someone who knows everything and is not surprised by anything, and since she is still surprised by many things, she is still young. I did not understand her then, and I did not understand her for some time, as I was too young to comprehend it, but now, as I am older, I get what she meant.

I think we can all agree that being old is not only about age, but also about mindset, even if that might be a brave take. You, my dear reader, probably know a few older people, and you have to admit that some feel older than others. Some grandmothers are energetic and always curious about everything; some prefer to be cosy on the couch with a book, and some do not like to do anything anymore. You may have a granddad who prefers to watch TV programmes and tidy his garden, or your grandfather may be travelling the world with his third wife. It's not their age that makes them act like that; there's something more to it.

My grandma always felt a lot younger than my grandad, which is funny, as she is only a few years younger than him. The difference was that she was learning all the time, while he preferred to sit down and relax. My grandma reads more books than I do, sews, rides a bike, drives a car, has learnt how to make her own duvet, knits, and much more. My grandad watches his reality shows on television, naps, and takes walks in the nearby area.

I felt closer to my granny because talking to her felt more natural to me. I did not feel like I was talking to an old lady at all; I felt as

though I was just talking to someone mature and intelligent. Talking with my grandad is fine, but it feels like talking to someone really old. He is the most stereotypical grandad possible, which is not bad in itself, but it is certainly different from the behaviour of more active older adults. One chooses to remain surprised; another believes they know enough. That makes an enormous difference.

As much as I hate to admit it, some people do not have any other choice but to behave as though they are old and tired. Many older people have problems with money and health. If I were sick and did not have money for necessary medication, I probably would not have the energy to be happy, energetic, or curious. That's why it's important to call your grandparents and help them whenever you can, because there's a good chance they need your help more than you realise, even if they never say so. You can also help other older people, such as an elderly neighbour. This is especially important because they may be living alone with no one nearby to help them, and your kindness could make a world of difference.

Old age should be the perfect time to experiment with your life and do things you were afraid to do when you were younger: dye that hair red, get that tattoo, talk to that beautiful woman, and be yourself. So if you know an elderly person who feels bored, or if you are elderly yourself and have the opportunity, go for it—retirement can be fun, and age is just a number.

Glossary

duvet – a large bag filled with feathers or artificial material that you use to cover yourself in bed



When I'm Young Again

BY ZOFIA STANKIEWICZ

Lucy opened her eyes, expecting the usual joint pain, ready for another day spent at home with her husband, working in their garden. She wondered whether her grandchildren would come to visit her after school.

Suddenly, those thoughts came to a screeching halt when she realised that she could get up without any problem, and her bedroom didn't look like it should. The walls had posters of cartoon characters, there was a desk and a chair that hadn't been there before, and her bed was much smaller than it should have been.

Confused, she went to see what the rest of the house looked like, but just as fast as she started to walk towards the door, she stopped. To her right, there was a mirror, but instead of grey hair and a myriad of wrinkles, she saw a young girl, maybe 9 years old, with uncombed brown hair sticking in every direction. The most shocking fact was that she recognised that girl. She looked exactly as Lucy had when she was a child. The only difference was the clothes. Instead of the itchy, barely fitting clothes she used to get from her older siblings, she wore a T-shirt and shorts similar to those her grandchildren typically wore.

"This must be a dream," Lucy tried to reason with herself. "I must be dreaming, and if I am, I should make the most of it."

Having decided that, she went to the kitchen and poured herself milk with her grandchildren's favourite cereal. Normally, it was so sweet she couldn't even eat two spoonfuls, but this time she found herself enjoying the whole bowl. She knew the cereal was mostly sugar, and the rush she would get would be bad, but at the same time, it brought her a lot of joy.

Later that day, Lucy decided to play outside. She ended up in a playground.

After using all the playground equipment, Lucy thought of her childhood. She had never used slides, and the swings then were just ropes and planks; she often scraped her knees and palms as she fell from them. These new swings—supported by chains—let her soar without fear.

Yet the most fun came with other children. Lucy hadn't expected to play with anyone, not knowing how to make small talk with other children, but she soon found out it wasn't necessary at all.

"Hi! Do you wanna play tag?" a girl asked Lucy.

"Sure," Lucy answered, a bit surprised.

Other children came up to them as well, asking if they could play too. It was so confusing, but at the same time, so nice to talk to others so casually. Without unnecessary pleasantries, just playing with each other. It was so refreshing to run in circles with other children, laughing and playing together until the sun set below the horizon, and everyone had to go home.

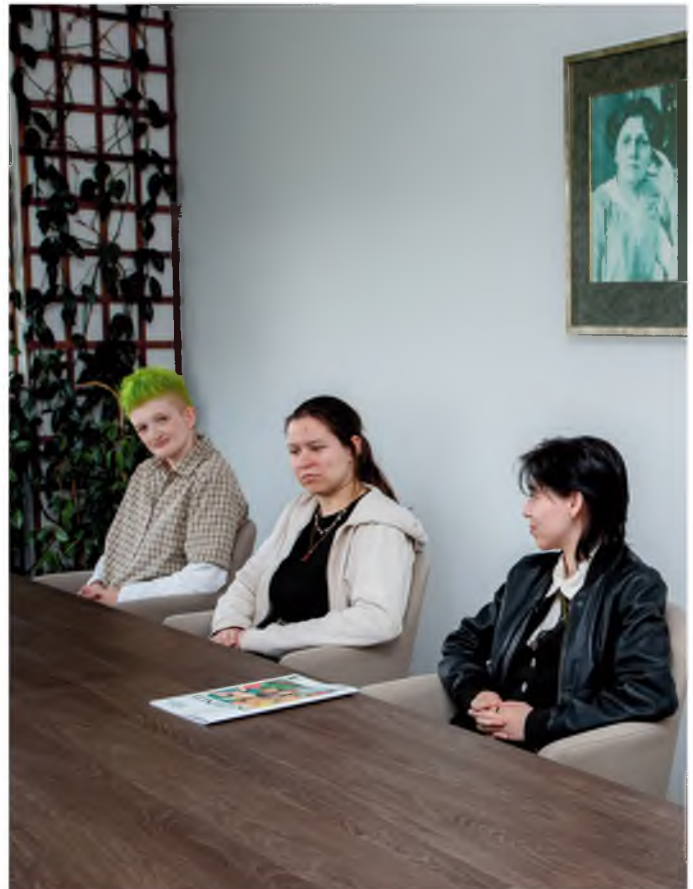
For the first time in a long while, Lucy had gone to bed still buzzing with energy instead of feeling exhausted. And when she woke up the next day, back in her normal state, she couldn't help but feel fulfilled.



An Eventful May in Pictures

May was a very pleasant and productive month for *PsychLingo*. We began with an enjoyable meeting with the Rector, during which we discussed our plans and goals for the coming months. We were also encouraged to create podcasts with international guests visiting our university in the newly established podcast studio.

Later in the month, *PsychLingo* took part in "Skołuj się", an event dedicated to student clubs and organisations. We had the opportunity to showcase some of the previous issues of *PsychLingo* and encourage our fellow students to contribute. The event was lively and colourful, featuring music provided by DJ Vica, a distinguished graduate of our university.





REVIEWS

BY JAN WOLICKI

The Father

This film can't be bad if Anthony Hopkins plays the main role, can it? And as expected, it isn't. It's a masterpiece. But what is it about? Florian Zeller presents us with a psychological mind game.

Everything is designed to make us feel disoriented. The scenery in the apartment where the action takes place is changing, people's looks are changing, and the protagonist's attitude towards those people is changing.

And why is that? The main character, Anthony, is an older man with advanced Alzheimer's disease, and we are looking at it from his perspective. We see how he forgets who people are, even his own daughter. We experience his emotions, such as anxiety and pride, and his confusion regarding the simplest and most obvious (for us) things in life.

As viewers, we soon become deeply immersed in Anthony's world. We are on an emotional roller coaster and our feelings towards the protagonist are constantly changing. We empathise with him, we are angry with him, we feel sorry for him, and sometimes those feelings are stronger, sometimes weaker. I don't know what Alzheimer's looks like from experience, but I know it is quite a challenge for a person living with the disease and for those around them. And this movie portrays it magnificently.

So settle in and prepare for an emotional ride.

I'll Live By Myself (Ora Ora de Hitori Igu mo)

Sometimes a book falls into your hands, not the one you would have chosen or expected. But you read it either way. This is one of those books I would never have chosen. At first, you think it is just another mass-market Empik shelf title—as one tends to think when the book doesn't have a reputation for being intellectually challenging or simply good (or if you don't know it). But then it takes you on a journey. And this book did exactly that.

This is a peaceful book. You can feel it as you read. The author tends to paint a vivid, even sensory picture with the sounds of everyday life. And that peacefulness, combined with his ability to make you feel like you're in real life, is the perfect setting for a story to unfold.

It is the story of an older woman. She is alone, widowed, her children live far away or don't visit much (a bit of reality for our times). And she starts thinking (as free time often helps with that). The book is filled with internal dialogue in a melancholic tone (but with hints of humour here and there). And the effect is that our protagonist reaches an interesting conclusion (which I won't give you here), which paradoxically gives her autonomy and power.

It is a book about growing and changing as you get older. It is melancholic and vivid, as the author has a talent for bringing the words to life in our minds. It is about the magic in the ordinary.

We hope you enjoy this book.

WISE & WITTY

Proverbs

- *With age comes wisdom*

Older people often become wiser through life experience.

- *The older the fiddle, the sweeter the tune*

People can make plans, but eventually things may not turn out as expected.

- *A new broom sweeps clean, but the old brush knows all the corners*

New people often bring fresh energy and new ideas, but experienced people understand the details and know how things really work.

- *You are only as old as you feel*

Age depends partly on how you feel.

- *Old habits die hard*

It is difficult to change long-established habits.

- *You can't teach an old dog new tricks*

Older people may resist learning or changing habits.

- *An old fox understands the trap*

Experienced people can recognise danger easily.

Idioms

- *Long in the tooth*

Old or ageing.

- *Over the hill*

Past one's best age or performance.

- *Golden years*

Retirement years or later life.

- *A silver fox*

An attractive older man with grey or white hair.

- *Behind the times*

Old-fashioned or not updated with modern ideas.

- *No spring chicken*

Not young anymore.

Just to make you smile a little

My husband cooks for me like I'm a goddess—by placing burnt offerings before me.

You know it's time to retire when your co-workers are wearing clothing from your youth and calling it retro.

I called the incontinence hotline recently. They asked if I could hold.

You know you're getting old when your birthday cake is a fire hazard.



EXERCISES

Exercise 1.

Complete each sentence with the correct idiom or proverb.

1.
A: "Our new manager has lots of fresh ideas."
B: "True, but a _____."
2.
A: "After tidying up the living room, I need to sit down for a moment."
B: "Face it, you're _____."
3.
A: "She refuses to use online banking and goes to the branch every week."
B: "She's quite _____, isn't she?"
4.
A: "I tried to teach Grandpa how to text, but he gave up."
B: "_____."
5.
A: "The journalist immediately noticed the politician's attempt to avoid the question."
B: "Naturally—_____."
6.
A: "She acts as though turning forty means life is over."
B: "As if forty was _____."
7.
A: "Why is everyone suddenly interested in the new neighbour?"
B: "Have you seen him? Total _____."
8.
A: "Aren't you too old to start dancing lessons?"
B: "Not at all — _____."

Exercise 2.

Choose the correct word from the three options in each sentence. Only one answer is correct in each case.

1. Many people mistakenly assume that cognitive *reserve / decline / load* is inevitable in old age.
2. Society is gradually beginning to *dismantle / embrace / perpetuate* a more positive view of ageing.
3. Staying socially active may help *enhance / maximise / mitigate* the effects of brain ageing.
4. Living to 100 years of age makes someone a *kidult / centenarian / geriatric*.
5. Some people *give way to / succumb / embrace* social pressure despite knowing it is unwise.
6. Research into ageing provides *detrimental / reassuring / salutary* evidence that learning can continue throughout life.
7. Being treated with respect allows people to age in a(n) *inclusive / dignified / vulnerable* manner.
8. A positive *assumption / potentiation / mindset* can influence how people experience ageing.
9. Regular mental stimulation may strengthen *homeostasis / longevity / cognitive reserve* later in life.
10. Researchers have observed a significant *buildup / fade / shift* in attitudes towards ageing over recent decades.
11. Alzheimer's disease is a *neurodegenerative / geriatric / cognitive* disorder that progressively damages the brain.
12. Healthcare systems must become more *dignified / inclusive / geriatric* to meet the needs of older adults.

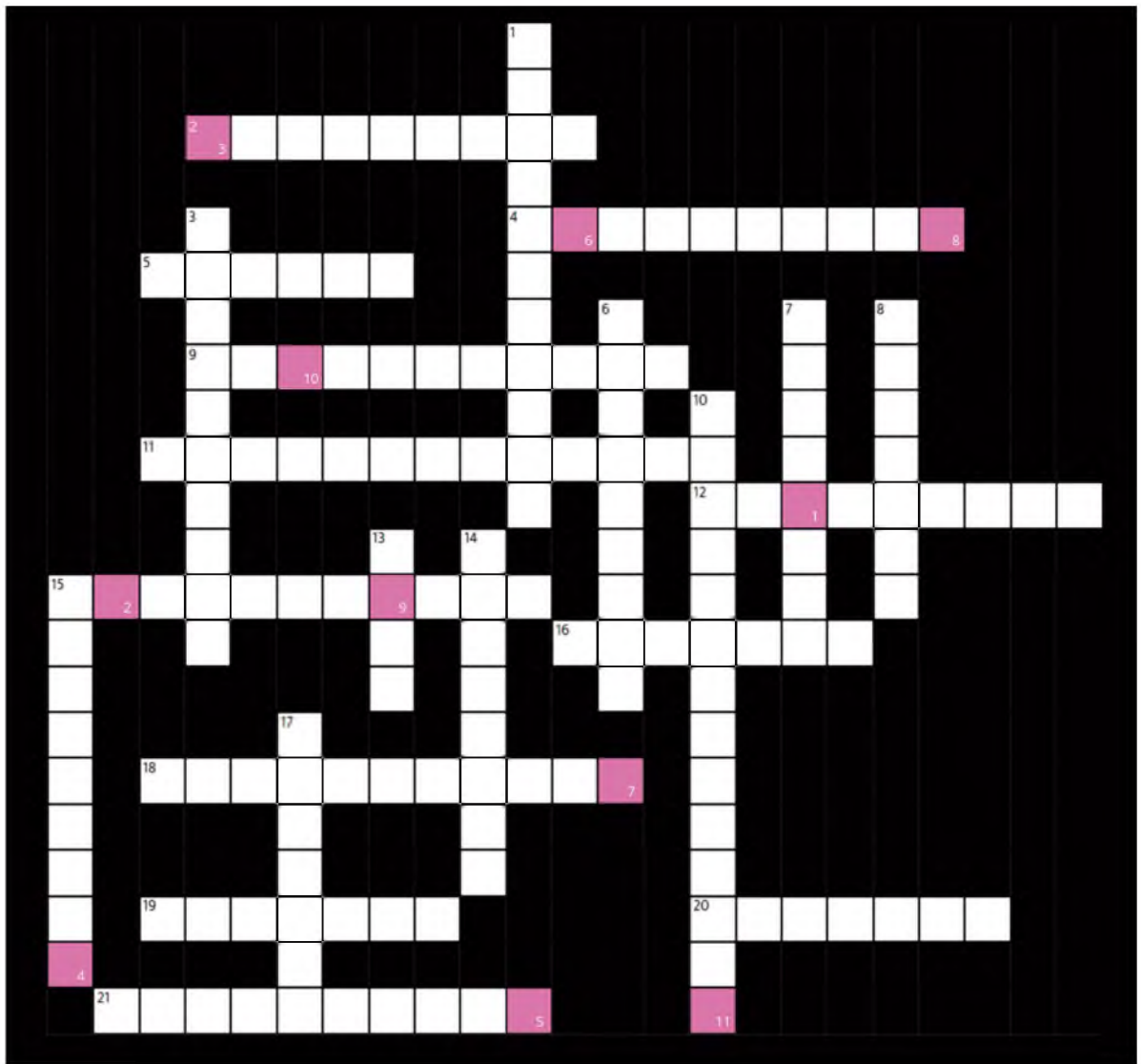
Exercise 2
1. decline; 2. embrace; 3. mitigate; 4. centenarian; 5. succumb; 6. reassuring; 7. dignified; 8. mindset; 9. cognitive reserve; 10. shift; 11. neurodegenerative; 12. inclusive

Exercise 1
1. new broom sweeps clean and the old brush knows all the corners
2. no spring chicken
3. behind the times
4. You can't teach an old dog new tricks
5. an old fox understands the trap
6. over the hill
7. silver fox
8. you're only as old as you feel

Key



Crossword Puzzle



HIDDEN SOLUTION

1	2	3	4	5	6	7	8	9	10	11
---	---	---	---	---	---	---	---	---	----	----

DOWN

1. harmful or damaging
3. not settled, solved, or brought to a conclusion
6. related to older adults, especially in medical care
7. to make something less severe or less harmful
8. caring for sick or injured people
10. failure to recognise or diagnose a condition
13. slowly disappear or become weaker
14. to make something less severe or less harmful
15. genetically or innately predisposed
17. to become worse, weaker, or less

ACROSS

2. long life or long duration of existence
4. certain to happen; unable to be avoided
5. a physical trace of memory stored in the brain
9. (of a medical condition) starting earlier than usual or expected
11. the process of making memories stable and long lasting
12. respected and treated properly by others
15. the process of keeping the body or brain stable and balanced
16. a person's way of thinking and their opinions
18. in a way that cannot be changed back
19. very brave and determined
20. to give in to something; to be defeated by something
21. to cause something to continue for a long time

SOLUTION: Golden years

PODCAST



Why Do We Age?

You will listen to a recording about biological ageing and its underlying factors.

Exercise 1.

Decide if each statement is *True*, *False*, or *Not Mentioned* based only on the information in the recording.

1. Jeff Leips's research focuses only on environmental factors affecting ageing.
2. Fruit flies are mentioned because they have a longer lifespan than Greenland sharks.
3. Leips studies traits such as reproduction and resistance to infection.
4. The recording states whether any specific lifestyle is recommended to slow down ageing.
5. The speaker gives an exact number of genes identified so far that affect lifespan.
6. The genes that explain differences in young people are not the same as those that explain differences in older people.
7. Leips claims that environmental factors such as diet and exercise have a greater influence on ageing than genes.

Exercise 2.

Fill in the gaps using the words from the recording. *senescence, lifespan, decline, endurance, debilitating, immune*

1. Biological _____ refers to the gradual process of ageing in living organisms.
2. Regular exercise can help improve physical _____ such as stamina and strength.
3. Ageing is often associated with a gradual _____ in physical and mental abilities.
4. Diseases that are _____ can seriously reduce a person's quality of life.
5. The human _____ has increased over the past century due to medical advances.
6. The _____ system helps the body fight infections and diseases.

Self-Reflection

Think carefully about the questions below. There are no right or wrong answers.

1. Is ageing something we should try to "fix," or is it a natural part of life that shouldn't be changed?
2. Do you think it would be a good or bad thing if humans could significantly extend their lifespan? Why?
3. How might society change if people regularly lived much longer than they do today?



LAST BUT NOT LEAST

A WOMAN OVER 50: A LIFE UNLEASHED
CONNIE SCHULTZ | TEDXCLEVELANDSTATEUNIVERSITY



LINGUISTIC TIDBIT

Referring to Older People in English

In English, the word *old* is not always completely neutral when describing people. Calling someone “an old person” may sound too direct, blunt, or even slightly impolite. Because of this, English speakers often choose softer and more respectful alternatives, such as *an older person*, *a senior citizen*, or *an older adult*. Another good option is simply to use a person’s specific age (e.g., “a 75-year-old woman”).

The term *elderly* is often considered a more appropriate choice than *old*, but it is still problematic. You should be aware that some people consider it ageist, as it may imply decline and frailty.

Adjective Ordering in Age Descriptions

In English, when age is combined with other adjectives, it generally follows a fairly fixed order. Age usually appears before the noun but after the opinion and other descriptive adjectives.

Typical order:

opinion → size → age → sex/gender → nationality/origin → noun

- a friendly older American man
- a brilliant young British female doctor

We normally say “a kind older woman”, not “an older kind woman”. This is because English prefers to place age after opinion adjectives, so that age is treated as one descriptive feature among others, rather than the main defining one.

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ENJOY IT DESPITE GETTING
OLDER, AND DESPITE
PHYSICAL LIMITATIONS.
AND LET'S DO OUR BEST
TO HELP OLDER PEOPLE
FEEL THAT JOY**



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