The Role of Aesthetics in Socialization and Social Integration of the Institutionalized Elderly

Eugen Bucur
Department of Social Assistance
Faculty of Sociology and Psychology
West University of Timișoara
Email: bucurssm@yahoo.fr; eugen.bucur@e-uvt.ro
Romania

Venera-Margareta Bucur
Department of Social Work
Faculty of Sociology
University of West Timișoara
Email: venerabucur@yahoo.com; venera.bucur@e-uvt.ro
Romania

ABSTRACT

Within the individualized plan of assistance and care that underpins the assistance of the elderly in difficulty for whom it was decided to provide care and assistance either at home, in the family/family environment, or a residential institution/service, one of the three big areas of intervention are given by socialization and social integration (along with medico-social care activities and recovery/preadaptation/rehabilitation activities). Socialization and social integration, through the motivations to live they provide, contribute by far decisively to the quality of life of the elderly (including the shaping of good/satisfactory subjective health) and the protection of the elderly against various forms of mistreatment.

Considering the role that, throughout the millennia of human existence, the aesthetic has played, the ways and forms of its manifestation, the emotion generated and which removed the human being from the animal area, as due to its congeneric coexistence at least with homo sapiens, they cannot be ignored in any process that regards / frames / shapes the human being.

For this reason, it is very important to know if the aesthetic has anything to do with socialization and social integration in general, if it can influence it and in what way, and in particular, if it can influence and in what way the socialization and social integration of the institutionalized elderly person who invariably experiences a double mourning of separation (from his family and his usual native environment).

Given that quantitative research could only provide a "snapshot" of the process at the time of the research or at most a tendency or a trend, we opted for qualitative research that can provide us with the comprehensive resource we need to develop later practical approaches to the socialization and social integration of institutionalized elderly people from an aesthetic perspective. We based our approach starting from the classic statement of Wilhelm Dilthey (1833-1911) that in the spiritual sciences, unlike the natural sciences, we are dealing with conscious beings who react to stimuli in the surrounding world according to their representations, their beliefs, and values, the specific approach of knowledge is a comprehensive one, of reconstructing the meaning that individuals attribute to their behaviors and taking into account his remark that "We explain things, but we understand people". As a result, we used the focus-group method combined with the life story. The research group was elderly people institutionalized in the Jimbolia Home for the Elderly, not dependent or semi-dependent on care, who have preserved their fundamental cognitive capacities. This group is representative not only of Timiș County because the people in it come from several areas of it and have their origins in various cultural areas in the country.

KEYWORDS: socialization, social integration, aesthetics

At present, contemporary social assistance systems face and will face a great challenge due to the global aging phenomenon. "This steady increase in longevity is an individually gratifying prospect if old age is not synonymous with the shipwreck." (Aguerre, 2013, 373). Why is that?

"To realize the true dimension of the challenge described by the figures above, it must be taken into account that, at present, after the age of 65, 11% of men and 16% of women present a degree of incapacity (of decreased autonomy), and after 80 years, 4 out of 5 people are affected by incapacity resulting from a cardiovascular, an osteoarticular or a mental condition." (cf. RISS, 2006, 722, apud Bucur, 2012). This reveals the fact that in Romania, which seems to have the highest aging rate in Europe (cf. Eurostat), the number of elderly people with reduced autonomy and who have or will need activities aimed at preventing or limiting reduced autonomy is continuously increasing, and this implicitly means that the need for long-term care, translated into home or residential care, for more complicated cases, will increase.

This means that we cannot be indifferent to what happens at home with people of the third age or in the institutions for the elderly, and we will have to start from a summary inventory of the problems indicated in the specialized literature.

Thus, in the 2013 article on the "Assisted Resilience Treaty", Colette Aguerre synthesizes and signals several problems or directions for the development of social action, from which, for what interests us, she has selected the following:

- "Positive emotions, for example, favor resistance to stress and at the same time accelerate the subsequent recovery process, facilitating the reconstitution of the stock of available resources (Ong et al,2004, 2006). *Social relationships are also a valuable resource, providing individuals with emotional and material support, as well as a sense of belonging.*" (apud Thoits, 1986 cf. Aguerre, 376).

- "According to the model developed by Rowe and Khan in 1998, successful aging results from the combination of three factors: a low risk of diseases likely to generate a loss of autonomy, *maintaining quality social engagement*, and maintaining a high level of cognitive and mental functioning." (Aguerre, 379)

-"A carefully adapted and sufficiently supported cognitive activity can in parallel counteract the memory losses caused by age, provided that they are not caused by a dementia process. *A relatively rich and fully satisfying social life can, in turn, constitute a potential source of affective, instrumental, and informative support during difficult times* (apud Ryan and Deci, 2000, cf. Aguerre). *Leisure activities, on the other hand, encourage the development of positive emotions and self-development. Personally meaningful actions*, supported by intentional efforts, are probably those that favor to a greater extent the physical and mental development of seniors, giving them opportunities to give meaning to their own lives." (Aguerre, 391)

-"Currently, the most revolutionary approaches follow a different logic: *they specifically aim to promote the well-being of older people, rather than treating their physical health problems and/or alleviating their psychological suffering.*" (Aguerre, 384)

-"They are mainly based on the idea that *good health is not limited to the absence of diseases and/or disabilities, but rather corresponds to a complete state of well-being, at the same time physical, mental and social*, as, moreover, is openly supported by the World Health Organization since 1946. According to the conceptualizations made by Ryff (1995), these approaches distinguish six key factors of well-being: self-acceptance, having some autonomy, the feeling of being the master of one's life, *maintaining good relationships with others, the pursuit of cherished goals* and, finally, the aspiration to self-development." (Aguerre, 385)

-Sometimes the elderly can be easily motivated to get involved and decorate to their liking their room in the institution. Among many other examples, this is a relatively simple way of maintaining their current and future health (citing Langer and Rodin, 1976, cf. Aguerre p. 385)

-Among the recommendations made since 2002 by the World Health Organization to have a harmonious old age, we note from the same source: learning good management of stress, anxiety, and interpersonal conflicts, cultivating mainly positive emotions to avoid the appearance of depressive states and *combatting the feeling of loneliness and maintenance harmonious relationships with others and social involvemen*t. (Aguerre, 391)

-"For the elderly, it can be especially *a skillful way of generating positive emotions*, that is, to temporarily put mental and/or physical suffering in brackets" (apud Csikszentmihalyi, 2004, cf. Aguerre, 400)

Finally, he notes that the introduction of the heuristic concept of assisted resilience proves to be valuable for conducting this kind of clinical approach according to certain guiding principles, which must never lose sight of the natural propensity for self-determination of the elderly. (ibid.).

If we choose to use this type of approach to the case study of the elderly, we cannot ignore a more than productive tool, namely the drawing up and continuous analysis of the dynamic balance of risk factors and protective factors of individual cases. This path represents one of the methods used both in the clinical sociology of the third-age casuistry and in the ecosystemic and multilevel intervention in social assistance, and has the great advantage that it can orient and reorient the intervention using both the resources of the person and the family/community environment, etc.

It can also assist the professional in mitigating risk factors and augmenting protective factors by creating resilience tutors, resource persons, or resource materials and opportunities, etc.

Of interest to us is **a good intragroup social integration** (especially inside residential institutions intended for the elderly) as the first step towards *the skillful way of generating positive emotions, the well-being of the elderly*, and **community social integration**, as the way that can provide *a relatively rich and fully satisfying social life, and which, in turn, constitutes a potential source of affective, instrumental and informative support during difficult times.*

One of the key concepts that is essential in achieving these objectives and which is also the key concept of the first systematic scientific approaches in the field of aesthetics is empathy and we will start from it in our attempt to see what exactly helps us in the social assistance endeavor of the elderly in difficulty and if, starting from the aesthetic categories and the forms of their manifestation, we can create resilience tutors, resource persons, or resource materials or opportunities.

Thus, in current dictionaries empathy is defined as "the intuitive ability to put yourself in the place of another person, to feel what they feel; identification with a person or thing; *any knowledge that he puts into words is loaded with empathy, it is lived.*" (from Fr. **empathie**, Germ. **Empathie**), (DUILR, 2010, 77), in the Universal Encyclopedia Britannica, it is defined as "the ability of a person to imagine himself in the place of another to understand his feelings, desires, ideas, and deeds. An

empathetic actor or singer feels the part he is playing. The admirer of a work of art or the reader of a literary work can become empathetically involved in what they contemplate or read. The use of empathy has become an important part of the psychological counseling technique developed by Carl A. Rogers." (EUB, 2010, 302)

In the sociology dictionary, empathy is defined as a phenomenon of cognitive and affective closeness to a concrete subject (person, situation, aesthetic object), going as far as identification and role substitution. Initiated and developed by Theodor Lipps, the first studies on empathy reflect a developmental stage of the psychology of social relations. Empathy was seen as a form of knowledge resulting from interpersonal relationships, consisting of the internalized imitation of another person's states and behaviors leading to identification with that person. [...] (cf. Zamfir, Vlăsceanu, 2003, 218)

Victor Ernest Maşek, in the preface to the work *Aesthetics. The Basics of Aesthetics* by Th. Lipps stated in 1987 that "without empathy, social communication, based on the interpretation of the attitudes and gestures of others, would be impossible. Empathy theorists were aware of this, but they considered the aesthetic act as representing the most intense and complex form of empathy. [...] To enjoy aesthetically is to enjoy one's interiority, transposed into a sensory object different from oneself". (1987, 8)
Lipps distinguished, according to the Romanian esthetician, four kinds of empathy, namely:

a) *the empathic enlivening* of nature ("Natureinfühlung"), denoting our drive to enliven nature and space to which we ascribe tendencies, forces, and actions proper to our soul life. It is a general human phenomenon, which is the basis of any anthropomorphism. This empathy is manifested even in the most basic forms of the imagination, such as geometric figures, the basic forms of architecture, and music –columns and rhythm. In a rectangle, for example, we empathically project certain tensions in the direction of the four straight lines, transforming them into forces. These linear empathies are the elementary components to which the aesthetic state can be reduced;
b) *aesthetic empathy*, which manifests itself when we attribute our feelings to objects and natural forms such as joy, pride, mourning, pain or joy";
c) *dispositional empathy,* present when we attribute our soul dispositions, triggered by the perception of some particularities of external objects to these very factors;
d)*social empathy*, consisting of the transposition of our soul life into another person. Empathy therefore produces an objectification of our self, a mirroring of it in the external world, and then a reabsorption of it through contemplation, when we have the impression that all the qualities we have projected into this exteriority were there before us, waiting for us and challenging us" (Maşek, 1987, 12), and related to this he emphasized that for Lipps *the inability to identify life in an object makes us consider it ugly*.

Starting from the same author, Maşek finds that abstraction and stylization, common to figurative artistic ways that allow, through association, their symbolic investment, is not so much an expression of our vitality, confirmed by empathy, as of "spirituality" perhaps more specific to our being, which constitutes the warning that an aesthetics based only on empathy remains inapplicable in many fields of art (cf. Maşek, 1987, 13), and, we would add, of any multidisciplinary and transdisciplinary approaches starting from here too.

To keep the doors opened to such approaches, we cannot ignore Wörringer's observations (relating to primitive man) that "The fluidity of natural forms is substituted by fixed forms. The abstract geometric figures of his almost ornamental art-the straight line, the triangle, the square, the circle – are not a simple game for him, but the expression of a deep soul's need for security and peace. *"At the origin of art is therefore not the tendency to imitate nature, but precisely the opposite tendency to escape from nature and its arbitrariness in a universe of geometric abstractions and absolute values."* (cf. Maşek, 1987, 14-15). "*True art has at all times satisfied a deep soulful need and not the pure spirit of imitation of the natural model* [...] Together, empathy and abstraction intertwine into two fundamental branches of aesthetics. The aesthetic does not consist in any of these processes of consciousness, but in realizing them on improper intuitive planes. [...] The appeal to psychology made the aesthetic value dependent on the spiritual activity of the recipient" (apud Wörringer, cf. Maşek, 1987, 15)

Starting from the concept of empathy that can make the connection between the field of aesthetics and the field of social intervention, **the purpose of this research** is *to find out if the aesthetic elements (aesthetic categories or forms of manifestation of the aesthetic) can facilitate the socialization process and intragroup/community social integration of the elderly, with an emphasis on the institutionalized elderly.*

The present qualitative research is part of wider concerns from the end of 2021 and the beginning of 2022 related to the consequences of the SARS-CoV-2 epidemic on the social behavior of institutionalized elderly persons. These concerns arose from the observation that, as a result of the long isolation required by the legal norms (elderly in the institutions, unlike those who remained in their families, were forbidden to go out in the localities of residence) and the multiple limitations or prohibitions (including to participate in activities in common or at board or simple games, such as chess, backgammon, rummy) on the grounds of limiting the transmission of the virus, although many months had passed since the bans were lifted and even though they had proven to be exaggerated or groundless, the elderly had been instilled with a namely reluctance to participate in activities in larger groups or to go out and even visit relatives or close friends.

We have established the following objectives of our research:
1. Identifying among the individual protection factors of some elements of aesthetics (gradients of aesthetic categories such as color, rhythm, etc.) manifested inside the institution,

what would be their specificity that would increase the degree of intragroup communication and socialization and whether their absence would result in various risk factors leading to a decrease of intragroup communication and socialization.

2. Identifying the forms of manifestation of aesthetics/forms of manifestation of art that could be used as an opportunity to increase intragroup socialization by participating in them in small or larger groups (theatre, film, other forms of art performance, etc.).

3. Identifying the forms of aesthetic manifestation / the forms of art manifestation that could facilitate better acceptance and social integration of the elderly in the local community where the institution is located.

Starting from the objectives above, we established as *hypotheses of the research:*

1. In the institutions for the elderly, there are individual protective factors that increase the degree of communication and intragroup socialization, but they manifest in a specific way.

2. There are forms of manifestation of aesthetics/forms of manifestation of art that could be used as an opportunity to increase intragroup socialization by participating them in small or larger groups (theatre, film, other forms of performance, etc.), but also risk factors.

3. There are forms of manifestation of aesthetics/forms of manifestation of art that could facilitate better acceptance and social integration of the elderly in the local community where the institution is located, but also risk factors.

Research methodology and research group

Starting from the fact that, being the director of the Jimbolia Center for the Elderly, on one hand I had frequent and very good communication with them, and on the other hand I participated in the realization/coordination of some research by students from the Social Assistance Department of the West University of Timișoara within the concerns mentioned above, to understand the problems related to the improvement of the intragroup integration of the elderly in the post-pandemic moment, we chose a qualitative research method. The focus group is "a way to better understand how people feel, or what they think about a certain problem, about a product or a service. Participants are chosen because they have certain common characteristics that are related to the focus group theme." (Krueger, Casey, 2005, 210)

The research group was composed of 12 elderly volunteers (six women and six men out of a total of 44) from the category of non-dependent or semi-dependent on care and who had preserved perception and judgment, a representative group because they came both from the locality of displacement of the institution, as well as from the county. The limits of the research were given by the level of studies and their culture (general and secondary studies).

Of greatest importance in this research were two items (*"Has the period of the epidemic affected communication both between you as beneficiaries and with the staff employed? In what way?"* and "*Do you consider that being accepted by the community we belong to represents a psychological comfort factor? Why is that?*")

The responses to the item (*"Has the period of the epidemic affected communication both between you as beneficiaries and with the staff employed? In what way?"* were:

- "We weren't even allowed to go shopping. Every source of satisfaction and comfort has been cut off from us. You were afraid to talk through the window to people on the street."
- "It was very bad that movement between the wards was forbidden, not all the staff had access to us, and we were forbidden to go out in the city for a long time."
- "Yes, especially the one with the fact that we couldn't see our relatives, our friends. You didn't have any holidays; you couldn't even go to church."
- "They weren't even allowed to visit us and we weren't allowed to visit them either, there were no more shows or fairs, nothing. Every source of satisfaction and comfort has been cut off from us."
- "Stupid, we felt like the plague, that we weren't allowed to go out at all, while the folks from home could."
- "That fear remains even now, even though it turned out to be foolish, but the staff was forced by the government to do it, then they admitted it was foolishness imposed from above." (laugh)

For the question *"Do you consider that being accepted by the community we belong to is a psychological comfort factor? Why is that?"*, we selected the following responses:

- "It is very important to feel that you are the same as others."
- "If I pass you by and I don't say hello or you don't say hello, it's like you're not human anymore."
- "It's very important that they accept you as one of their own... You must forget that you're in an institution."
- "Yeah, we're kind of abandoned here."
- "Even if you are from here, from the town, you still feel different, more isolated, once you've arrived here."
- "I think it is very important to feel that you are the same as others and that you are treated the same, as a neighbor, not as 'one from the asylum'."
- "When you're accepted as one of their own, it doesn't seem to matter that you ended up in the institution."

These two items that we have referred to can be considered the central element or the zero point of the research because the answers to them describe quite precisely the horizon of expectation of the institutionalized elderly regarding what they consider normality in communication, intragroup relations, and social integration in the local community, and also why they think so, and by referring to it we get the difference between what happened during the pandemic and what they want to happen in the future. Also, the permanent reporting of the answers given by the elderly to the other items of the research will give the true measure of the validation/invalidation of the research hypotheses.

Results and conclusions

Hypothesis no. 1 "In centers for the elderly there are individual protective factors that increase the degree of intragroup communication and socialization, but they manifest themselves in a specific way ", validated with the following accents:

1. A very important role was attributed to how the environment is presented (colors, rhythms, sounds, etc.), which influences the way one relates to colleagues or other people, an item where responses were recorded from *"Everything is very important"* to *"Always. It's not easy to live in an untidy space, without color or in a place where you like to stay."* or *"Yes, especially when you have a problem, the fact that you like how it looks where you help you to unload, to tell others"*, or *"I think that if I didn't like the atmosphere here I wouldn't even come, or if I would come and it would change, I would ask to leave."* with a special emphasis, recognized by most of the participants that *"home can be anyway because you are at home. But in the institution, at least it should be taken care of, if not liked by everyone..."*

This means that the aesthetic and empathic factor (the keystone concept where aesthetics meets the social and social intervention) constitute protective factors in all their manifestations, with the specification that the accents are rather of an everyday and industrial aesthetic (similar to those that appear in object design), as their lack immediately turns into so many risk factors for subjective health and intragroup integration.

Also, to the question *"How would you prefer the spaces to be arranged?"* most of the answers show that the elderly reject monotony, and drabness, the emphasis being on *"Different. I mean, I wouldn't like the bedroom or the bathroom to be the same as the dining room... Not just warm colors, but ones that aren't garish.", "If the dining room or the club should be liked by everyone or as many as possible, the room should be the way I like it.", "When it's the same everywhere, I think it's bad. And it's good that there aren't too many contrasts or strong, gaudy colors.", "It's as if one way you feel like talking in the room and another way in the dining room."*, noting the fact that everyone emphasizes, along with the aesthetic factor, at least personalizing your own spaces (bedrooms): *"Your room should be like you, the way you like it.". The impossibility or prohibition of customizing one's own spaces is also a risk factor.*

2. One of the protective factors for both intra-group and community socialization identified and recognized by all participants was the celebrations and activities occasioned by them, with an emphasis on preparing with the staff of performances in which they would perform; rehearsals are just as many opportunities for jokes and good communication: *"Yes, we felt the best and managed to get closer when we were rehearsing for performances in which we were the actors when we were preparing the holidays together...", "I think if we watched movies together, after which we could talk... Maybe if relatives or friends also came to see these movies, it would be even better.", "Yes, that's right, but it would be better not just to watch the television. It would be more interesting if the center also*

projects films.", "Yes, we must talk afterward, exchange opinions, and impressions. If relatives or friends also come from outside, it's even better, because they've never seen me "on stage", "I believe that too, about the preparation of the performances together. We got closer, the employees also participated or had fun with us during the rehearsals." The conclusions from this item participate in the full validation of hypotheses 2 and 3.

The aesthetic categories and their nuances/gradients that should characterize the environment inside the institution and in the displacement locality to facilitate mutual acceptance and group and community integration - the poetic, the pathetic, the agreeable, the beautiful, the sublime, the tragic, the comic, etc. (chosen by the participants after we explained in the participants' understanding what each concept and each nuance/gradient entails) were circumscribed, as we said before, to every day and object aesthetics and contributed equally to the validation of all hypotheses. The majority opted for *the interesting, the agreeable, the beautiful, the sublime, the humorous, the festive* as a protective factor and **refused/rejected** the dull, the old, the drab, the ugly, the banal, the gross, the vile which they considered risk factors to communication and socialization because the latter would reject the idea of empathy. It is noteworthy that in the case of the sublime, some men opted for *the monumental* or *the heroic*, while the ladies identified *the graceful* among the protective factors constituted by the aesthetic categories.

We included **the celebration-**a concept introduced by Mihai Ursachi in the meaning presented by him in *Etnoestetica* (1998, p.132-134), namely that "the feeling of admiration is not produced by placing monumentalized images in antiquity, but by transferring distinct moments from human life, concrete and present on the plane of the ideal, without the impression of time being altered", integrating here the rituals occasioned by religious holidays, but also important events in human life (birth, wedding, baptism, and the "great passage").

Hypothesis no. 2 **"There are forms of manifestation of aesthetics/forms of manifestation of art that could be used as an opportunity to increase intragroup socialization by participating in them in small or larger groups (theatre, film, other forms of performance, etc.), but also risk factors"** is fully validated by specifying the fact that *the absence of these forms of manifestation of aesthetics/the forms of manifestation of art identified by the participants that could be used as an opportunity to increase intragroup socialization constitutes various risk factors.*

The hypothesis no. 3 was also validated equivalently, *("There are forms of manifestation of aesthetics/forms of manifestation of art that could facilitate better acceptance and social integration of the elderly in the local community where the institution is located, but also risk factors.")*.

The forms of manifestation of aesthetics/the forms of manifestation of art identified by the institutionalized elderly as protective factors were explained by the answers given to the items/questions 10-12.

Thus, to the question *"What exactly about a locality do you think could attract you to go out more often, to relate with the local people?"* the answers converge on the idea that *"To have somewhere to go, to a movie, to a theater, to a show, something... and to have sidewalks, to have well-kept roads, with flowers, with plants."*, with nuances ranging from to *"It's important to have a market, a fair, a mall"*, *"Yes, we also need a church and a film and shows. But there should also be a park, and the houses should be well-kept, you should enjoy walking by them"*, *"I also think that a church and a film and shows are needed. But there should also be a park, and the houses should be well-kept, you should like to pass by them. If it's not beautiful, everything is dull or ugly, you don't even feel like going out anymore."*, *"Well, at the market, apart from saying good morning and asking about prices, what to talk about? It's important to have as many artistic events as possible, which make you get closer to each other."*

For the item **"What do you think would help you to talk more easily with the local people?"**, the answer *is "Let there be as many holidays together as possible, as many things in common as possible. We want to enjoy where we are going."* and *"Holidays spent in the city, the shows. Unfortunately, after the pandemic, nothing was organized except the market."* were symptomatic. Other answers summarize them all, presenting different emphases or gradients *("I also like art exhibitions, history museums, they make you feel like a different person.", "Any artistic manifestation like this makes you feel a different person, that you are not a simple animal.", "If artistic events are not organized, celebrations together, where to talk, because even the pubs are small or expensive?!?"* (several laughs).

The answer *"In this city, there are still one or two events a year, but what would you do in a village where there is no cultural center, no film, nothing?"* clearly proves that the lack of protective factors of aesthetic origin would constitute as many risk factors for communication, mutual acceptance, and integration, both within the group and in the community where the institution is located/dislocated.

To the item *"Are there any activities to participate in with the locals that make you feel good, and which of these do you think can lead to a better understanding and acceptance of you both by the community and vice versa?"*, the protective factors with an aesthetic charge were identified by the participants through the following answers: *"I think that celebrating together helps us the most because then there are either carols or shows. Without these, it's much harder.", "Any activity like this brings us together; I would also go to weddings if they invited me, there's music, jokes, something", "Anything that makes you feel good, that you're human. An exhibition or a show."*, culminating with *"The problem is that I haven't even heard of movies, there hasn't been a play in town for years. I pity those who ended up in institutions in villages or communes where they don't even have a market or a church to go to with other people."* again *"Yes. In the absence of these events, you have nothing to do, because you get tired of staying in the institution with your colleagues, as artists as they could be. "*(several laughs), which proves again that the lack of protective factors of aesthetic origin is constituted in so many risk factors for communication, mutual acceptance, and integration both within the group and in the community of location/displacement of the institution.

The way the hypotheses were validated and the totality of the opinions expressed by the elderly participants in the focus group prove that the isolation measures/restrictions or prohibitions sabotaged the mutual acceptance and integration both within the group and in the community of placement/dislocation of the institutionalized elderly.

Proposals

According to the working principles of clinical sociology and assisted resilience, it is very important:

- avoiding putting operation residential type institutions for elderly people in areas/localities without cultural life, without events with aesthetic, spectacular, festive, or undecorated, outdated, ugly content;
- creating resilience tutors in the institutions for the development of communication, mutual acceptance, and intragroup / community social integration of cultural events, holidays, as many activities as possible with an emotional-aesthetic component, participation in rehearsals, carols, etc.;
- as resilience tutors in the process of socialization/social integration of the institutionalized elderly, there is also a need for cultural elements/events/celebrations with emotional-aesthetic content to which guests from the community, outside it, friends, relatives, etc. can participate.

Bibliography

***. (2010) *Enciclopedia Universală Britanică (EUB)*, volumul 5, Ed. Litera, București, p.302

Aguerre, Colette (2013) Reziliența asistată în serviciul unei senectuți frumoase, în *Tratat de reziliență asistată*, (coord. Șerban Ionescu) Editura Trei, București;

Bucur, Venera Margareta (2012), *The Concept of Active Aging* in Social Research Reports, vol.22/iulie2012, ISSN: 2066-6861, ISSN electronic:2067-5941;

Krueger, Richard, Casey, Mary Anne (2005) Metoda focus grup. Ghid practic pentru cercetarea aplicată, Editura Polirom, Iași

Mașek, Victor Ernest (1987) Prefață în Lipps, Theodor *Estetica. Bazele Esteticii,* Ed. Meridiane, București,

Oprea, I., Pamfil, CG, Radu, R., Zăstroiu, V. (2010) *Dicționarul universal ilustrat al limbii române (DUILR)*, volumul 4, Ed. Litera, București, p.77;

Ursache, Petru (1998) Etnoestetica, Ed. Institutul European, Iași;

Zamfir, C., Vlăsceanu, L. (1993) *Dicționar de sociologie*, Ed. Babel, București, p.218

https://sites.google.com/site/pop4tibi/ - consultat la 06.02.2023