

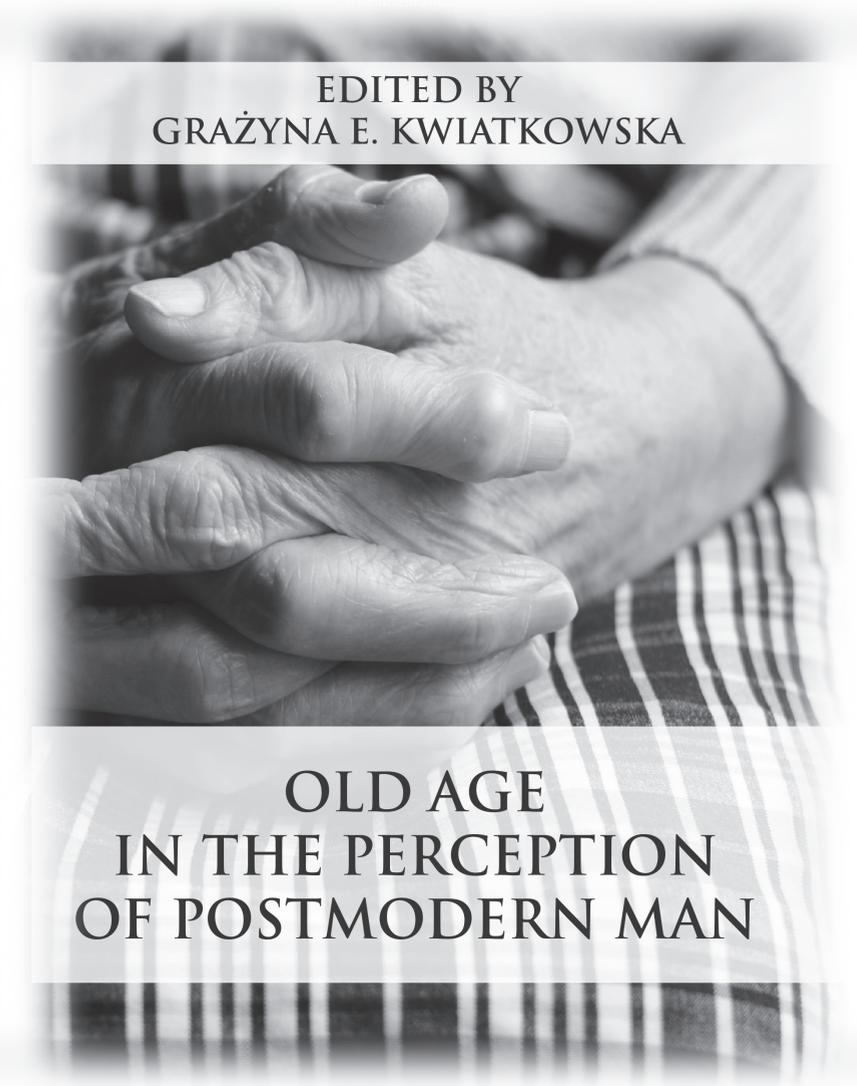
ARCHAEGRAPH
Wydawnictwo Naukowe

EDITED BY
GRAŻYNA E. KWIATKOWSKA

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IN THE PERCEPTION
OF POSTMODERN MAN

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INTRODUCTION

For when flames burn in the eyes of a young man, the pupil of an old man shines with a gleam of pure light,

Romain Gary (Emile Ajar)

Old age has always caused anxiety, even though it is a not very precise concept and a fragment of reality that is not easy to define. When does a person get old? There is nothing more blurred than the boundaries of old age – a set of physiological, psychological, and social factors influencing human functioning during that period. The only ritual associated with crossing the old age border is the one artificially created nowadays, i.e. retirement, a moment determined by socio-economic conditions rather than by actual age.

The biological process of aging begins at birth but proceeds at very different rates. Social status, lifestyle, and cultural environment may accelerate or slow down psychobiological development and make us enter old age at very different ages [Minois 1995, p.11].

Old age has always caused fear and disagreement. Some people deny its value, place it among the incurable diseases that foreshadow death. Others deny its existence, refusing to acknowledge the changes taking place in their bodies. They want to prove that they are "eternally young," sometimes at risk of making themselves look ridiculous. Another group of people accept it, adopting a defensive attitude, often ending in depression and euthanasia. But all of them are an example of the general decline in the value of old age.

The last decade has seen a revival of interest in older people. Each field of knowledge is now studying the phenomenon of old age, which is partially due to the natural extension of the field of research in modern science, but above all, due to the pressure of socio-economic conditions. Old people have now become very attractive consumers, voters, and customers.

To address the needs of the old-age world, the "new target of the merchants' attack," more and more new clubs and universities are being created; sociologists, psychologists, and doctors are carefully studying the specific

problems of older people; economists are looking with concern at the increase in the global amount of pensions paid to this mass of unproductive citizens; and demographers are lamenting the grotesque, inverted age pyramid [Minois 1995, p.13].

The prevailing demographic interest in old age is a new thing and applies to all areas. Each discipline of knowledge gradually modifies and refines its point of view, as if it was surprised to discover that this topic is an essential component of individual life. Nevertheless, all this interest in old age is tinged with a special - as Jean-Pierre Bois writes - falsehood.

This falsehood involves relegating to obscurity a large proportion of older people, whose generation has been split in two. The skillfully created, dynamic formula for the old age should be understood as an introduction to the historical and biological classification of the periods of life associated with 'second youth'. This term means the youth of sixty-year-olds and it has been stuck between mature age - where the limits of professional life lie - and real old age, which was moved to the late old age, starting around eighty. The former tradition of old age can accept only the last period of life. The early old age, which resembles youth, but not childhood - contradicting the old myth about the similarity of these two periods of life - is a period of entertainment and good health. Men do quite a lot of sports - they are all fearless grandparents riding bicycles or doing mountain climbing, while women look younger and retain their old-fashioned charm, making them pleasing to the eye and well-mannered [Bois 1996].

However, this masquerade involves risk and obscures an overwhelming fear, which is subjective and social. This fear is taking more distinct shapes, as old age has no future, old people eventually have to die, and aging societies enter the declining phase. And the maintenance of older people costs a lot.

The discussion about old age is currently taking place - as we can see - on both individual and social levels. There is a variety of opinions that only confirm that old age embarrasses everyone. That is why different societies paint such different pictures of old age. Still, old age is treated as a synonym of weakness and powerlessness. The elderly are perceived stereotypically as ailing, having a poor memory, lonely, inefficient, passive, and quarrelsome people [Sorgman, Sorensen 1984]. Among all forms of prejudice, age-related prejudice is treated with massive indulgence as it is the most common [Ansello 1978].

This attitude is facilitated by the cult of youth and everything that is associated with young age. Nowadays, the signs of aging are eliminated and combated because the prevailing cultural tendency is that old age is something to

frown upon [Nelson 2003]. Palmore [1990] has introduced a new concept of pseudo-positive attitudes relating to all positive stereotypes about older people. According to him, these attitudes have negative consequences, as they are condescending, thus lowering older people's self-esteem. The way we talk to them can be a symptom of positive stereotypes. Palmore distinguished two types of communication: baby talk and excessive politeness, which means being too submissive, speaking slowly, with excessive intonation, and simplified language [Giles, Fox, Harwood, Williams 1994]. This is consistent with the belief that older people have poor intellectual abilities, slower cognitive processes, and impaired hearing. Moreover, people commonly belittle the thoughts and feelings expressed by older people [Grainger, Atkinson, Coupland 1990]. On the other hand, baby talk is "a simplified register, which involves a higher tone of voice and exaggerated intonation" [Palmore 1990, p.102]. It is frequently used when speaking to children, and sometimes to animals. Older people perceive this type of message as humiliating. Moreover, it is harmful and discriminatory as it might be suggesting a dependency-based relationship. Baby talk is associated with the stereotype that all seniors show low cognitive performance [Palmore 1990].

The external appearance of older people frequently encourages stereotypes about them. Gray hair, slow movements, and impaired vision and hearing, are all changes that occur naturally when we age. For this reason, old age is perceived as a period of decline in intellectual efficiency and vigor [Lieberman, Peskin 1992; Gresham 1973]. Infantilisation is one of the stereotypes which harm this social group the most. It means treating older people like children in terms of cognitive and physical ability [Arluke, Levin 1984]. Children's thoughts and perceptions are not taken very seriously, and the same is true for older people. An example of a pseudo-positive attitude is the general belief that helping an older person cross the road is a good deed. It is assumed that they will need such help. Frequently, when you offer this type of support, this can meet with indignation. An older person might feel that they are being treated in a patronising way and perceived as someone who is unable to cope with this task [Nelson 2003].

Arluk and Levin [1984] have argued that infantilisation produces a self-fulfilling prophecy – the elderly become passive as they begin to think that they are really becoming clumsy. This process takes place slowly. With each manifestation of infantilisation, older people change their perception of themselves, and their self-esteem is lowered. Over time, seniors begin to believe in stereotypes about aging and start behaving accordingly, thus reinforcing the

stereotypes [Grant 1996]. Protectionism also affects the way seniors perceive other older people. They treat their peers more harshly. According to the theory of social identity [Tajfel, Turner 1986], self-esteem is partly derived from group identity. Empirical research results show that people feel very bad when a group member somehow confirms a negative stereotype about their group. In order to maintain positive self-esteem, they must exclude that person from the group. Age prejudice negatively affects the self-esteem of many older people, but not all. Active and independent older people have their self-esteem up to twice as high as adolescents [Palmore 1990]. According to Snyder [Snyder, Swann 1978], older people have a more fixed and stable self. By limiting their social roles during the aging process, they are able to reduce the risk of conflicts between the different aspects of their self-image. Most older people have a reasonably constant self-image that is resistant to distortion, which positively affects their self-esteem. Such self-esteem is being confronted with social attitudes towards the elderly, which, in turn, results from the attitudes towards their own old age and this phase of life in others. Social beliefs about old age and aging may focus on abandonment and loneliness, a lower number of options, a decline in intellectual capacity, etc. [Szarota 2004]. Therefore, old age gains a special meaning in the context of its subjective experience, both when it comes to individual and collective experiences.

The presented studies concern various aspects of old age and related assessments, which is proved by the fact that culture has its own

[...] model of older people and judges older people according to this model. The more the model is idealized, the more demanding and cruel the society becomes. And unless this approach is changed, older people will never truly become full members of the group [Minois 1995, p.14]

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THE (G)OLD AGE FOR THINKING.
PSYCHOANALYTIC EXPLORATION
OF AGED EGO BEYOND
STEREOTYPES AGEISM TOWARDS THE
ELDERLY IN AN AGING SOCIETY

«What is Time, then? If nobody asks me I know what it is.
If I wish to explain it to him who asks, I know not
[St Augustine 1965, p. 381].» (Agostino)¹

«I didn't know that the more you grow old the more you have commitments.
Even the so-called quiet of old age therefore seems a legend,
as well as the happiness of youth [Freud 2013].»
(Freud)

«So teach us to number our days,
That we may gain a heart of wisdom [Riveduta Bible 1927].»
(*Psalm* 89)

KRONOS & KAIROS: BLOOD BROTHERS IN TIME

We find two concepts of time in Western roots of culture: *Kronos* as the chronological structure of the cosmos and natural life and *Kairos* as the representant for special occasions that mark the vicissitudes and destinies of humans and the world.

¹ Our translation (Here we used the Italian publication).

Kronos Myth. Greek mythology describes *Kronos* as a divinity that creates and destroys, without even sparing his children. He is the Lord of the Golden Age - the same that we find as a myth of origins in any culture - and becomes the measurer of all things: it is *Kronos* that gives Zeus «any measures of whole creation [De Santillana, von Dechend, 1969, p. 319]». He is Earth's son and head of the Titans, *Kronos* evirated his father with a sickle [Graves 1955]. On the one hand this mythical emasculation represents the dramatic separation of sons from parents, on the other hand it establishes the beginning of countable time. Before *Kronos* chaos reigned, for which the myth found a solution through time as a fixed measurement.

Kairos Concept. If *Kronos* refers to chronological and sequential time, *Kairos* indicates “a time in the middle”, a moment in which something special happens. If *Kronos* is quantitative, *Kairos* has got a qualitative nature [Platon]. *Kairos* has many meanings, the most common is the term “occasion” in which action and time are connected based on the need for human actions to be efficient. *Kairos* is a moment, a flash, a jest, a circumstance an event: it demands to be taken, to be grasped, like those actions that require swiftness and do not tolerate delay or hesitation. *Kairos* escapes definitions and remains still somewhat unspecified - or rather waiting to be determined – between competence and possibility, the general and the individual, crisis and fortune, danger and opportunity.²

If *Kronos* refers to the time of the ages of life, *Kairos* refers to the time for the subjective constitution of time; the first is a condition for conscious life, but the second is the companion for the unconscious solutions during the existence of the individual. The first is the time of the past, but the second is the time for the future. Subjective thinking is the master of their conjunction throughout the life of the individual from the beginning to the end in a continuous construction of the present.

According to Freud we can follow the subjective construction of the notion of time. Individual thinking uses temporality to put experiences from the beginning of life into order: indeed it is thinking that has the task both «to give them an order in time, and to set up a censorship or several censorships; “reality-testing and the reality-principle, are in its province, too [Freud 1915, p.188].»³ As a tool available for thinking, time maintains a subordinate

² According to Christian tradition, when we read in the New Testament “*Kairos* is done” (see Mark 1.15) we participate not only in the death of Christ but to a new birth: something new is coming from something old. This movement is a sign of the divine action of God.

³ *Ibidem.*

position compared to the elaboration of the general conditions of experience: it's thinking that uses time to organize the level of perception and consciousness [see Freud 1920]. the secondary of time is evident in the common experience of dreaming: common experience of dreaming makes it easy to observe that in dreams time does not flow nor does it materialize in the same way as when we are awake and aware [see Freud 1900].⁴ The same goes for our memory, so connected with conscious activities, it gives us back time in a completely subjective manner and decidedly far from chronological objectivity [see Freud 1924]. Only in secondary processes, in which the satisfaction of psychic investments has to be postponed to a good moment when the real possibility for their realization can happen, only then does the chronological representation of time prevail [see Freud 1911]. We can say that thinking takes advantage of time to give a real purpose to the pleasure principle: it is when the pleasure principle engages the reality principle that it takes advantage of the past, the present and the future.

Freudian work is useful not only to make the notion of time free from the *Kronos*' chronologic cage, but it easily hosts the possibilities indicated in *Kairos*' concept. when we observe dreaming processes we note that the dream takes its materials from any period of life and connects it in a very original way to the ancient past with the recent past (daily's residues) with the present and vice versa. This connection of different times follows the aim of giving satisfaction to individual desires. Human beings are not dominated rigidly by the past: new experiences present a retroactive effect that offers a new reading for the present. What happens in the dream and thanks to the dream is a sort of *Kairos* for the dreamer herself, who, during sleep, allows herself a new occasion to shed light on the events and circumstances she experienced while awake. The same occurs in terms of *Kairos* even in the case of traumatic experiences not so much meant as a specific moment in chronological time but as an occasion in which subjective thinking was overwhelmed by difficulties and she lived in denial which she was unable to overcome and drifted into the realms of psychopathology. Then *Kairos* will also be the analytic treatment that can correct the deviated thinking, accompanying the subject along the straight and narrow when she had lost her way.

⁴ Freud describes the five senses in tasting external reality in bit doses. It means that perception activity is not A completely passive process. But it is a function, a work that tastes external reality using the five senses such as antennas in order to elaborate the excitement and give them a good conclusion.

TIME & PSYCHE: TIME FOR LOVE - GO&RETURN

By analyzing the contents of the main representations of time in our culture we can enlighten fundamental aspects of the subjective construction of time.

Graves finds in Jewish myths of the origins a connection with the Greek myth of *Kronos* [Graves, Patai 1963]: Sem, Cam e Jafet like *Kronos* and his four brothers conspired against their father going so far as to evirate him and substitute him. «The idea that any son can behave in such a dishonorable and depraved way filled the writers of Genesis with horror. They deleted Noah's eviration by Cam. The Greeks did likewise for *Kronos'* eviration act until Christian Times [Graves, Patai 1963, p. 150].» What can we learn from these myths that place at the beginning of humanity such a heinous act carried out against a close relative? At least we learn that it is impossible to think about time without taking into account that it is heavily entangled with the vicissitudes of love. Time is always a lived time and is therefore marked by love and its dramatic affective vicissitudes.

The Jewish tradition tells of the strict entangled links between time and love through the very significant biblical *Song of Songs*, in which the faces of time are companions of the life of love and it is both a material and spiritual experience, and Chapter Three of *Ecclesiastes* well known as *On Appointed Time* about the daily nature of time. If the *Song of Songs* sings the praises of sovereign love, the wisdom of *Ecclesiastes* gives an order to the experiences so that we can transform all its aspects into treasure. Despite some of the interpretations of this hymn have a melancholic perspective, we quote *On Appointed Time* as a song of ordinary weekday time, such as the time for daily life happenings. Thinking&Love, that is Psyche&Love: the time of life that consists in the thinking life that is facing the vicissitudes of love.

We can read again here the text of *On Appointed Time*.

1 *To everything there is a season, and a time to every purpose under the heaven:*

2 *A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted;*

3 *A time to kill, and a time to heal; a time to break down, and a time to build up;*

4 *A time to weep, and a time to laugh; a time to mourn, and a time to dance;*

5 *A time to cast away stones, and a time to gather stones together; a time to*

embrace, and a time to refrain from embracing;

6 A time to get, and a time to lose; a time to keep, and a time to cast away;

7 A time to rend, and a time to sew; a time to keep silence, and a time to speak;

8 A time to love, and a time to hate; a time of war, and a time of peace.

If *Kairos* is an appropriate time, a favorable time, then individuals only have to profit from it, beyond the restrictive measures of chronological time.

To add another fundamental aspect to our experience of time, according to the Freudian direction we can even read Woody Allen's description of human life as a son's/daughter's road going back to the first moments of conception when the female shell and the male semen met each other as a possible consequence of sexual intercourse. In a brilliant way Woody Allen drafts life backwards: from the end to the beginning.

«In my next life I want to live my life backwards. You start out dead and get that out of the way. Then you wake up in an old people's home feeling better every day. You get kicked out for being too healthy, go collect your pension, and then when you start work, you get a gold watch and a party on your first day. You work for 40 years until you're young enough to enjoy your retirement. You party, drink alcohol, and are generally promiscuous, then you are ready for high school. You then go to primary school, you become a kid, you play. You have no responsibilities, you become a baby until you are born. And then you spend your last 9 months floating in luxurious spa-like conditions with central heating and room service on tap, larger quarters every day and then Voila! You finish off as an orgasm!»⁵

Woody Allen is right in thinking the time for love even backwards, as go and return. To be humans means to be a son/a daughter at any age of life. To be a son/a daughter means to be conceived thanks to the spiritual and carnal intercourse of a man and a woman. Therefore we find *Kairos* even at the beginning of life of any individual.

⁵ The quotation is taken from Woody Allen's film of 1972, *Everything You Always Wanted to Know About Sex (But Were Afraid to Ask)*. The quotation is taken from Woody Allen's film of 1972, *Everything You Always Wanted to Know About Sex (But Were Afraid to Ask)*.

A TIME TO ENRICH BUT NOT TO REPRESS LIFE: OLD AGE BEYOND STEREOTYPES

The conception of life based on cultural stereotypes is generally described as a repetition of three big seasons: childhood, adulthood and old age. They are the seasons that the Sphinx changes into an enigma: here is the trap for Oedipus on the threshold of Thebes. To answer the Sphinx' enigma was an implicit legitimation of her biological foundation of human time: it was Oedipus' original sin: Oedipus falls for the Sphinx' trick.⁶

Freudian discoveries give us a new method to analyze the subjective experience not only based on life's organic cadences – childhood, adulthood, old age – but based on the life of thinking – right beginnings, crisis and psychopathology, possible healing when and if it happens [see Contri 2006].⁷ This change in perspective comes from overcoming the Sphinx' enigma which is a mythical root for all stereotypes related to the so-called old age. Old age at the end of the life as well as youth at the beginning of sexual life are the two totem-theories of culture, two theories which are hypostasized in the Sphinx' trick.

There is also a very famous painting by the Italian painter Giorgione that gives us the relevance of the same representation of the ages of life drawn as foreseeable seasons responding to the rhythm of nature. It is *The Three Ages of Man*, painted in oil on canvas around the 1500s: a child, a young adult and an aged man that reassures us about the seasons of life pattern of natural life

⁶ The Sphinx's riddle was: "What is the creature that walks on four legs in the morning, two legs at noon and three in the evening?" The hero Oedipus gave the answer, 'Man,' causing the Sphinx's death. Apparently he won, but at the same time he fixes the definition of mankind with the happenings of pure nature. By way of this fixation he becomes affected by a "logic blindness", a secondary naivety that brings him to the tragic end of definitive blindness. See *Sophocles, Oedipus the King*. The Sphinx's riddle was: "What is the creature that walks on four legs in the morning, two legs at noon and three in the evening?" The hero Oedipus gave the answer, 'Man,' causing the Sphinx's death. Apparently he won, but at the same time he fixes the definition of mankind with the happenings of pure nature. By way of this fixation he becomes affected by a "logic blindness", a secondary naivety that brings him to the tragic end of definitive blindness. See *Sophocles, Oedipus the King*.

⁷ I learnt this Freudian upgrade about the life time thanks the work of Giacomo Contri, Lacan's scholar and translator in Italian of his *Ecrits*. See his main work, *Il pensiero di natura. Dalla psicoanalisi al pensiero giuridico* [Thinking on Nature. From psychoanalysis to juridical thinking], [2006]. I learnt this Freudian upgrade about the life time thanks the work of Giacomo Contri, Lacan's scholar and translator in Italian of his *Ecrits*.

(Fig. 1).⁸ We have to note that this representation of the different periods of time of life is very attractive and its origin has been lost over the course of time. Its attractiveness is on the one hand the reason for its spread of popularity - it continues to affect humans, from generation to generation - on the other hand it makes it difficult to think of a different portrayal.



Figure 1. The Three Ages of Man or Reading a Song is a 1500-1501 painting by Giorgione.

The Sphinx tripartition is the origin of the cultural stereotype of the ages of life. Now we can ask what are the effects of this tendency to stereotype the ages of life in Culture.

«People are living longer and staying healthier further into older age and, consequently, experiencing the need to stay active in their communities and the workforce longer than in previous generations. Unfortunately, the perception people have of both older and younger individuals – as well as the perceptions people have of themselves as older and younger individuals

⁸ Also Marc Augè, a philosopher we'll treat in depth in chapter 4, claims that the "metaphor of seasons" to explain the cycle of life is very attractive, but it is deceiving. Indeed it seems to refer to the humanism of inheritance but hides the very strict perimeter of natural family and biological reproduction. Also Marc Augè, a philosopher we'll treat in depth in chapter 4, claims that the "metaphor of seasons" to explain the cycle of life is very attractive, but it is deceiving. Indeed it seems to refer to the humanism of inheritance but hides the very strict perimeter of natural family and biological reproduction.

– are often shaped by stereotypes. In research, younger individuals are viewed as more materialistic, less reliable, more narcissistic, and less loyal to organizations. Older individuals are often perceived to be resistant to change, intolerant, unable to use technology and incapable of learning [Cox, Young 2020, p. 93].» If we investigate processes of age stereotype internalization into the self and projection of self-views we find that the internalization effects were strongest in young people and emerged in family, personality, work, and leisure spheres; projection effects were most pronounced for older people [Kornadt, Voss & Rothermund 2017]. On the one hand culture seems destined to perpetuate age-related stereotypes, incapable of remedying their perniciousness in affecting inter-generational communication and relations. On the other hand inter-generational exchanges are revealing resources in remedying the impact of age-related stereotypes.

To overcome the effects of stereotypes avoiding the fall into moralistic recommendations it could be useful to explore the concept of old age in Freudian works. It is very interesting to observe the only two passages in which Freud refers to old age: the first is at the beginning of his career, when he wrote a synthesis of his significant *Interpretation of Dreams*. This essay is entitled *On Dreams*. The second passage is in his conclusive essay devoted to *Moses*, when he was at the end of his life.

From the first passage we can note that ever since youth we meet, know and criticize old age: it is the ground of generational dispute as a new edition of the father/son conflict.

In his writing *On Dreams* Freud is analyzing one of his dreams which seems absurd. «One of my acquaintances, Herr M., had been attacked in an essay with an unjustifiable degree of violence, as we all thought – by no less a person than Goethe. Herr M. was naturally crushed by the attack. He complained of it bitterly to some company at table; his veneration for Goethe had not been affected, however, by this personal experience. I now tried to throw a little light on the chronological data, which seemed to me improbable. Goethe died in 1932. Since his attack on Herr M. must naturally have been made earlier than that, Herr M. must have been quite a young man at that time. It seemed to be a plausible notion that he was eighteen. I was not quite sure, however, what year we were actually in, so that my whole calculation melted into obscurity. Incidentally, the attack was contained in Goethe's well-known essay on "Nature" [Freud 1901, p 662].»

The dream contains a lot of elements from Freud's personal and professional biography, but here we will explore only something inherent to our

theme of old age. On the one hand the dream poses the question concerning the concept of time: there are “chronological data” to clarify, Goethe’s death and Herr M.’s youth. On the other hand the dream offers a context – a *Kairos* -for possible clarification: it is the conflict between the old Goethe and the young Herr M. that is overturned in the dream. «There were plenty of examples of this *reversal* in the dream. For instance, Goethe attacked the young man, which is absurd, whereas it is still easy for quite a young man to attack the great Goethe [Freud 1901, p 664].» This overturning allows the conflict to bypass censorship and reach awareness. Here we can make use of a general indication about the encounter with old age that for all of us occurs very early on because of the encounter/clash among generations. A controversy that very quickly becomes moral, as Freud himself pointed out: «*for age is proverbially no defence against folly.*»⁹ At German universities there was no age limit for retiring from academic activity, so you could observe the senile decay of well-known professors still in the chair. Even in the hospitals, said Freud, one could observe famous doctors, now “fossils”, who continued to maintain their own career and responsibilities. We see Freud's criticism about the cultural habits of his period, but meeting old age in youth is a common experience - when old age holds powerful positions - and when fighting old age we both denigrate its decay and denounce its foolishness. Even the reference to Goethe’s essay on “Nature” can be included in the critical Freudian revision that emerges in the dream: if it is *nature* that establishes youth-old age as a chronological sequence, it is time to overturn and revise this stereotype.

Now we explore the second passage devoted to old age within Freud’s writings. It is in *Moses and Monotheism* written in 1938, the year before his death. Freud is 83 years old. Freud is presenting the psychic processes which lead to the development of monotheistic religions and he traces the important function of the return of repressed memory. He compares cultural formation with the subjective one and gives the example of a young woman who was initially very critical and combative with her mother, but who unconsciously took on the similar manners when she became a wife and a mother: this woman turned out to have embodied, without doubt, that same maternal identification she presumed she had overcome consciously. «The same thing happens too with boys; and even the great Goethe, who in the period of his genius certainly looked down upon his unbending and pedantic father, in his old age developed traits which formed a part of his father’s character. The outcome

⁹ *Ivi*

can become even more striking when the contrast between the two personalities is sharper [Freud 1938, p. 125].» Freud explains: «at the beginning of such a course of events there is always an identification with the father in early childhood. This is afterwards repudiated, and even overcompensated, but in the end it establishes itself once more [see Contri 2006, p. 131].»¹⁰

In synthesis. The old age we met early on in our life leaves permanent traces. Not only have we been acquainted with old age early in our life through the generational fight between young and old in which we took part, but in secret we have also admired them, desiring their qualities and absorbing their negative features. These same characteristics that we will find in ourselves when we ourselves will be the elderly but without the memories about from where and from whom we received those features as our heritage. Perhaps at that point there will be others close to us who are able to recognize in us those salient traits which belonged to our parents.

On the one hand we can learn, thanks to Freud, that thinking never ages and that good thoughts are the best food for minds of any age. On the other hand we have to observe that psychic life can fall into a crisis even as early as youth and become aged and rigid and pathologically independent as time goes by. It happens when he/she completely loses the competence to work based on the pleasure principle that rules that satisfaction to which thinking aspires at any time. It is the crisis that Freud describes in *On Narcissism*, in 1914, as the withdrawal of libido.

«It is universally known, and we take it as a matter of course, that a person who is tormented by organic pain and discomfort gives up his interest in the things of the external world, in so far as they do not concern his suffering. Closer observation teaches us that he also withdraws libidinal interest from his love-objects: so long as he suffers, he ceases to love [Freud 1914, p. 82].»¹¹ Freud claims this is the “familiar egoism” of a sick person that we tend to justify because we «are certain that in the same situation we should behave

¹⁰ *Ivi*, It is thanks to Freud that we can observe that psychopathology tolerates far too much disease while shunning health and healing. Giacomo B. Contri claims that «Humans endure good badly, but endure evil too "well"». Contri, Freudian after Lacan, denounced this phenomenon in his work about a possible critique of law and culture based on psychoanalysis, entitled *La tolleranza del dolore (Tolerance of Pain)* [1977]. In health, however, man is not naive about the existence of the disease: the exercise of tolerance is well represented by the edifying modesty of the already Freudian expression 'to endure life'.

¹¹ Freud thinks again about death in his *Beyond the Pleasure Principle*, [1920, p 38]. We can read: «It was still an easy matter at that time for a living substance to die.» He suggests again death as one of the central themes which was faced by subjective and cultural thinking of any period of history.

in just the same way. The way in which a lover's feelings, however strong, are banished by bodily ailments, and suddenly replaced by complete indifference [Freud 1914, p. 82-83].¹² But to be ill is absolutely not an ordinary condition, neither physically nor psychologically. «A strong egoism is a protection against falling ill, but in the last resort we must begin to love in order not to fall ill, and we are bound to fall ill if, in consequence of frustration, we are unable to love [Freud 1914, p. 85].» What in the sick person is a state of transitory withdrawal, in a neurotic person it is assumed as a permanent crisis supported by inhibitions and symptoms.

GOLDEN AGED EGO: HUMANS FOR WHOM OLD AGE DOES NOT EXIST

To finish our psychoanalytic exploration of old age beyond cultural stereotypes we find old age as the golden age for thinking. We give in this last session some brief outlines of three personalities through the lens of their biographies and scientific work: (a) the founder of psychoanalysis Sigmund Freud through the lens of his *Reflections on War and Death* written in 1915 and his *Letters to Children*; (b) the philosopher Marc Augè through his recent book *Il tempo senza età. La vecchiaia non esiste (Time without age. Old age does not exist)* written in 2014; (c) the politician Christine Lagarde through some of her recent interviews. From the first source we can learn about the desire «to die in freedom»; from the second the conclusion that «old age does not exist»; from the third about the hard work involved for women's empowerment.

(a) Sigmund Freud: it's always a time for desire

With Freud we face one of the taboo issues of any age of life, even if cultural stereotypes assign this issue particularly to old age. But this issue refers to subjective thinking as such: it is the issue of death. Freud explores our way of considering death in his work *Thoughts for the Times on War and Death*, 1915. Human beings, Freud claims, usually display a false attitude, they are not sincere about death: each of us seems prepared to claim «that death was natural undeniable and unavoidable. In reality, however, we were accustomed to behaving as if it were otherwise. We showed an unmistakable tendency to put death on one side, to eliminate it from life. (...) the psychoanalytic school

¹² This quotation is taken from S. Freud, Letter to Ernst, June 6th 1934, when Freud was 78 years old [Freud 2013, p. 167].

could venture on the assertion that at bottom no one believes in his own death, or, to put the same thing in another way, that in the unconscious every one of us is convinced of his own immortality [Freud 1915, p. 289].»

Anyway reality far exceeds the conventional civil belief: war, health emergencies, natural disasters, inauspicious cases of life are destined to dispel the naive hypocrisy with which we think about death. Yet humans are obstinate and reduce life in order to maintain this illusion alive: life becomes poorer while we find refuge in a make believe world where we can live many lives. «We die with the hero with whom we have identified ourselves; yet we survive him, and are ready to die again just as safely with another hero [Freud 1915, p. 291].»

We know Freud doesn't settle for remaining at the level of social conventions, he knows how to access the uncomfortable abysses of our mind. He is not afraid to encounter contents that are not exactly edifying and he presents them with frankness. In this direction he discovers our thinking is capable to conceive death in an another way: «our unconscious is just as inaccessible to the idea of our own death, just as murderously inclined towards a stranger's, just as divided (that is, ambivalent) towards those we love, as was primaeval man [Freud 1915, p. 299].» As we are able to think about love only when we recognize that from love comes all good, but also all pain in our experience, so we can think about life only when we think about its end, that is death, as an advantage [see Contri 2006, p. 131].¹³ This would also have «the advantage of taking the truth more into account, and of making life more tolerable for us once again. To tolerate life remains, after all, the first duty of all living beings. (...) *Si vis vitam, para mortem*. If you want to endure life, prepare yourself for death [Freud 1915, p. 299-300].» It is the same direction because life becomes the time to think that dying can be easy too.¹⁴

But is Freud really not worried about dying? He certainly does not let himself be trapped by stereotypes, even going as far as joking about platitudes and maintaining a light-hearted realistic vision of old age. «I didn't know that the more you become aged the more you have commitments [Freud 2013,

¹³ See footnote 10.

¹⁴ See footnote 11.

p. 167]»,¹⁵ boasting with pride about his own passions: «one hour before sleeping I read English novels [Freud 1921; 2013, p. 198].» He share his findings: on the one hand «even the so-called quiet of old age seems a legend, as well as the happiness of youth [Freud 2013, p. 167]», on the other «it is surprising how you can become so aged but you remain able to remember so well your youth [Freud 2013, p. 134; Quartz 2019].» Here is Freud, just arrived in exile in London, a year before his death, facing the thought of the end, but his style doesn't change, or rather it becomes more heartfelt, intimate: «In our dark times two desires remain alive: to see you all together and *to die in freedom*. Sometimes I compare myself to old Jacob, whose sons took him to in Egypt despite his old age (...) it's time for Assuero to find peace somewhere [Freud 2013, p. 203].» Freud was even able to think of death in terms which are more suitable to vitality that are the terms of desire.

Sergio Benvenuto considers Freud's work on death as the way to master it, through the connection between the end of life to the aim of life. In this direction Freud attaches death to his own subjectivity thanks to the articulation of thoughts and words; and avoiding the tendency to neglect it which only obeys the drift of psychopathology. Here is Benvenuto's synthesis: «every organism wants to die in its own way. The organism, and the psyche that expresses it, has its own singular specific way to die. We can say that the organism has not any particular end of its own, but it has its own end, the one that is more appropriate, as its aim [Benvenuto, p. 12].»¹⁶

(b) Marc Augè: Time, please, but without age!

In the West, the relevant increase in average age has dealt a fatal blow to the stereotypes of wisdom in old age, «old age has become common and loses its exceptional characteristics [Augè 2014, p. 11; Elle 2019].» Age is the meticulous mark of the days that pass, the one-way vision of the years whose accumulated sum, once seen the total, can make us sink into amazement. Time is scattered throughout our life gradually in irregular, disconnected, unfinished forms, «age runs a perimeter around all of us. (...) Time is freedom, age is a commitment [Augè 2014, p. 114; Elle 2019].» Augè finds

¹⁵ This quotation is taken from S. Freud, *Letter to Ernst*, June 6th 1934, when Freud was 78 years old; Her fame is also attested from the documentary film *Inside Job* (2010), which later won an Academy Award for Best Documentary Feature. Lagarde was portrayed by actress Laila Robins in the 2011 HBO television drama *Too Big to Fail*, based on the popular book by New York Times journalist Andrew Ross Sorkin.

¹⁶ Our translation from Italian.

a way to distinguish time from age: a distinction as a space with blurred edges in which each of us, based on his own temperament and on life's circumstances, is more or less free to choose whether to be inclined to time or to age. If «observing time is above all the instrument of an investigation into oneself; mentioning age is only a point of reference in self-observation [Augè 2014, p. 47].» Augè hopes that we will not be fooled by the words with which old age is systematized in culture, but we can “age without age”: it will be a matter of working to discover new ways of treating one's body, the others, time and things.

However, Augè traces an enormous discordance between the aging of the body and the "long time of subjective psychology" which establishes a sort of perpetuity of sensitivity for each person. I am not my age, «I know my age, I can declare it, but I don't believe it [Augè 2014, p. 27].»¹⁷ However, individual sensitivity also meets its turning point: «Things changed when I was over sixty-four years old, the age my father died and so I became older than he was [Augè 2014, p. 30].»¹⁸ Here we see that for Augè, too, it is a matter of comparing himself with his father, as recalled by Freud for the great Goethe.

«Old age does not exist. Time in which old age is immersed is not established by the collected and ordered sum of past events. (...) The most tenacious, if not the most faithful images are often those that date back to childhood. Whether we like it or regret it - this observation has a cruel side – we must admit it: everyone dies young [Augè 2014, p. 104].»¹⁹ And here we find the second theme also highlighted by Freud, as an inevitable link that life establishes with old age: childhood. Father and Childhood are the underlying *fil rouge* of old age as well as the rest of life which can only be the life of thought at any age.

¹⁷ Genesis, chapter 17 tells that when she was ninety years old, God promised she would conceive a son miraculously. But she laughed listening to the promise and said that surely anybody would have laughed when they heard about a ninety year old pregnant woman.

¹⁸ Luke, chapter 1 tells about Zechariah and Elizabeth an aged couple. An announcement was made to Zechariah that they would have a son, but he didn't believe it. He remained mute until John's birth. When Elizabeth was in her sixth month she received the visit of her cousin Mary to whom Archangel Gabriel had spoken about the incredible pregnancy of her sterile and aged cousin.

¹⁹ Following G.B. Contri we have to quote as a best supporter one of the best Italian poets, Giacomo Leopardi, when he wrote in his *Zibaldone* (thought number 4166), a collection of reflections and aphorisms written between 1817 and 1832: «Non possiamo sapere né congetturare di che cosa sia capace la natura umana messa in circostanze favorevoli.» That means: we cannot know nor conceive what human nature is capable of under favorable circumstances.

(c) **Christine Lagarde: it's time to work for power**

Christine Madeleine Odette Lallouette (Lagarde) has come a long way since when she took care of her three brothers in Normandy. Her mother was a Latin professor, her father, an English professor, died when she was seventeen. Before her nomination to head the ECB, to a journalist who pointed out she had already broken the gender glass ceiling as the first woman to head the IMF she answered: «I hope the decision was taken on merit [Sole24Ore 2017].»

Daily, Christine wakes very early, after a glimpse at the Stock Exchange she makes time for yoga as the first action of a very healthy life: no smoking, no alcohol. She keeps the surname of her first husband, Wilfried Lagarde, with whom she has two sons, Pierre-Henri (entrepreneur) and Thomas (architect). She is very proud of them. Her second partner was the English businessman, Eachran Gilmour, and now she is engaged to Xavier Giocanti, a manager whose family originally comes from Corsica, but lives in Marseille. They meet each other once a month as a rhythm of a very independent love affair [Natale 2019]. In 2018 *Forbes* describes her as the third most powerful woman in the world.²⁰ The first woman to be the Minister of Economy and Finance in France, under the presidency of Nicolas Sarkozy, the first woman to be Managing Director of the IMF and the first woman to be President of the ECB.

Here we try to recall the path which led this brilliant 64 year old woman to become the woman at the top several times in order to discover four salient traits of her success.

Taking care of words

Christine Lagarde had just been nominated to head the ECB, the interviewer asks: *But can you be yourself in this role? Because every word you utter as the President of the ECB might instantly impact financial markets.* She answers: «Well, first of all, I like words. I tend to be attentive to the words I use, so that suits me fine. And what did I do during my press conference, the first one, I tried to warn the journalists in the room and the journalists and observers behind their screens that they have to take me for who I am and

²⁰ Her fame is also attested from the documentary film *Inside Job* (2010), which later won an Academy Award for Best Documentary Feature. Lagarde was portrayed by actress Laila Robins in the 2011 HBO television drama *Too Big to Fail*, based on the popular book by *New York Times* journalist Andrew Ross Sorkin.

not try to second-guess or associate or proceed by an analogy, an analysis or comparative work because it would probably be misguided. And I think the trade-off for that is that when I have something to say, I will say it. That's more my style and my nature [Lagarde 2019].»

Resilient Ego

Christine Lagarde shows all the characteristics of a resilient Ego: keeping together care for herself and her own body and care for relationships. Lagarde was a member of France's national team for synchronized swimming. She once won a bronze medal in the country's national championships. European leaders describe Lagarde as the right person to lead the European Central Bank because of her wide contact list and the strength of her communication skills.

She is aware that women are often hired to occupy leadership positions when an organization is in crisis, a phenomenon documented by academics and now widely recognized, dubbed the "glass cliff [see Elliott, Stead 2018]." «When the situation is difficult, when it's really challenging, when the financial situation is really poor, when budgets have been blown, then there are opportunities for women. I've always encouraged women to actually say yes in those situations. The risk is limited when a crisis is already in progress. (...) male candidates might be less willing to accept the challenge for fear that they might be "compromised" by it, and not "associated with success. I have noticed, time and again, that when it's bad, you call women to the rescue. Or as a former Central Bank governor said to me: "The men go to war, and the women pick up the pieces." When a company needs strong ongoing leadership, you have to grit your teeth, smile, and continue the job, and not just pick up the pieces and then hand over to a male leader [Quartz 2019].»

Top woman as an example for many: hard work and partnership to contrast gender stereotypes

«You are the first woman to lead the ECB, which used to be a man's world. How are people reacting? I think they notice but I think they tolerate it and hopefully they will accept that I can do as good, if not a better job than men would. I think that's the beauty of diversity and the openness of this institution, actually, to accept, engage and respect differences and to try to include them.

Do you believe it's important that a woman is leading such a prominent institution like the ECB? Yes, I do, because I see too many younger women – not necessarily younger women actually – but too many of my colleagues and friends and people that I meet in the course of everyday life, who look up to me and say to themselves or say sometimes to me, “About time that a woman does this job”, “If she can do it, maybe I can do it, too – and if not me then my daughters maybe can do it.” So I think that as a signal it's important. It honestly gives me, I would say, additional responsibilities because I don't want to let them down. That puts an additional weight on my shoulders. I have to honour that [see Amaro 2019].»

Lagarde lists the advantages saying IMF research suggests that banks would be more stable if there were more women on their boards. «Employing more women and tackling sexism in the workplace is the key to making the world economy richer, more equal and less prone to devastating financial collapse, according to the head of the International Monetary Fund [see Elliot 2019].» The benefits of gender equality in the workplace are even more beneficial than it was originally thought. Women bring new skills to the workplace and help to boost productivity as well as the size of the workforce.

Christine Lagarde is not naive: on the one hand she says that power means very hard intense work, on the other hand she shows the peculiar advantages of women's empowerment. and she certainly does not keep quiet about sexism which is far from over even today.

«Giving more space to women in organization produces an improvement of government mechanisms and a better decisional ability. I'm convinced women have a different approach to risk than men. *Has sexism ever been a problem for you?* Yes. When I was a lawyer, even as an associate, Japanese clients were convinced I was there only to serve coffee. *What suggestions would you give to young women oriented towards success?* I would say never give up ambitions, to continue dreaming and overall to find allied persons, not necessarily women. I happened to work with men who gave me some very precious support. Shaping alliances is very important in the world of work. Women in the U.S. are avant-garde in this. I understood it slowly. The years I spent in the U.S., when I was still a student, have made me grow up within a network: I was in a foreign country, a language different from mine, in a family I hadn't met before, a university far from home, and making friends coming from countries all over the world [Elle 2019].»

Lagarde seems to joke lightly when she says she sees workplace sexism although not directed at herself. «I don't encounter sexism because I am too

old and too tall. It is hard to be sexist towards someone who is older and taller than you. But I chair meetings at which men and women are present, normally with fewer women than men. Whenever a woman takes the floor there is a general reduction in the attention of men around the table, and sometimes chatting and gossiping amongst them.» Even some men feel the need for change, she said. «Being a feminist is not something that is reserved to women. I know many men who are feminists, who help and struggle to make sure there is no discrimination [Elle 2019].»

Her success as a path towards her father

«You lost your father when you were young, then you went to the United States. Perhaps, your thirst for success is linked with that tragedy? The death of your father leaves a deep scar, which needs to heal in order to recreate yourself. Already before his death I was a very independent girl, but my loss reinforced my feeling toward autonomy, even more so because I had three younger brothers. From a psychoanalytic point of view, many would criticize my decision to leave. My father was a professor of English Literature, but I spoke English very badly. I had to build a sort of path towards him. In any case that overseas experience completely changed my life [Elle 2019].»

Any success has a very personal key that plunges its roots in childhood: «I had to build a sort of path towards him» is the affective key Christine Lagarde, a woman at the top, uses to catch up with her father. We have seen how her *Kairos* was regulated in occasions for power, never defeated by chronological stages.

CONCLUSIONS

If *Kairos* is the *fil rouge* of this article, psychoanalysis, philosophy and the exercise of power can really give us some ideas about the golden age of thinking beyond stereotypes.

Marta Nussbaum and Saul Levmore talk about old age as a scientific and interpersonal challenge. An absolutely common and at the same time absolutely individual experience which makes it difficult to study and talk about in a constructive way, free from prejudices. «People are reluctant to see an opportunity in aging» [Nussbaum, Levmore 2017 p. 12]. Even though investigating its aspects and characteristics means exploring questions that concern more living than dying.

On the one hand, even those who do not spend time counting the days can easily see that the body ages, with repercussions on the experience of the body. On the other hand, old age aggravates or worsens what the subject has experienced badly in life. It is psychopathology that erodes social relationships and in old age it plays havoc until it transforms, in the most serious cases, neurosis into dementia. Living with a psychopathological condition weighs down thinking in every period of life. But it provides men and women with profound solitude, due to the erosion of affects, with more conspicuous impacts old age. Those who alienate their personal relationships are more likely to end up in an old people's home. Conversely, those who have not closed the door on affects, but have nurtured relationships and partnerships, will be able to savour old age as a *golden age for thinking* by continuing to cultivate healthy thinking tirelessly.

In these conclusive lines it is worthwhile to return to some exemplary contents of our culture in which there are at least two examples of an occasion when *Kairos* occurred in old age and was heartily welcomed by a human being, and not only transformed the course of individual history but changed the connotations of universal history, too. It happened to two women: *Sarah* and *Elizabeth*. Both were aware they were sterile, in fact they had not carried a life in their fertile years and now, having passed their chronological-physiological period, they certainly did not expect to be called to host a new life. Both become pregnant: they will be mothers of not just children but heirs - we know their names: Isaac and John -, destined to give a new course to the history of all people. We know that Sara laughed at the time of the promise,²¹ as if to mock who was disclosing an inconceivable event, an impossible *Kairos*. We know also Elizabeth's deep gratitude when she was able to share her incredible pregnancy with a woman in her family whom with insight she knew was destined to become illustrious.²² For both women *Kairos* heralded a revolution in everything they had lived and thought up to that point. Despite their age, someone had stepped forward and invested in them, had made them pregnant, conceiving them still fruitful in a time - pregnancy lasts nine months - without age. They did not back down.

Entrusted to men and women who have a tomorrow, so is thinking: fecund. Placed in favorable conditions, it is capable of receiving and cultivating investments in every period of life.²³ It is time itself that thinking treats as

²¹ See footnote 17.

²² See footnote 18.

²³ See footnote 19.

a condition to be mastered - and not at all as a cause to be controlled or feared - so that *Kairos* becomes favorable and providential from the beginning to the end, for the subject and for civilization.

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ABSTRACT

We find two concepts of time in Western roots of culture: *Kronos* as the chronological structure of the cosmos and natural life and *Kairos* as the representant for special occasions that mark the vicissitudes and destinies of humans and the world. If *Kronos* refers to the time of the ages of life, *Kairos* refers to the time for the subjective constitution of time; the first is a condition for conscious life, but the second is the companion for the unconscious solutions during the existence of the individual the first is the time of the past, but the second is the time for the future. Subjective thinking is the master of their conjunction throughout the life of the individual from the beginning to the end in a continuous construction of the present. Freudian discoveries give us a new method to analyze the subjective experience not only based on life's organic cadences – childhood, adulthood, old age – but based on the life of thinking – right beginnings, crisis and psychopathology, possible healing when and if it happens. This change in perspective comes from overcoming the Sphinx' enigma which is a mythical root for all stereotypes related to the so-called old age.

Based on this theoretical approach this article analyzes three personalities through the lens of their biographies and scientific work: (a) the founder of psychoanalysis Sigmund Freud through the lens of his *Reflections on War and Death* written in 1915; (b) the philosopher Marc Augè through his recent book *Il tempo senza età. La vecchiaia non esiste* (Time without age. Old age does not exist) written in 2014; (c) the politician Christine Lagarde through some of her recent interviews. From the first source we can learn about the desire «to die in freedom»; from the second the conclusion that «old age does not exist»; from the third about the hard work involved for women's empowerment. Really psychoanalysis, philosophy and the exercise of power can give us some ideas about the golden age of thinking beyond stereotypes.

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SELF-ESTEEM AND THE SENSE OF LONELINESS OF THE UNIVERSITY OF THE THIRD AGE STUDENTS

INTRODUCTION

Self-esteem is a psychological variable which plays a key role in every person's life. It is a multidimensional occurrence which significantly affects (indirectly or directly) functioning in almost every sphere of human life: school, work, relationships with family, partner, friends and acquaintances. It is also an indicator of our wellbeing.

In turn, loneliness in our times, occurs more frequently in human lives. Moreover, with age, people become more familiar with this state. Elderly people are often forgotten by their acquaintances, friends and even their family. It is difficult for them to adapt to the frequent, swift changes connected to the technological development as well as their personal lives (changing appearance, decreasing activity and shift of priorities, declining health). All these factors can cause the state of alienation in older people. They can also cause feelings of anxiety about becoming a burden to their loved ones. It happens that, because of these very reasons, elderly people become withdrawn, surrounding themselves with a barrier of sorts.

This article is an attempt to answer a question, if older people's self-esteem is connected to the sense of loneliness that they experience. The research project was created to examine these variables in the unique group that is students of the University of the Third Age.

THE THEORETICAL BASIS OF THE RESEARCH

Self-esteem

Rosenberg [1965] assumes that people can have differing attitudes towards various objects and one's own *Self* can be one of them. The processes of organizing and sorting the gathered information results in a specific system of concepts and ideas about one's own *Self*, that is, an image of themselves inextricably linked with the concept of self-esteem. Thus, according to Rosenberg [1965] self-esteem is "a positive or negative attitude towards »Self«, a kind of a global self-evaluation" [Dzwonkowska, Lachowicz-Tabaczek, Łaguna 2008]. Rosenberg [1965] claims that a high level of self-esteem means a person's belief in their own worth and "being good enough". Low self-esteem means, in contrast, lack of satisfaction of oneself and a kind of rejection one's own *Self*. Self-assessment is possible with a sufficient level of self-awareness: about one's qualities, strengths and weaknesses, knowledge, abilities and competences. Another vital element of the feeling of self-worth is self-knowledge, in other words a system of information about themselves. Self-worth is the material, on which a person conducts evaluation [Kulas 1986].

Self-knowledge informs about a state, level and kind of information that we possess about ourselves. Their source is knowledge gained from other people (our environment) and the process of self-discovery. Self-knowledge usually takes shape of judgements concerning specific properties and qualities of a person, as well as their attitude towards their *Self* (especially in the aspects that a subject considers important). We can distinguish descriptive judgements (called also "self-description"), value judgements and those concerning desired or perfect state (called "personal judgements"). Descriptive and value judgements constitute "real *Self*" and personal judgements concern "perfect *Self*" [Colman 2009, p. 254]. All types of judgements concern individual qualities of a subject, that is, personality traits (emotional maturity, the structure of motivation, creativity), physical features (appearance, health) or relationships with others (familial bonds, social attractiveness [Kozielecki 1986]). When judging them, one considers the effects of their own actions, analyses information about their own successes and failures, but also reflects on opinions and assessments of other, important people [Colman 2009].

"Self-esteem is a person's affective reaction to themselves. Similarly to other affective reactions, self-esteem can be »hot«, intense emotion or »cold« intellectualized judgement. Self-esteem can be considered as a subject's

relatively permanent quality (a crystallized judgement or attitude towards themselves) or their current state and motivation" [Wojciszke 2002].

While describing the concept of self-esteem, one should separate the self-esteem that concerns the specific (detailed) and the global assessment of one's own *Self*. The self-esteem of specific spheres of a subject's life (such as their own intellectual or social capabilities, resourcefulness, physical fitness or other areas) is connected with general (global) self-esteem, however these two are not equivalent on empirical or conceptual level [Dzwonkowska, Lachowicz-Tabaczek, Łaguna 2008]. People with the same level of general self-esteem can be characterized by different assessments of one's own specific competences.

Among the primary attributes of self-esteem there are: its stability (or instability), adequacy, level [Reykowski 1992], clarity, height [Wojciszke 2002], certainty, unambiguity and value [Lachowicz-Tabaczek, Śniecińska 2009].

Self-esteem plays a significant role in various spheres of human functioning, e.g. in family or professional life, among friends and acquaintances. A person's attitude towards themselves and how they let others treat them depends on it. It can be said that an individual's happiness and their successes and failures depend on self-esteem. In a way, people attract other people with similar self-esteem. It is them, with whom they usually form close relationships and consider them "kindred spirits". Self-esteem creates a person's friendly or hostile attitude towards what happens to them in everyday life. A person with a healthy self-image has better chance to build mature, happy relationship based on kindness, honesty and trust. They have better chance for prosperous life [Branden 2003]. Thus, self-esteem has a motivational function in human behaviour: depending on their strength, a person can take an action or resign.

Reykowski [1970] states that the strength of motivation depends on the factors: the objective's value, the intensity of the need and the probability that the objective can be achieved (how a person sees their chances of fulfilling a certain need). It is the assessment of the possibility of achieving a specific purpose or fulfilling a certain need is dependent on the level of self-esteem, that is, a person's belief in their capabilities, competence or abilities. Self-esteem influences also emotional stimuli - it can encourage or discourage a person from reflection, thought, discovering truth and reality [Franken 2005]. It turns out that people with high self-esteem set ambitious goals for themselves, search for new challengers and attempt, at all costs, to overcome obstacles on their way. They also better cope with their lapses and failures, have more vital energy and do not surrender easily. Conversely, low self-esteem is connected

with anxiety and fear of the unknown and change. This, in turn, inhibits self-development and secondarily decreases evaluation of one's self. It also aggravates interpersonal communication - people become withdrawn, shy, secretive, often suspicious and unsure of others as well [Branden 2003]. Low self-esteem is connected to the constant desire of fulfilling one's unfulfilled needs, demanding attitude and constant expecting something from another person without having much to offer (apart from the fear of rejection and being hurt) [Branden 2003]. Low self-esteem is also connected to a need of obtaining someone's affection. People with low self-esteem are not eager to express their criticism and when they have to say something unpleasant, they articulate it as a personal opinion [Schutz 2005]. Franken [2005] claims that people characterized by low self-esteem more often come into conflicts with the law and fall into different kinds of addiction, and in consequence, can be socially isolated.

THE SENSE OF LONELINESS

In contemporary times people often feel helpless, lost and tired of everyday life. The multitude and variety of civilizational changes can particularly affect senior citizens (especially mechanization and automatization of the world and rapid development of media and Internet). Nowadays, many people experience the sense of loneliness in a crowd. Various relationships, that a contemporary person enters, often prove to be only superficial, volatile acquaintances - without any depth, without truly knowing each other, without the possibility of trusting another person, confiding in them and receiving their help during difficult times. The number of lonely people increases systematically: among them there are more and more elderly people, who are forgotten by their loved ones [Gajda 2006].

Psychological literature differentiates between aloneness, solitude and the sense of loneliness [see Heinrich, Gullone 2006; Śliwak, Brzeziński, Zarosińska 2019]. "For the most people, solitude is an objective, negative circumstance leading to distressing and undesirable psychological state; it is a factor endangering mental health, from which they try to free themselves using more or less effective countermeasures" [Dołęga 2006, p. 253]. Solitude, apart from the physical or psychological sphere concerning the presence of other people, can also relate to the lack of bond with God or themselves [Dubas 2000].

Solitude is usually portrayed as the negative occurrence – loneliness. In reality, it can, however, be connected to the positive connotations: a feeling of inner relief or inner satisfaction coming from the fact of being alone. Being on one's own allows for deeper understanding and development of personality and creativity; a feeling of freedom; a possibility of reflection, self-exploration and contemplation [Dubas 2000]. This positive solitude is desired and consciously sought by the subject. A person strives for it and chooses it, seeing in it as an opportunity, a gift, a grace, approaches it as a developmental task. Positive solitude means fully conscious choice of isolation in a physical, as well as spiritual sense.

A positive side of solitude, especially observed in older people, is to be directed inwards. Moments experienced in solitude are important for a person, because they help them to talk to themselves - to understand, like and even come to terms with one's own Self and, as a result, lead to better contact with outside world [Szyzkowska 1988]. An alone person can be more curious and observant. They are able to notice other people's experiences and difficulties, which those absorbed with everyday affairs (and not having time to consider, what those surrounding them feel and experience) cannot see [Tarnogórski 1988].

Osińska [2009, p. 24-25] refers to solitude as "the state or situation when one can satisfy their need of having command over one's own time, of being alone; the insufficiency of this solitude is a danger to personal development and the quality of human service for the common good".

The vexing solitude (loneliness) appears in a situation, when the subject experiences substantial deficiencies in quality or quantity in regard to contact with other people. Loneliness is, thus, an unpleasant feeling caused by the lack of integration with some persons or groups. It is a lack of mature and satisfying interpersonal relationships or not satisfied need of affiliation [Makselon 1990]. Negative solitude - loneliness - is a difficult experience, sometimes beyond one's strength. Because of that it disrupts its normal functioning and limits development. It is often connected with sadness, urge to cry, sorrow, resignation and aversion to life, rumination, bad mood, longing, apprehension, fear, anxiety, bitterness, despondency or feeling of having been abandoned and of being upset [Dubas 2000], depression [Szczupał 2005] or suicidal tendencies [Bjorck, Thurman 2007; Edmondson, Park, Chaudoir, Wortmann 2008]. It can also co-occur with difficulties in communication [Perlman, Pepsalau 1984], lower quality of life [Chipuer, Bramston, Petty 2003], general dissatisfaction, feeling of hopelessness, abandonment and boredom,

lowered self-esteem, alienation, aggression [Śliwak, Zarzycka 2011], hostility [Lau Kong 1999]. Loneliness is a subjective experience - a person can feel lonely in a crowd, suffering from an illness and even among their family. Other people, however, do not experience it even while being alone [Tarnogórski 1988].

The sense of loneliness can be overcome when it is transformed into a positive experience [Szyszkowska 1988; Dubas 2000; Osińska 2009]. Coping with this unpleasant experience by aggression, using alcohol or narcotics - that is, applying destructive coping strategies - is not the only means of solving the problem [Szyszkowska 1988]. Among the people with an attitude open to others, solitary life usually leads to a search for substitute forms of being in a society, in a community. Sometimes it is professional work, sometimes joining an association, socio-political organization, interest group or classes at the University of the Third Age.

THE UNIVERSITY OF THE THIRD AGE IN THE CONTEXT OF THE THEORY OF ADJUSTING TO OLD AGE

The group in which the connections between self-esteem and the sense of loneliness, consisted of the students of the University of the Third Age. The first University of the Third Age (U3A) was created in 1973 in Toulouse, France. It was founded by Pierce Yellas [Jachimowicz, Nalepa 2012]. The first University for senior citizens in Poland was created in 1975 in Warsaw. U3A's objective is the improvement of the participants' quality of life, but also the work on development and the improvement of quality of lives of all elderly people. The University includes older people in the lifelong learning system to enable their constant physical, psychological, intellectual and social activation. All these activities fulfill cognitive needs of elderly people, compensate gaps in education about the world, support personal development by stimulation to reflect, undertake new challenges and improve themselves. Schools also encourage creative leisure and, by giving opportunities of making social contact, give them the feeling of belonging to a peer group [Jachimowicz, Nalepa 2012]. Stimulating the students of U3A to activity has a positive effect on a self-esteem of an older person and reduces their sense of loneliness. U3A refers to the theories of activity that discuss the possibility of using the human knowledge, abilities, wisdom, but also the possibility of constantly learning new things [Steuden 2009]. They are indirectly connected with self-esteem

dependent on social status, roles performed in life and relationships with other people. According to them, good mood guarantees activity as a substitute, what allows an older person to maintain stable self-esteem and meaning of life, as well as satisfaction of life.

Active adaptation to senior age is included in the theories of constructive old age, the old age of choice, the theory of the flow, lifestyle and of competence [Steuden 2009]. The theory of the constructive old age refers to searching for knowledge and gaining new abilities in order to solve life's tasks. The idea of the old age of choice concerns an individual being free to choose their activity (such as traveling, caring for grandchildren, engaging in social life etc). According to the theory of the flow, a person should enjoy life in spite of suffering, fear of death or even pain associated with disease or disability. Its key element is the acceptance of one's own aging body, which facilitates the choice of new goals and make a review of their lives. The concept of a lifestyle, in turn, stresses the educational activity, that is obtaining knowledge and the integration of experience in order to maintain intellectual capabilities and better understanding and the world that surrounds them. The last theory mentioned - the theory of competence - concerns the ability to solve difficulties encountered in everyday life and coping with them using the knowledge they gather. This theory also (like the lifestyle concept) suggests obtaining and developing new abilities by constant learning to better understand themselves and others, building proper relationships with people, gaining information about old age and the process of aging, as well as planning their actions and having control time [Steuden 2009].

METHODOLOGY OF OWN RESEARCH

The problem and hypotheses

This elaboration aims to examine the relationship between self-esteem and the sense of loneliness in the group of students of the University of the Third Age. The musings presented above allow to pose the following research questions: Does self-esteem of the U3A students is connected to the sense of loneliness? If these connections exist, what are they? It seems also interesting to learn, if the connections between the variables differ depending on the gender of respondents.

In reference to the questions posed this way and considering the above musings, these research hypotheses were formulated:

H1: There are connections between self-esteem and the sense of loneliness of the students of the University of the Third Age.

H1.1: Low self-esteem of the students of the U3A is related to the high level of the sense of loneliness.

H2: The connections between the analyzed variables differ between the groups divided by gender.

Methods

Multidimensional Self-Esteem Inventory (MSEI) was created by E.J. O'Brien and S. Epstein in 1988 [Fecenec 2008]. The method, apart from global self-evaluation, measures also self-esteem in terms of more specific (in everyday functioning) areas, the need of social approval and the degree of the integration of identity. The tool consists of 116 test items: 61 statements and 55 questions, *Answer Sheet* (five-point scale) and *Score Sheet*. The questionnaire is divided into 11 scales: general self-esteem, the eight components of self-esteem (being loved, competences, leadership abilities, popularity, moral self-acceptance, self-control, vitality and physical attractiveness), integration of identity and defensive strengthening of self-esteem [Śliwak, Zarosińska, Wysocka, Partyka 2017].

Rasch Loneliness Scale (S-Rasch) is based on D. Perlman and L. Peplau's theoretical musings [1984] and empirical studies of D. Russell, L. Peplau and C. Curton [1980]. Its development and broader application owing to J. de Jong-Gierveld and F. Kamphuis [1985]. The author of its Polish adaptation is J. Rembowski [1992]. The method can be used to measure the level of the sense of loneliness. The authors mention three dimensions of loneliness: deprivation (considered an essence of loneliness, pertaining to the nature and intensity of the lack of relationships with people), the time perspective (the experience of loneliness as a permanent, not temporary occurrence) and the emotional characteristics (the lack of both negative and positive experiences). The 30-item Rasch scale consists of 5 subscales: (1) the deprivation of the need of social contact, (2) situational feeling of group rejection, (3) the feeling of losing one's group, (4) the feeling of a connection with a group and (5) the feeling of having meaningful relationships with people [de Jong-Gierveld, Kamphuis 1985; Rembowski 1992; Śliwak, Zarczycka 2011; Śliwak, Brzeziński, Zarosińska 2019]. There are four answers assigned to the specific test items: A (completely agree), B (partially agree), C (do not know), D (rather disagree), E (completely disagree). The tool can be used

in individual and group surveys. The method is a good source of information, because it allows to differentiate the obtained results due to the general result of the sense of loneliness and due to its types isolated owing to the subscales. The method is also characterized by the high inner consistency ($r=0,66$; $p<0,001$ [de Jong-Gierveld, Kamphuis 1985; Rembowski 1992; Śliwak, Zarzycka 2011; Śliwak, Brzeziński, Zarosińska 2019]).

In the study there was used a *form* containing (among other) questions about age, gender, education, marital status, the number of children, job or contact with family and friends. The period of studies at the University of the Third Age was also one of the variables.

The tested persons¹

The study was conducted on 96 people - students of the University of the Third Age. The majority of them were women (n-76), there were n-20 men. The significant disproportion between the genders was a reflection of the proportions among the U3A students. The average age was 68.8 years and the standard deviation was 5.69 years. 50 people claimed to have secondary education, 34 people - higher education, 8 people - vocational education, 4 people - elementary education. 53% of the subjects is married, 33% widowed, 8.3% divorced, 5.2% have never been married. The most of the people asked (37%) have two children, 25% has three children, 17% - one child, 7% four children. Because of the examined variable (the sense of loneliness) the subjects were asked, with whom they live. The answers showed that 52 people live with their partner, 6 with their children, 2 with other family members, 6 respondents live alone.

THE ANALYSIS OF THE RESULTS - THE RELATIONSHIP BETWEEN SELF-ESTEEM AND THE SENSE OF LONELINESS

Relationships between the verifiable variables - the general level of self-esteem of the students of the University of the Third Age, its eight components, the integration of identity and defensive strengthening of self-esteem, and the general level of loneliness as well as its five components – presents table 1.

¹ The research was conducted by Natalia Drabicka as a part of her master's thesis under the supervision of J. Śliwak, habilitated doctor of KUL seminar in Social Psychology and Psychology of Religion.

Table 1. Relationships between self-esteem and the sense of loneliness experienced by the U3A students. (N=96)

Variable	DPKS	SPOS	PUGT	PBZzG	PBZZzL	SR-WO
MSEI-WO	-0,413**	-0,370**	-0,332**	-0,418**	-0,317**	-0,448**
K	-0,283**	-0,223*	-0,245*	-0,514**	-0,403**	-0,383**
BK	-0,470**	-0,587**	-0,463**	-0,332**	-0,411**	-0,559**
Pop	-0,518**	-0,496**	-0,454**	-0,512**	-0,500**	-0,599**
ZP	-0,315**	-0,235*	-0,328**	-0,371**	-0,239*	-0,353**
Sam	-0,325**	-0,318**	-0,224*	-0,331**	-0,304**	-0,365**
SM	-0,357**	-0,306**	-0,212*	-0,304**	-0,351**	-0,375**
AF	-0,195	-0,167	-0,236*	-0,273**	-0,211*	-0,252*
W	-0,113	-0,082	0,005	-0,311**	-0,237*	-0,166
IT	-0,460**	-0,410**	-0,389**	-0,320**	-0,242*	-0,452**
OWS	-0,262*	-0,330**	-0,119	-0,058	-0,142	-0,242*

Annotation. MSEI-WO – general self-esteem, K – competence, BK – being loved, Pop – popularity, ZP – leadership abilities, Sam – self-control, SM – moral self-acceptance, AF – physical attractiveness, W – vitality, IT – integration of identity, OWS – defensive strengthening of self-esteem, DPKS – deprivation of the need of social contact, SPOS – situational feeling of social rejection, PUGT – the feeling of losing one's social group, PBZzG – the feeling of lack of the connection with a group, PBZZzL – the feeling of lack of meaningful relationships with people, SR-WO – the sense of loneliness (general result), ** $p < 0,01$; * $p < 0,05$.

During the data analysis there were noted many statistically significant correlations between the general result in the self-esteem scale (and its components) and the sense of loneliness (and its five dimensions). The majority of the connections (6 out of 6 possible) were noted between the competences: being loved, popularity, leadership abilities, self-control, moral self-acceptance, general self-esteem and identity integration, and general sense of loneliness and dimensions: deprivation of the need of social contact, situational feeling of social rejection, the feeling of losing one's social group, the feeling of lack of the connection with a group and the feeling of lack of meaningful relationships with people. The least of the connections - only two - were noted between vitality and the feeling of lack of the connection with the group and the feeling of lack of meaningful relationships with people. All significant relationships were negative.

The next step of the analyses was to check the relationships between the variables in the groups divided according to the respondents' gender (see table 2 and 3).

Table 2. *The relationships between self-esteem and the sense of loneliness felt by the female students of U3A (N=76)*

Variable	DPKS	SPOS	PUGT	PBZzG	PBZZzL	SR-WO
MSEI-WO	-0,377**	-0,340**	-0,300**	-0,441**	-0,310**	-0,417**
K	-0,283*	-0,264*	-0,244*	-0,509**	-0,396**	-0,384**
BK	-0,504**	-0,613**	-0,484**	-0,533**	-0,504**	-0,628**
Pop	-0,479**	-0,485**	-0,424**	-0,528**	-0,516**	-0,574**
ZP	-0,284*	-0,211	-0,377**	-0,453**	-0,358**	-0,379**
Sam	-0,346**	-0,341**	-0,230*	-0,323**	-0,281*	-0,367**
SM	-0,354**	-0,321**	-0,262*	-0,421**	-0,408**	-0,414**
AF	-0,135	-0,123	-0,229*	-0,229*	-0,212	-0,208
W	-0,078	-0,094	-0,016	-0,299**	-0,277*	-0,164
IT	-0,405**	-0,383**	-0,387**	-0,392**	-0,295**	-0,444**
OWS	-0,334**	-0,369**	-0,149	-0,233*	-0,216	-0,326**

Annotation MSEI-WO – general self-esteem, K – competence, BK – being loved, Pop – popularity, ZP – leadership abilities, Sam – self-control, SM – moral self-acceptance, AF – physical attractiveness, W – vitality, IT – integration of identity, OWS – defensive strengthening of self-esteem, DPKS – deprivation of the need of social contact, SPOS – situational feeling of social rejection, PUGT – the feeling of losing one's social group, PBZzG – the feeling of lack of the connection with a group, PBZZzL – the feeling of lack of meaningful relationships with people, SR-WO – the sense of loneliness (general result), ** $p < 0,01$; * $p < 0,05$.

The data obtained emphasize a series of statistically significant relationships between the general result on the self-esteem scale (and its components) and the sense of loneliness (and its five dimensions). The majority of the correlations (6 out of 6 possible) were apparent between the competences: being loved, popularity, self-control, moral self-acceptance, general self-esteem and identity integration, and general sense of loneliness, deprivation of the need of social contact, situational feeling of social rejection, the feeling of losing one's social group, the feeling of lack of the connection with a group and the feeling of lack of meaningful relationships with people. The least of the relationships - only two - were observed between physical attractiveness and

the feeling of losing one's social group and between vitality and the feeling of lack of the connection with a group and the feeling of lack of meaningful relationships with people. Every significant co-occurrence of variables prove to be negative at least to a moderate degree.

Regarding the subgroup of males, there were only 20 of them (reflecting the gender structure of the U3A student group - the majority of them are women). Table 3 shows that in this subgroup there are much less statistically significant connections between the analyzed variables.

Table 3. *The connections between self-esteem and the sense of loneliness experienced by the U3A students (N=20)*

Variable	DPKS	SPOS	PUGT	PBZzG	PBZZzL	SR-WO
MSEI-WO	-0,618	-0,521*	-0,482*	-0,338	-0,338	-0,614**
K	-0,233	-0,015	-0,239	-0,509*	-0,412	-0,351
BK	-0,497*	-0,577**	-0,438	0,137	-0,173	-0,433
Pop	-0,683**	-0,539*	-0,589**	-0,428	-0,412	-0,703**
ZP	-0,567**	-0,374	-0,172	-0,213	0,128	-0,341
Sam	-0,131	-0,157	-0,177	-0,344	-0,410	-0,307
SM	-0,269	-0,191	0,062	0,274	-0,049	-0,078
AF	-0,419	-0,363	-0,251	-0,376	-0,171	-0,421
W	-0,233	-0,027	0,098	-0,337	-0,085	-0,158
IT	-0,703**	-0,527*	-0,391	-0,039	-0,014	-0,473*
OWS	-0,139	-0,241	-0,034	0,395	0,066	-0,015

Annotation MSEI-WO – general self-esteem, K – competence, BK – being loved, Pop – popularity, ZP – leadership abilities, Sam – self-control, SM – moral self-acceptance, AF – physical attractiveness, W – vitality, IT – integration of identity, OWS – defensive strengthening of self-esteem, DPKS – deprivation of the need of social contact, SPOS – situational feeling of social rejection, PUGT – the feeling of losing one's social group, PBZzG – the feeling of lack of the connection with a group, PBZZzL – the feeling of lack of meaningful relationships with people, SR-WO – the sense of loneliness (general result), ** $p < 0,01$; * $p < 0,05$.

The majority of correlation (4 out of 6 possible) became apparent between the general self-esteem and popularity, and the general sense of loneliness, deprivation of the need of social contact, situational feeling of social rejection, the feeling of losing one's social group. It was also noted that the identity integration is strongly connected with the deprivation of the need of

social contact and, to a moderate degree, with the situational feeling of social rejection and the general sense of loneliness. Another significant component of self-esteem is being loved, which is, to a moderate degree, connected with the situational feeling of social rejection and the deprivation of the need of social contact. In the group of men competences co-occur only with the feeling of lack of the connection with a group; in the group of women they correlate with this dimension of loneliness, but not exclusively (see tab. 2). A singular, moderate co-occurrence was also observed between men's leadership abilities and the deprivation of the need of social contact. Other components of self-esteem (self-control, moral self-acceptance, physical attractiveness, vitality) and defensive strengthening of self-esteem were not connected neither with the general sense of loneliness nor any of its five dimensions (deprivation of the need of social contact, situational feeling of social rejection, the feeling of losing one's social group, the feeling of lack of the connection with a group and the feeling of lack of meaningful relationships with people).

In order to answer the last research hypothesis, which assumes the existence of differing connections between variables in the groups divided by gender of the respondents, a *test t* for independent samples.

Table 4. *Correlations between self-esteem and the sense of loneliness experienced by the students of U3A in the groups divided by the respondent's gender (N=96)*

Variable	F	p	t	p
DPKS	4,154	0,044	-1,720	0,089
SPOS	2,912	0,091	-0,560	0,577
PUGT	1,847	0,177	-0,357	0,722
PBZzG	0,170	0,681	-1,819	0,072
PBZZzL	0,622	0,432	-0,770	0,443
SR-WO	3,768	0,055	-1,277	0,205
MSEI-WO	1,633	0,204	0,351	0,727
K	0,395	0,531	0,807	0,422
BK	0,134	0,715	-0,840	0,403
Pop	0,420	0,519	0,918	0,361
ZP	1,376	0,244	-0,787	0,433
Sam	3,150	0,079	0,768	0,445
SM	0,242	0,624	1,382	0,170

AF	0,077	0,782	1,051	0,296
W	0,144	0,705	0,427	0,670
IT	0,001	0,982	0,706	0,482
OWS	0,166	0,685	-1,547	0,125

Annotation MSEI-WO – general self-esteem, K – competence, BK – being loved, Pop – popularity, ZP – leadership abilities, Sam – self-control, SM – moral self-acceptance, AF – physical attractiveness, W – vitality, IT – integration of identity, OWS – defensive strengthening of self-esteem, DPKS – deprivation of the need of social contact, SPOS – situational feeling of social rejection, PUGT – the feeling of losing one's social group, PBZzG – the feeling of lack of the connection with a group, PBZZzL – the feeling of lack of meaningful relationships with people, SR-WO – the sense of loneliness (general result), ** $p < 0,01$; * $p < 0,05$.

Based on these results (tab. 4) it can be concluded that there are no statistically significant differences between self-esteem (and its components) and the sense of loneliness (and its dimensions) between the groups of men and women.

SUMMARY AND DISCUSSION OF THE RESULTS

The objective of this article was to examine the relationship between self-esteem and the sense of loneliness of the students of the University of the Third Age. General level of self-esteem and its components were determined with the use of Multidimensional Self-Esteem Inventory (*MSEI*), by E.J. O'Brien and S. Epstein [Fecenec 2008]. The dimensions of the sense of loneliness and its general level were measured with the use of Rasch Loneliness Scale (*S-Rasch*), by J. de Jong-Gierveld and F. Kamphuis [1985], which was adapted for Polish by J. Rembowski [1992]. 96 people participated in the study. Negative relationship between self-esteem and the sense of loneliness was discovered with the use of the analysis of correlation (r Pearson). However, the groups of men and of women did not show different results.

The first hypothesis assumed existence of statistically significant relationships between self-esteem and the sense of loneliness experienced by the U3A students. The conducted analyses revealed negative relationships between variables, which means that the lower level of a subject's self-esteem, the higher sense of loneliness they can experience. It can be stated that the hypotheses: H1 and H1.1. were confirmed. It was noted that the general higher level of self-esteem coexists with the lower: sense of loneliness, the feeling of lack of

the connection with a group, deprivation of the need of social contact, situational feeling of social rejection, the feeling of losing one's social group and feeling of lack of meaningful relationships with people. It was also proven that the general sense of loneliness co-occurs with lower: popularity, feeling of being loved, identity integration, competence, moral self-acceptance, effective self-control, leadership abilities, physical attractiveness and defensive strengthening of self-esteem. However, the relationship between the sense of loneliness and vitality was not noticed. The results prove confirm that the people who are very confident in themselves and their abilities function better in interpersonal relationships because they do not experience loneliness (or experience it to a smaller degree). These results correspond with the accounts by Jones, Freeman and Goswick [1981], which underline the negative relationship of the sense of loneliness and self-esteem, as well as those by Kaiser and Berndt [1985], which concerned the relationship between the sense of loneliness and the feeling of self-worth. The negative correlations between of self-esteem and the sense of loneliness in able-bodied youth and the youth with moderate mental disability were noticed also by Szabala [2013].

The general level of self-esteem and its components co-occur to a varying degree with the sense of loneliness and its dimensions. Deprivation of the need of social contact, measuring the feeling of being abandoned by one's environment, lack of friendship and interest from others (including the closest family) or the experience of senselessness and void is connected most strongly with popularity (being liked) and being loved, that is, the factors concerning the love of one's parents and kind feelings of the environment. Interpreting these data in psychological categories, one can state that a person feels less rejection and considers life more valuable and pleasant when they experience strong feelings of love and kindness from their family, acquaintances and friends. The overview of the studies on the subject of the relationships between the sense of loneliness and the style of attachment shows that raising children in a manner that gives them a sense of security is a factor that allow to avoid (or at least reduce) their sense of loneliness [Mikulincer, Shaver 2007]. Crisp and Turner's [2009] and Coopersmith's [1986] theories also underline the key role of the sense of security and unconditional love that the children should, from the youngest age, receive from the people close to them. The people who are raised in the atmosphere of warmth and understanding have higher self-esteem. In our research it was established that only the feeling of the connection to a group is affected by the competence more strongly than by the feeling of being loved. Similar results were obtained by Wei, Russell and Zakalik

[2005], who confirmed empirically that the sense of loneliness negatively correlates with social competences. In our research project deprivation of the need of social contact also correlated negatively with: moral self-acceptance, self-control, leadership abilities and, to a lesser extent (but still statistically significantly), to defensive strengthening of self-esteem. Only the co-occurrence with physical attractiveness and vitality was not observed. The connections with the integration of identity also revealed themselves. That allows us to presume that the sense of cohesion of one's self has an important role in the need of social contact. One can state that structured knowledge regulates the acts in which a people process information about themselves and helps them make good relationships with others.

Situational feeling of social rejection is an indicator of the lack or insufficiency of interpersonal relationships. It can suggest subject's feeling of alterity, their difference from their environment or even incompatibility with the group or social situation. This study has emphasized that this dimension of the sense of loneliness correlates most strongly with being loved and popularity and also (although less strongly) with identity integration, defensive strengthening of self-esteem, self-control, moral self-acceptance, leadership abilities and competence. These relationships were negative - it can be thus concluded that the experience of unconditional love from one's parents, accepting environment, but also structured information about themselves can guarantee a person's feeling of cohesion with fellow men. In our research project the situational feeling of social rejection had no relationship only with physical attractiveness and vitality.

Another dimension of the sense of loneliness - the feeling of losing one's social group - means its lack or experiencing a limited contact with it (insufficient or almost non-existent contact e.g. with neighbors). It co-occurs with low: popularity, feeling of being loved, identity integration, competence, leadership abilities, physical attractiveness and self-control and moral self-acceptance. In turn, there was no apparent connections with vitality and defensive strengthening of self-esteem.

The feeling of lack of the connection with a group illustrates, to what extent an individual feels a part of a certain group, how many similarities and common subjects for conversation they notice and if (and how much) they are convinced of their own attractiveness. In this study it was established that the feeling of lack of the connection with a group correlates most strongly with competence and popularity, but also with leadership abilities, the feeling of being loved, self-control, identity integration, vitality, moral

self-acceptance and physical attractiveness. The feeling of lack of the connection with a group and defensive strengthening of self-esteem did not reveal to have correlation. The above results prove that an individual more strongly experiences the feeling of a bond with their environment when they have higher (or more diversified) competences, abilities, skills or knowledge that allow them to share interesting things with others, because that person has many subjects for conversation. The feeling of being accepted and admired by others also proved to be important for the sense of the connection, relationship with a group. It is also worth noting that the discussed dimension of the sense of loneliness (compared to other ones) correlates most strongly with physical attractiveness. It allows to presume that appearance has a key role in the relationships with environment.

The last dimension of the sense of loneliness - the experience of the lack of meaningful relationships with people - refers to the relationships that are not sufficiently close or intimate. The feeling of the lack of meaningful interpersonal relationships co-occurs with a low: feeling of being liked (popularity) and loved, competence, moral self-acceptance, self-control, leadership abilities, vitality, identity integration and physical attractiveness. Its relationship with defensive strengthening of self-esteem was not noticed. It can be stated that having meaningful relationships with people is connected primarily with the sense of being loved and liked, but the subject's abilities, competences and knowledge as well as the effectiveness of their actions also have a key role.

Another hypothesis H2 assumed diverse connections between self-esteem and the sense of loneliness in the groups divided according to the gender of an examined person. The results of women emphasized a series of negative relationships between the analyses variables: (1) general self-esteem co-occurs with the general sense of loneliness and the feeling of lack of the connection with a group, deprivation of the need of social contact, situational feeling of social rejection, the feeling of lack of meaningful relationships with people and the feeling of losing one's social group; (2) competences, that is, our skills, abilities and knowledge and the ease of learning new things, are connected to the feeling of lack of the connection with a group, the feeling of lack of meaningful relationships with people, general sense of loneliness, deprivation of the need of social contact, situational feeling of social rejection and the feeling of losing one's social group; (3) the experience of being loved and accepted by one's family and friends correlates with the general sense of loneliness, situational feeling of social rejection, the feeling of lack of the connection with a group, the feeling of lack of meaningful relationships with people, deprivation

of the need of social contact and the feeling of losing one's social group; (4) popularity (being liked and recognized by the group and willingly included in it) is connected to the general sense of loneliness, the feeling of lack of the connection with a group, the feeling of lack of meaningful relationships with people, situational feeling of social rejection, deprivation of the need of social contact and the feeling of losing one's social group; (5) self-control, meaning self-discipline, perseverance and the ability to control ourselves and our emotions co-occurs with the general sense of loneliness, deprivation of the need of social contact, situational feeling of social rejection, the feeling of lack of the connection with a group, the feeling of lack of meaningful relationships with people and the feeling of losing one's social group; (6) moral self-acceptance (undertaking actions compatible with one's principles, contentment and lack of guilt about one's thoughts and actions) correlates with the feeling of lack of the connection with a group, the general sense of loneliness, the feeling of lack of meaningful relationships with people, deprivation of the need of social contact, situational feeling of social rejection and the feeling of losing one's social group; (7) identity integration - the sense of inner cohesion - is connected to the general sense of loneliness, deprivation of the need of social contact, the feeling of lack of the connection with a group, the feeling of losing one's social group, situational feeling of social rejection and the feeling of lack of meaningful relationships with people; (8) leadership abilities, that is, assertiveness, the ability to manage people and influence their behaviour, the need to win disputes, are connected to the feeling of lack of the connection with a group, general sense of loneliness, the feeling of losing one's social group, the feeling of lack of meaningful relationships with people and deprivation of the need of social contact; (9) defensive strengthening of self-esteem is the need of social approval - it means attributing to oneself rare, positive traits and denial of having common negative traits - co-occurs with situational feeling of social rejection, deprivation of the need of social contact, general sense of loneliness and the feeling of lack of the connection with a group; (10) physical attractiveness, that is, satisfaction of one's own appearance, on the same level correlates with the feeling of losing one's social group and the feeling of lack of the connection with a group; finally (11) vitality - perceiving oneself as a healthy, vigorous person, in a good physical condition - is connected to the feeling of lack of the connection with a group and the feeling of lack of meaningful relationships with people. Concluding the above results registered in the group of women studying at U3A, one can make a proposal that with the growth of general self-esteem

(and its components: competences, being loved, popularity, self-control, moral self-acceptance), as well as greater identity integration, the general sense of loneliness decreases (and its five dimensions: deprivation of the need of social contact, situational feeling of social rejection, the feeling of losing one's social group, the feeling of lack of the connection with a group, the feeling of lack of meaningful relationships with people). The above results prove also that being loved and popularity most strongly influence the sense of loneliness. Moreover, women's skills, knowledge and abilities are the elements that promote the feeling of cohesion with a group, because they facilitate creating and maintaining interpersonal relationships and finding common interests or values. In turn, lack of discipline can inhibit finding time for properly nurturing contacts and bonds with our loved ones, leading to the feeling of being rejected. In turn, in order to prevent it, an individual can begin to use the self-defense techniques of self-esteem, what in consequence can be related to a situational or permanent feeling of social rejection, loneliness, deprivation of the need of relationships or lack of the connection with the environment. In these studies it was observed, that women's physical attractiveness, as well as vitality, show the least relationship to the different dimensions of the sense of loneliness, and they do not correlate at all with its general level.

Much fewer connections between the analyzed variables were noted among men. It proved that self-esteem, as well as popularity correlate negatively with the general sense of loneliness, deprivation of the need of social contact, situational feeling of social rejection and the feeling of losing one's social group. The data emphasized also the key role of identity integration, which co-occurs with lower: deprivation of the need of social contact, situational feeling of social rejection and general sense of loneliness. Another important element of self-esteem is being loved - there were discovered moderately strong connections between it and situational feeling of social rejection and deprivation of the need of social contact. Men's competence, in turn, co-occur only with the feeling of lack of the connection with a group. The last, also moderately strong relationship was observed between leadership abilities and deprivation of the need of social contact. The obtained results allow to presume that it is popularity that for men plays a great role in the general sense of loneliness and the most of its dimensions. This, in turn, causes acceptance and society's approval to become one of the most important factors in their lives. These accounts also emphasize a great role of understanding oneself and experiencing one's own cohesion in reducing the sense of loneliness.

Analyzing the connections between self-esteem and the sense of loneliness in the groups of men and women it became apparent that the discovered differences were not statistically significant. It shows the lack of difference in regards to the examined variables between men and women. Consequently, the hypothesis H2 was rejected.

Looking critically on this elaboration, one should emphasize that the study group consisted of the students of the University of the Third Age – the people, who are active, engaged, with various interpersonal contacts. The fact that the study group is comparatively small should also not be overlooked.

As prospects for further research in this area, it is suggested to use a larger group of senior citizens and increase the number of examined men. The results obtained in this project also encourage to test the connections between self-esteem and the sense of loneliness among the elderly people who are not engaged in social activities (who are not U3A students). Thus, it can be suspected that the very fact of participating in the classes at the University of the Third Age is a factor protecting from loneliness, and, what is more (by prolonging the process of education, gaining knowledge and abilities, making new acquaintances) supporting one's self-esteem.

Among the application conclusions from the research, it is suggested to build adequate, high general self-esteem and developing such components which are most strongly connected with the sense of loneliness, reducing it significantly. It seems justified to work on the development of personal relationships, in which elderly people can experience being loved and liked. Of great importance is also the help in achieving the integrated identity - building the sense of greater inner cohesion. It can be supported by introspection or the conversation with oneself, but also contact with people of merit or confrontation with difficult tasks and challenges. Older people participating in such events can enjoy the company of others: the search for (and development of) common subjects for conversation and actions, and even simply being together, belonging to the same group or community. This, in turn, gives them the sense of security and opens them for new perspectives. The element worth attention is also maintaining the best possible relationships with one's family or friends, which can lower the sense of loneliness and prevent (or at least reduce) their negative consequences in the sphere of human health, life, physical and psychological condition (e.g. addiction, mental disorders or suicides) [Rembowski 1992].

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ABSTRACT

The article's objective is to examine the connections between self-esteem and the sense of loneliness of the students of the University of the Third Age. This study uses Multidimensional Self-Esteem Inventory (MSEI) by E.J. O'Brien i S. Epstein (Fecenec 2008) and Rasch Loneliness Scale (S-Rasch), by de Jong-Gierveld and F. Kamphuis (1985). The study was conducted on 96 students of the University of the Third Age in Ostrołęka (76 women and 20 men). Its results have confirmed two out of three hypotheses. A statistically significant connection was noted between self-esteem and sense of loneliness of the participants of the courses of the University. It has also become apparent that low self-esteem of an elderly person coexists with a high sense of loneliness. Moreover, these studies have shown the lack of significant intersexual

differences between self-esteem and the sense of loneliness of the students of the University.

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LOCUS OF CONTROL AND PERSONALITY TRAITS IN POLISH ADULTS ENTERING SENIOR AGE WITH DIFFERENT LIFE-SATISFACTION LEVEL

INTRODUCTION

The population in Poland has been aging rapidly over the past two decades. It raises concerns about how to meet the health and long-term care needs of the growing older adult population. Demographical analysis show that older population in Poland will systematically augment up to 2050 [<https://stat.gov.pl/obszary-tematyczne/ludnosc/ludnosc/ludnosc-piramida/>; Zalewska-Puchała, Majda & Cebula, 2015] The productive aging framework has been applied to promote the active roles that older adults can play in society and to improve physical and psychological well-being. Analyses concerning underpinnings of life-satisfaction in older population and possibilities to improve their quality of life is an area of vast and interdisciplinary research conducted all over the world including psychology, medicine or public health.

Life satisfaction is defined as a cognitive component of a subjective well-being and relates to a global assessment of a person's life [Diener 1984; Diener, Suh, & Oishi 1997; Jansi & Anbazhagan 2017]. This assessment includes personal values and social norms [Kahneman, Diener, & Schwartz 1999] and refers to such aspects of life as: work and salary, level of education, family

relations, friends and leisure activities [Rojas 2006; Kuykendall, Tay, & Ng 2015; Jansi & Anbazhagan, 2017; Lachman et al., 2018]. Some research indicate that life satisfaction is genetically determined [Diener et al. 1999; Bartels & Boomsma, 2009]. Data suggest that age of a person is an important factor in perceived life satisfaction [Chen 2001; Røysamb et al. 2018]. There is a difference between how young people assess their lives, in comparison to older people, who usually have experienced much more failures or situations of losses and adverse changes in their lifes. It is documented that life circumstances and unfavorable events connected with changes in lifestyle are crucial for life satisfaction [Acquino et al. 1996; Veenhoven 1996; Luchmann et al. 2012].

Complex underpinnings of life satisfaction among people at different phases of life are studied in cross-cultural psychology, with different methodology and new perspectives [DeNeve & Cooper 1998; Suldo & Huebner 2004; McCrae & Terracciano 2005]. Important factors connected with life satisfaction is a structure of psychological needs, personal values, SES etc. [Krysiak-Zielonka & Rożek-Piechura 2016; Rafa & Czyżowska 2020]. In late adulthood life satisfaction is connected with sense of security, autonomy and perceived social suport [Acquino et al. 1996; Krysiak-Zielonka & Rożek-Piechura 2016]. Life satisfaction is partially a function of personality traits, which are biologically determined and external factors, such as a culture, environment and a socio-economical status (SES) [DeNeve & Cooper 1998; Larsen & Buss 2005; McCrae & Terracciano 2005; Hosseinkhanzadeh & Taher 2013]. According to Marks, Abdallah, Simms & Thompson [2006], life satisfaction of Poles is on a moderate level, however has increased since the fall of communism in 1989 year. However, psychological sell-being of citizens of Poland is significantly lower in comparison to citizens of western countries [Marks et al. 2006; Kupcewicz et al. 2020]. It is documented that subjective well-being is higher among citizens of countries which did not participate in military conflicts, declare neutrality and engagement in peacekeeping missions [Boski 2009].

Apart from cultural and socio-economical factors which may influence people's life satisfaction in late adulthood, which according to WHO commences at approximately 60 year of age, research confirm that life satisfactio in older adults it is connected with coping resources [Elwell & Maltbie-Crannell 1981], marital status and major life events such as retirement or loss of sopuse [Chen 2001; Chipperfield & Havens 2001], health, material well-being, participation in community organizations [Kearney, Plax, & Lentz

1985; Bearon 1989]; social support and satisfactory social relationships [Cheng & Chan 2006; Sherman et al. 2006]. There is also evidence concerning locus of control some personality traits as important predictors of life satisfaction in older people [Menec & Chipperfield 1997; Lawal & Idemudia 2017].

LOCUS OF CONTROL

Locus of control is one of the most important psychological variable contributing to healthy ageing [Menec & Chipperfield 1997]. Perceived personal control refers to perceived ability to influence different events in the everyday situations [Abu-Bader, Rogers & Barusch 2003]. Locus of control describes individuals' generalized expectancies of whether they are able to bring a particular result. In older population, feeling in control contributes to health as it advertise healthy lifestyle by e.g. engaging in regular exercise [Menec & Chipperfield 1997] or health care [Rafa, Czyżowska 2020]. It is well documented that locus of control is a significant predictor of life satisfaction in older people [Menec & Chipperfield 1997; Abu-Bader, Rogers & Barusch 2003; Berg et al. 2006; Rafa & Czyżowska 2020]. Research conducted on 592 retirees in the South-west part of Nigeria revealed that their self-esteem and internal locus of control were important predictors of life satisfaction [Lawal & Idemudia 2017]. Abu-Bader, Rogers and Barusch [2003] examined 60 year old Americans and the results were similar indicating on internal locus of control as an important predictor of life satisfaction. Another research conducted on a group of 1258 international sample showed that internal locus of control was positively related to exercising and participation in leisure activities. Participating in leisure activities and exercises were connected with better perceived health and higher life satisfaction [Menec & Chipperfield 1997].

PERSONALITY TRAITS IN FIVE FACTOR MODEL

Personality is a set of traits that are manifested in the way one thinks, feels and behaves in everyday situations [Allemand & Mehl 2017]. One of the most recognized model of personality in contemporary psychology is a Five Factor Model. Robert McCrae and Paul Costa [McCrae, & Costa 1997; McCrae & Costa 2003] authors of the Five-Factor Model, define personality as a set of dynamically connected traits which enable one to predict how a person will behave in a given situation. The authors enumerate five personality traits: extraversion, neuroticism, conscientiousness, agreeableness and

openness to experience [McCrae, & Costa 1997; Costa, & McCrae 1988; McCrae & Costa 2003]. Personality traits enable realisation of important goals, therefore contribute to life satisfaction. For example, extraversion relates to features connected with interpersonal relations, being eager to engage in social life and obtain satisfaction from being with people. Social support is one of the components of subjective life-satisfaction [Acquino et al. 1996; Young 2005], therefore extraversion may contribute to it. Another trait, conscientiousness is related to characteristics as diligence, endurance, ability to delay gratification and working in organized way. In this way this trait enables obtaining many life goals, social rewards and public appraisals. Neuroticism relates to traits connected with emotional balance, being calm in face of difficulties and abilities to cope with stress. Therefore, people with high neuroticism are often anxious, have mood swings, often for no reason, use defensive coping strategies and usually have lower life-satisfaction [Heaven 1989; Gale et al. 2013].

Connections between personality traits and life satisfaction are well-documented in older seniors. Jong-Hyun & Soo-Il [2011] investigated determinants of life satisfaction among 282 Korean seniors over the age of 60. Openness, agreeableness, conscientiousness, and extraversion had a positive impact on self-esteem and life satisfaction. The neuroticism had a negative impact on life satisfaction. Yannick [2009] examined two hundred and thirty-five retired adults aged from 58 to 85 years. Multiple regression analyses revealed that openness to experience was a predictor of life satisfaction, beyond subjective health and financial satisfaction. Another interesting research conducted by Magee, Miller & Heaven [2013] on a group of 11 140 adults aged 20-79 revealed that associations between increased neuroticism and lower life satisfaction as well as increased extraversion, conscientiousness, agreeableness and higher life satisfaction were more evident in younger adults. These findings provide a justification for conducting further research in this area.

In Poland, there is a deficiency of contemporary research on correlates of life satisfaction among Polish adults at the beginning of late adulthood. This moment of life is a very important one as contributes to a positive adaptation to developmental changes in own's appearance, physical and emotional functioning, loss of some social roles, acceptance of new tasks and lifestyle. People entering 60+ usually do still work, they are aware of changes which will occur in near future and have time to prepare themselves to the new situation. Because of that, it was decided to examine locus of control and personality traits and their links with life satisfaction in this age group. Results may

help to promote a positive adaptation to a new period of life and as a feedback, it may result in therapeutic impacts (workshops, psychological counseling etc.).

METHOD

The aim of this study was to determine if people with different level of life satisfaction differ in locus of control and personality traits. It was hypothesized that both groups will be different in terms of variables aforementioned. It was expected that group with low life satisfaction will be connected with higher external locus of control and lower emotional stability, extraversion, conscientiousness and openness to experience in comparison to the group with high scores in life satisfaction. On contrary, it was assumed that people with high life satisfaction will be more internal, extravert, emotionally stable, agreeable, conscientious and open to experience. It was also expected that there might be different connections between personality traits and locus of control in adults entering senior age with different life satisfaction level. Hypothesis were formulated on the basis of literature [Menec, Chipperfield 1997; Pushkar, Reis & Morros 2002; Berg et al. 2006; Löckenhoff, Terracciano & Costa 2009].

MEASURE

Three questionnaires were used to assess three variables: locus of control, personality traits and life satisfaction. Locus of control was assessed by *Kwestionariusz do Pomiaru Poczucia Kontroli Delta* by Drwal [1979]. It is a Polish instrument which measure generalized locus of control defined as a dimension of personality. It consists of 24 items, which have a form of statements and which respondents assess as true or false. 14 of them refers to locus of control which may be internal (high scores) or external (low scores). The rest 10 items constitute a lie scale. High score in this scale informs about a tendency to show oneself in an overly positive light.

Ten Item Personality Inventory – TIPI [2003], in Polish adaptation by Sorokowska et al. [2014] was administered to assess personality traits. Ten Item Personality Inventory consists of 10 items encompassing five personality traits according to Big Five Model of Costa and McCrae: Extraversion (E; e.g., “enthusiastic”), Emotional Stability (ES; e.g., “calm”), Agreeableness (A; e.g., “sympathetic”), Conscientiousness (C; e.g., “self-disciplined”), and Openness to Experience (O; e.g., “open to new experiences”). Participants responds to

each item on a scale of 1–7 (1 = *disagree strongly* to 7 = *agree strongly*). The score for each scale is calculated by obtaining the mean of two items constituting a particular personality trait.

Satisfaction with Life Scale (SWLS) by Diener, Emmons, Larsen and Griffin [1985] in Polish adaptation of Juczyński [2009] was used to measure life satisfaction defined as a subjective assessment of different aspects of owns' life. SWLS is composed of 5 items referring to different domains of life satisfaction. An examinee responds to each statement on a scale of 1-7 (1 = *disagree strongly* to 7 = *agree strongly*). The general life satisfaction score is calculated by summing up responses to each of 5 items and may vary from 1 to 35. The higher score obtained, the higher life satisfaction.

PARTICIPANTS AND PROCEDURE

A total of 138 adults aged 56-64 ($M_{age}=61,5$; $SD=3,25$) were examined including 55% men and 45% women, without chronic diseases. They were citizens of one large city in Poland (72%), towns up to 20.000 citizens (15%) and small villages (20%). Participation in this study was voluntary, persons were informed about the scientific purpose of this research, anonymity and confidentiality of data. Most of them (91%) were professionally active at the moment of conducting the research. The group was represented by persons with different marital status: married (75%), divorced (20%) and single (5%). Data was collected during one meeting. Participants obtained three questionnaires: Kwestionariusz do Pomiaru Poczucia Kontroli Delta, Polish version of Ten Item Personality Inventory and Satisfaction with Life Scale. After completion of questionnaires two groups were distinguished: with high ($n=53$) and low ($n=49$) level of life satisfaction. 7-10 sten obtained in SWLS were indicators of high life satisfaction whereas 1-4 – of a low life satisfaction. In this way, results obtained from 102 people were analyzed (results of people with moderate life satisfaction have not been analyzed).

RESULTS

Quantitative interpretation of obtained data was carried out based on raw scores. Analyses of results are presented in the same order that the research questions raised. In order to verify whether there are statistically significant differences between obtained results regarding locus of control and personality

traits in people with high and low life satisfaction, the independent sample Student's *t*-test was used. The results of the analysis are presented in table 1.

Table 1 Results of the test of the significance of differences of *t*-Student for locus of control and personality traits for people with high (*n*=53) and low (*n*=49) level of life satisfaction

Traits	Level of life satisfaction				<i>t</i>
	high		low		
	<i>n</i> =53		<i>n</i> =49		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Locus of control	10.50	2.31	7.02	1.89	.68**
Emotional stability	4.03	1.10	4.31	1.05	.57
Extraversion	6.40	1.54	4.53	1.77	.89**
Conscientiousness	5.05	2.21	5.17	1.65	.46
Openness to experience	4.20	1.89	4.13	1.74	.53
Agreeableness	6.10	2.30	5.80	2.00	.61

Note. ***p* < .01.

Data presented in table 1 inform about differences in locus in control and extraversion between two group of people. People with higher life satisfaction are significantly more internal than their colleagues who have a low life satisfaction. People with high life satisfaction are also more extravert than people with low life satisfaction.

Another research question related to assessment of connections between locus of control and personality traits in two groups distinguished on account of level of life satisfaction. These analysis are presented below in Table 2 (group with high level of life satisfaction).

Table 2 Values of r-Pearson correlation coefficient for connections among locus of control and personality traits in people with high life satisfaction (n=53)

Personality traits		Locus of control
Emotional Stability	r-Pearson	.11
	<i>p</i>	.54
Extraversion	r-Pearson	.22
	<i>p</i>	.22
Conscientiousness	r-Pearson	.27
	<i>p</i>	.12
Openness to experience	r-Pearson	.34**
	<i>p</i>	.00
Agreeableness	r-Pearson	-.29
	<i>p</i>	.10

Note. ***p* < .01.

Data presented above indicate on moderate correlations between locus of control and openness to experience. Higher scores on openness to experience cooccur with higher internal locus of control in people with high level of life satisfaction.

In the group with low life satisfaction there were no significant correlations between personality traits and locus of control.

DISCUSSION

A complex process of adaptation to new roles and demands resulting from entering to a new phase of life, naming late adulthood, entails unceasing interactions between biological, psychological and social factors which cooccur in a particular historical moment of time [Haley, Forrest-Lytle & Dadashazar 2016]. Another important element in this proces is a social and intititional suport and personal resources, such as dispositional optimism and life satisfaction [Heo 2010; Ferguson & Goodwin 2010; Liberska 2016]. There were two objectives of this study. The first one was the assessment of differences in locus of control and personality traits in two groups of adults differentiated on the basis of their level of life satisfaction. It was assumed that both groups would differ in locus of control and personality traits. This hypothesis was partially confirmed. Results indicated that adults with high life satisfaction were more internal and extravert than adults with low life satisfaction. This result is confirmed by previous studies [Menec, & Chipperfield 1997;

Abu-Bader, Rogers & Barusch, 2003; Berg et al., 2006; Lawal & Idemudia, 2017] indicating on internal locus of control as important determinant of life satisfaction in older adults. However, in this study, only extraversion differentiated both groups (with adults with high life satisfaction more extravert than adults with a low one). This result partially confirm previous studies [Yannick 2009; Jong-Hyun & Soo-Il 2011; Magee, Miller & Heaven 2013] as only extraversion was higher in the group of people with high level of life satisfaction in this study. Previous research indicated on higher openness to experience, conscientiousness, agreeableness and lower emotional stability in people with higher life satisfaction [Jong-Hyun & Soo-Il 2011; Magee, Miller & Heaven 2013]. However, in polish studies of Finogenow [2016] openness to experience did not have a relationship with a life satisfaction among polish older adults.

Second aim of this study was assessment of relationships between locus of control and personality traits in adults with high and low life satisfaction. Analysis revealed connections between openness to experience and locus of control in adults with high life satisfaction. Higher openness and seeking for novelty is connected with higher internal locus of control in this group. This result is confirmed by research of Yannick [2009], but stands in opposition to polish research of Finogenow [2016]. It is pointed out that people with high openness to experience are broad-minded, versatile, flexible in the way of thinking and behaving. They tend to understand complex motives of own's and other people's behaviours [McCrae, Costa 1997]. Internal locus of control refers to the ability to perceive and monitor personal attitudes, motives of behaviours and complex determinants of actions which a person undertake. This trait of personality has a strong cognitive component, therefore its links with locus of control, which entails cognitive ability to find connectionf between own's behaviors and their results seem to be clear. However, relationships between these two variables were observed only in the group of adults with high life satisfaction.

It is interesting that no correlations were found in the group of adults with low life satisfaction. It is possible that there are other variables which might mediate the relationships between locus of control, personality traits and life satisfaction which were not taken into consideration in this research.

It is important to note some limitations of this study. Participants were recruited in only one city in Eastern Poland which does not allow to generalize the results. Moreover, in future it would be interesting to investigate connections between locus of control, personality traits

and life satisfaction on a larger group of older adults. It is also worth mentioning that researchers stress that there are other variables, such as hope, which may mediate relationships between them [Erickson 1997; Świerżewska, 2010; Brudek, 2019]. Therefore the results obtained in this study should be interpreted with caution.

Life satisfaction is a multidimensional construct and refers to subjective assessment of important aspects of life such as health, salary, occupation, self-esteem, personal values, family and social relations [Michalos 1991]. A general satisfaction from one's life is not however a sum of each of the elements, because people put different values to particular aspects of their lives, at different phases of their lives [Vittersø, Røysamb & Diener 2002]. Because of this reason it would be reasonable to assess in future research cognitive assessment of particular aspects of people lives and analyze connections between partial assessments with other psychological variables, including those which were analyzed in this study .

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ABSTRACT

The aim of this study was the analysis of personality traits and locus of control among polish adults entering late adulthood. Research was conducted on a group of 102 people (Mage=61,5; SD=3.25) with no medical problems. Polish version of Ten Inventory Personality Scale and Satisfaction with Life Scale were used in this study to examine personality traits and life satisfaction whereas Questionnaire of Locus of Control Delta was administered to assess locus of control. Two group were distinguished: with high (n=53) and low (n=49) level of life-satisfaction. It was assumed that people with low and high level of life satisfaction differ in set of personality traits and locus of control. Moreover, different patterns of relationships between locus of control and personality traits in two groups of adults were expected. Obtained results confirmed partially these hypothesis and are discussed in terms of possibilities of supporting a process of adaptation to a new social roles and demands, as well as proper ageing of older people.

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THE SENSE OF COHERENCE AND HEALTHY BEHAVIOURS OF THE ELDERLY

INTRODUCTION

The sense of coherence is a highly complex personality variable [Antonovsky 2005; Dolińska-Zygmunt 2001; Hochwalder 2015]. It encompasses beliefs about outside world, the relationships between the world and the individual and self-beliefs. The sense of coherence has a motivational effect, promoting efforts to cope with difficulties. In addition, it influences the choice of the appropriate resources needed to undertake these efforts and accurately assess certain stressors. It plays an important role in fighting a disease [Heszern 2007]. Individuals with a strong sense of coherence are able to mobilise to increase their efforts. This unlocks their cognitive resources and structures which weaken stressors and help to redefine them into positive stimuli. They can also be seen as a challenge for the individual. This makes them energised to meet the demands they are facing, thus preventing high stress and adverse impact on health, and consequently creating a sense of success which contributes to their self-efficacy [Sęk 2001]. Conversely, those who do not have the resources to fight stressors and exhibit a weak sense of coherence will be prone to considerable stress and a health breakdown when faced with pathogenic factors [Heszen, Sęk 2007]. Hence, the sense of coherence is a variable of critical significance for physical and mental balance, helping to cope with life's difficulties and promoting health [Elyasi et al. 2015]. Furthermore, recent literature notes the link between the sense of coherence and other variables underlying

the assessment of overall functioning [Kocjan, Knapuik 2014; Kurowska, Figiel 2009; Kurowska, Sułkowska 2011; Kurowska et al. 2008; Marzec et al. 2014] and satisfaction with life, especially when people are ageing.

THE THEORETICAL BASIS FOR THIS STUDY

Healthy lifestyle [Dolińska-Zygmunt 2001; Czapiński, Muzyka 1995] has been a subject of growing significance internationally. This is largely in response to the recently observed mental health deterioration and the spread of lifestyle diseases among the elderly [Sygit-Kowalikowska 2013]. Individual behaviours are a major factor for health, allowing people to maintain, restore and improve it. As such *healthy behaviours* are considered a form of activity undertaken to achieve specific health outcomes. Three types of such behaviours can be distinguished: *healthy*, *unhealthy* and *mixed* [Dolińska-Zygmunt 2001a; 2001b; Kaczmarczyk, Trafiałek 2007]. *Healthy behaviours* manifest in the individual's response to any changes in their own health, including in habits and purposeful actions. The individual makes autonomous decisions which have a specific impact on their physical and mental condition. In addition to the individual's knowledge and experience which determine their views and beliefs on this subject, a profound role is played by the culture and environment in which they live, including such variables as gender, age and social roles [Smoleń et al. 2011].

– The sense of coherence is a key health variable. And there is extensive evidence to show that its high degrees have a positive impact on health, and more specifically on achieving, preserving and restoring health [Chodkiewicz 2005]. Existing research suggests that the sense of coherence is particularly correlated with somatic and mental health, as well as with the reported tendency to engage in healthy behaviours [Sęk 2001; Gębka, Kędziora-Kornatowska 2012]. Therefore the sense of coherence plays a significant role in the overall functioning of the elderly. It shapes the way they perceive their old age and guides their approach to coping with difficult situations associated with this stage of life and their attitude towards it [Zielińska-Więczkowska, Kędziora-Kornatowska 2010]. Research shows that the stronger the sense of coherence, the easier it is for people to avoid dangers, and the more they are able to take measures to preserve their health and prevent diseases [Kurowska et al. 2008]. According to Antonovsky's concept, a strong sense of coherence enables us to maintain balance despite the

difficulties we continue to face. It mobilises the individual's resources when ill and consequently leads to efforts to preserve health [Kurowska, Figiel 2009]. As such the sense of coherence can be described as the determinant of healthy behaviours – the sense of being able to cope makes it easier, to a certain degree, to follow healthy practices, while a strong sense of meaningfulness promotes preventive behaviours [Bengtsson et al. 2005]. Existing research also demonstrates that when energised, the elderly could have an opportunity to increase their satisfaction with life and thereby to enjoy successful ageing [Greimel et al. 2016]. This creates opportunities for socialising and fulfilling many psychological needs, and promoting a capable body to become one of the forms of a healthy lifestyle [Kaczmarczyk, Trafiałek 2007]. A healthy lifestyle can also slow biological ageing, thus contributing to satisfaction with life [Zielińska-Więczkowska, Kędziora-Kornatowska 2010].

METHODOLOGY

Problem and hypothesis

Our study aimed to answer the following research questions:

1. Is there any relationship between the sense of coherence and the incidence of healthy behaviours?
2. Is there any relationship between the individual components of the sense of coherence and the incidence of healthy behaviours?
3. Are there any differences between women and men as regards the sense of coherence and the incidence of healthy behaviours?

Description of the methods applied

Two self-report questionnaires were used in the study: the Orientation to Life Questionnaire (SOC-29), designed by Aaron Antonovsky to measure the sense of coherence [Bengtsson et al. 2005], which comprises 29 items grouped into three subscales corresponding to the components of the sense of coherence identified by Antonovsky: comprehensibility (PZR); manageability (PZ) and meaningfulness (PS), and the healthy behaviour Inventory (HBI) designed by Zygryd Juczyński to measure healthy behaviours. Respondents answer questions on healthy eating habits, preventive behaviours, positive mental attitudes and healthy practices [Kuczyńska, 2001]. Respondents' particulars were also

taken into account, including basic demographic data (age, gender, education, place of residence) and information on health status and medical visits.

The results were subjected to statistical analysis using the Pearson and Spearman correlation. IBM SPSS Statistics 22.0 software was employed for computation [Bedyńska, Brzezicka 2007]

The people surveyed

A total of 60 individuals took the survey, including 30 women and 30 men aged over 65 (the mean age was 70.97, with a standard deviation of 6.178). The survey was administered in Lublin and at the University of the Third Age in Lublin.

ANALYSIS OF THE RESULTS

Our analyses showed that the respondents varied in terms of education. The most respondents stated that they had higher education (28.3%) and slightly less reported having primary education (25%) and basic vocational and secondary education (23.3%).

The majority of the respondents described their health status as average (53.3%) or good (30%). 15% of the respondents considered it poor and 1.7% as very poor.

A larger portion of the respondents attended medical visits less than once a month (58.3%). Medical visits were attended once a month by 30%, and twice a month by 10%, of the respondents. Respondents who attended medical visits thrice a month constituted the smallest group (1.7%).

As a first step we analysed the correlation between the sense of coherence (SOC) and healthy behaviours, including their components.

Table 1 The relationship between the healthy behaviour (HB) index and the sense of coherence (SOC), including their components.

	r-Pearson	p
VARIABLE	ZZ	
SOC global	r=0,423	p<0,001
Comprehensibility	r=0,141	p=0,282
Manageability	r=0,472	p<0,001
Meaningfulness	r=0,502	p<0,001

Our analyses showed that there was a strong positive correlation between the global sense of coherence and the healthy behaviour index ($r=0.423$, $p=0.001$). This means that the greater the sense of coherence, the higher the incidence of healthy behaviours. We also found a positive correlation between the healthy behaviour index and the individual components of the sense of coherence – manageability ($r=0.472$, $p<0.001$) and meaningfulness ($r=0.502$, $p<0.001$). No significant correlation was found between the healthy behaviour index and meaningfulness ($r=0.141$, $p=0.282$).

Table 2 The relationship between healthy eating habits and the sense of coherence (SOC), including its components

	r-Pearson	p
VARIABLE	Healthy eating habits	
SOC global	r=0,355	p=0,005
Comprehensibility	r=0,079	p=0,550
Manageability	r=0,429	p=0,001
Meaningfulness	r=0,427	p=0,001

The analysis of the correlation between healthy habits and the global sense of coherence suggested that there was a significant correlation between these

two variables ($r=0.355$, $p=0.005$). A strong positive correlation was also found between healthy habits and manageability ($r=0.429$, $p=0.001$) and meaningfulness ($r=0.427$, $p=0.001$). These data warrant the conjecture that the stronger the sense of coherence, manageability and meaningfulness, the higher the incidents of healthy eating habits. No significant correlation was found between healthy eating habits and comprehensibility ($r=0.079$, $p=0.550$).

Table 3 The relationship between preventive behaviours and the sense of coherence (SOC), including its component

	r-Pearsona	p
VARIABLE	Preventive behaviours	
SOC global	$r=0,187$	$p=0,152$
Comprehensibility	$r=-0,059$	$p=0,656$
Manageability	$r=0,221$	$p=0,090$
Meaningfulness	$r=0,345$	$p=0,007$

Based on statistical analysis, we found no significant correlation between preventive behaviours and the global sense of coherence ($r=0.187$, $p=0.152$) and its components, i.e. comprehensibility ($r=0.059$, $p=0.656$), manageability ($r=0.221$, $p=0.090$) and meaningfulness ($r=0.345$, $p=0.007$).

Table 4 The relationship between positive mental attitudes and the sense of coherence (SOC), including its components

	Spearman's correlation	p
VARIABLE	Positive mental attitudes	
SOC global	$\rho=0,541$	$p<0,001$
Comprehensibility	$\rho=0,270$	$p=0,037$
Manageability	$\rho=0,606$	$p<0,001$
Meaningfulness	$\rho=0,519$	$p<0,001$

The analyses discussed above reveal strong positive correlations between positive mental attitudes and the global sense of coherence ($\rho=0.541$, $p<0.001$),

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manageability ($\rho=0.606$, $p<0.001$) and meaningfulness ($\rho=0.519$, $p<0.001$). This means that as the sense of coherence, manageability and meaningfulness grows, so does the incidence of positive mental attitudes. However, no significant correlation was found between positive mental attitudes and comprehensibility ($\rho=0.270$, $p=0.037$).

Table 5 The relationship between healthy practices and the sense of coherence (SOC), including its components

	Spearman's correlation	p
VARIABLE	Healthy practices	
SOC global	$\rho=0,172$	p=0,189
Comprehensibility	$\rho=0,043$	p=0,189
Manageability	$\rho=0,166$	p=0,206
Meaningfulness	$\rho=0,221$	p=0,090

Based on our analyses, we found no significant correlation between healthy practices and the global sense of coherence ($r=0.172$, $p=0.189$) and its components: comprehensibility ($r=0.043$, $p=0.189$), manageability ($r=0.166$, $p=0.206$) and meaningfulness ($r=0.221$, $p=0.090$).

Table 6 Descriptive statistics of the sense of coherence (SOC-29) among women and men

VARIABLE	Women	Men	Test	p
	M (SD)			
SOC global	125,33 (25,004)	134,80 (18,902)	$t=-1,654$	p=0,103
Comprehensibility	44,53 (10,194)	47,87 (8,772)	$t=-1,358$	p=0,18
Manageability	43,00 (9,270)	46,30 (7,562)	$t=-1,511$	p=0,136
Meaningfulness	37,80 (8,648)	40,63 (5,991)	$t=-1,475$	p=0,146

Our analyses revealed minor differences between women and men in terms of the overall sense of coherence. The mean SOC for women was 125.33 and for men 134.80. These scores were within the average. And similar scores were obtained for the individual components of the sense of coherence – comprehensibility, manageability and meaningfulness. All these values were higher for men than for women, but the differences were not statistically significant.

Table 7 Descriptive statistics of the healthy behaviour index (HBI) among women and men

VARIABLE	Women	Men	Test	p
	M (SD)			
ZZ	81,67 (13,867)	85,27 (14,007)	t=-1,00	p=0,321
Healthy eating habits	19,40 (5,462)	20,17 (4,983)	t=-0,568	p=0,572
Preventive behaviours	20,77 (3,954)	21,07 (4,828)	t=-0,263	p=0,793
Positive mental attitudes	20,7 (4,61)	22,57 (3,47)	Z=-1,643	p=0,1
Healthy practices	20,8 (4,66)	21,47 (4,2)	Z=-0,126	p=0,899

We found no significant differences in healthy behaviours between women and men. The scores were within the average in both groups.

As a next step we analysed the correlation between the sense of coherence (SOC) and healthy behaviours, including their components, among women.

Table 8 The relationship between the healthy behaviour (HB) index and the sense of coherence (SOC), including their components.

VARIABLE	r-Pearson	p
	ZZ	
SOC global	r=0,627	p<0,001
Comprehensibility	r=0,369	p=0,045
Manageability	r=0,691	p<0,001
Meaningfulness	r=0,602	p<0,001

Based on our analyses, we concluded that there was a strong positive correlation ($p=0.627$, $p<0.001$) between the global sense of coherence and the healthy behaviour index, which means that the incidence of healthy behaviours increased along with the sense of coherence. A significant correlation was also found between healthy behaviours and manageability ($r=0.691$, $p=0.001$) and meaningfulness ($r=0.602$, $p<0.001$). No correlation was found between the healthy behaviour index and comprehensibility ($r=0.369$, $p=0.045$).

Table 9 The relationship between healthy eating habits and the sense of coherence (SOC), including its components

VARIABLE	r-Pearson	p
	Healthy eating habits	
SOC global	r=0,542	p=0,002
Comprehensibility	r=0,242	p=0,197
Manageability	r=0,661	p<0,001
Meaningfulness	r=0,527	p=0,003

These data point to a positive correlation between healthy eating habits and the global sense of coherence ($r=0.542$, $p=0.002$). A significant correlation was also found between healthy eating habits and manageability ($r=0.661$, $p=0.001$) and meaningfulness ($r=0.527$, $p=0.003$). No significant correlation was found between healthy eating habits and comprehensibility ($r=0.242$, $p=0.197$).

Table 10. The relationship between preventive behaviours and the sense of coherence (SOC), including its components

VARIABLE	r-Pearsona	p
	Preventive behaviours	
SOC global	r=0,262	p=0,162
Comprehensibility	r=0,019	p=0,921
Manageability	r=0,345	p=0,062
Meaningfulness	r=0,330	p=0,075

Based on our analysis, we found no significant correlation between preventive behaviours and the global sense of coherence ($r=0.262$, $p=0.162$) and its components: comprehensibility ($r=0.019$, $p=0.921$), manageability ($r=0.345$, $p=0.062$) and meaningfulness ($r=0.330$, $p=0.075$).

Table 11 The relationship between positive mental attitudes and the sense of coherence (SOC), including its components

VARIABLE	Spearman's correlation	p
	Positive mental attitudes	
SOC global	rho=0,781	p<0,001
Comprehensibility	rho=0,499	p=0,005
Manageability	rho=0,817	p<0,001
Meaningfulness	rho=0,686	p<0,001

The data provided in the tables above reveal strong positive correlations between positive mental attitudes and the global sense of coherence ($\rho=0.781$, $p<0.001$), manageability ($\rho=0.817$, $p<0.001$) and meaningfulness ($\rho=0.686$, $p<0.001$). A moderately significant correlation was found between positive mental attitudes and comprehensibility ($\rho=0.499$, $p=0.005$). These correlation data suggest that the stronger the sense of coherence, comprehensibility, manageability and meaningfulness, the higher the incidence of positive mental attitudes.

Table 12 The relationship between healthy practices and the sense of coherence (SOC), including its components

VARIABLE	Spearman's correlation	p
	Healthy practices	
SOC global	rho=0,327	p=0,078
Comprehensibility	rho=0,289	p=0,121
Manageability	rho=0,207	p=0,273
Meaningfulness	rho=0,220	p=0,242

These data reveal no significant correlation between healthy practices and the global sense of coherence ($r=0.327$, $p=0.078$) and its components: comprehensibility ($\rho=0.289$, $p=0.121$), manageability ($r=0.207$, $p=0.273$) and meaningfulness ($\rho=0.220$, $p=0.242$).

A similar analysis of the correlation between the sense of coherence (SOC) and healthy behaviours, including their components, was performed for men.

Table 13 The relationship between the healthy behaviour (HB) index and the sense of coherence (SOC), including their components.

VARIABLE	r-Pearson	p
	ZZ	
SOC global	r=0,130	p=0,494
Comprehensibility	r=0,183	p=0,332
Manageability	r=0,198	p=0,295
Meaningfulness	r=0,352	p=0,057

Based on our analysis, we found no significant correlation between the healthy behaviour index and the global sense of coherence ($r=0.130$, $p=0.494$) and its components, i.e. comprehensibility ($r=0.193$, $p=0.332$), manageability ($r=0.198$, $p=0.295$) and meaningfulness ($r=0.352$, $p=0.057$).

Table 14 The relationship between healthy eating habits and the sense of coherence (SOC), including its components

VARIABLE	r-Pearson	p
	Healthy eating habits	
SOC global	r=0,072	p=0,706
Comprehensibility	r=-0,172	p=0,365
Manageability	r=0,122	p=0,521
Meaningfulness	r=0,264	p=0,158

Based on the data provided in the table above, no significant correlation could be found between healthy eating habits and the global sense of coherence ($r=0.072$, $p=0.706$) and its components: comprehensibility ($r=0.172$, $p=0.365$), manageability ($r=0.122$, $p=0.521$) and meaningfulness ($r=0.264$, $p=0.158$).

Table 15 The relationship between preventive behaviours and the sense of coherence (SOC), including its components

VARIABLE	r-Pearson	p
	Preventive behaviours	
SOC global	r=0,111	p=0,560
Comprehensibility	r=-0,155	p=0,412
Manageability	r=0,105	p=0,580
Meaningfulness	r=0,392	p=0,032

As shown in Table 15, there was no significant correlation between preventive behaviours and the global sense of coherence ($r=0.111$, $p=0.560$) and its components: comprehensibility ($r=-0.155$, $p=0.412$), manageability ($r=0.105$, $p=0.580$) and meaningfulness ($r=0.392$, $p=0.032$).

Table 16 The relationship between positive mental attitudes and the sense of coherence (SOC), including its components

VARIABLE	Spearman's correlation	p
	Positive mental attitudes	
SOC global	rho=0,147	p=0,438
Comprehensibility	rho=-0,093	p=0,626
Manageability	rho=0,239	p=0,204
Meaningfulness	rho=0,249	p=0,184

These data reveal no significant correlation between positive mental attitudes and the global sense of coherence (rho=0.147, p=0.438) and its components: comprehensibility (rho=-0.093, p=0.626), manageability (r=0.239, p=0.204) and meaningfulness (rho=0.249, p=0.184).

Table 17 The relationship between healthy practices and the sense of coherence (SOC), including its components

VARIABLE	Spearman's correlation	p
	Healthy practices	
SOC global	rho=-0,090	p=0,638
Comprehensibility	rho=-0,292	p=0,118
Manageability	rho=0,023	p=0,903
Meaningfulness	rho=0,155	p=0,415

We found no significant correlations between healthy practices and the global sense of coherence (rho=-0.090, p=0.638) and its components: comprehensibility (rho=-0.292, p=0.118), manageability (r=0.023, p=0.903) and meaningfulness (rho=0.155, p=0.415).

SUMMARY

Ageing is a natural, physiological process involving multiple changes, both biological and mental [Wieczorowska-Tobis, Talarska 2008, Steud-en 2011, Straś-Romanowska 2000]. It is often associated with deteriorat-ing health, troublesome somatic conditions and an increased risk of various diseases.

Our study showed that individuals aged over 65 exhibited an av-erage sense of coherence ($x=130.07$). Their questionnaire scores ranged from 69 to 170, which could suggest that the group was homogeneous in terms of the variable in question. Scores for individual components of the sense of coherence were also within the average. The largest num-ber of high scores was found in the manageability component. As far as healthy behaviours are concerned, the study showed that their levels were average in the studied population [Smoleń et al. 2001]. A signif-icant correlation could be found between the sense of coherence and the incidence of healthy behaviours and individual components. There-fore, our findings corroborate Antonovsky's thesis that a strong sense of coherence promotes healthy behaviours. According to Antonovsky individuals who are high in this trait are more prepared to use potential resources and deal with the demands of life, and it is easier for them to mobilise to cope with these demands, and they believe that their efforts to overcome challenges are meaningful (Antonovsky 2005; Kuratowska, Figiel 2009). Similar conclusions were drawn by Szoldra (1999), whose studies found a link between the sense of coherence and the self-re-ported tendency to engage in healthy behaviours, including physical activity, a healthy diet and preventive behaviours [Sęk 2001]. Correla-tions between the sense of coherence and healthy behaviours were also found in individuals with type 2 diabetes, as shown by Kurowska's and Figiel's studies [Kurowska, Figiel 2009]. Being the most important component of the sense of coherence, meaningfulness seems to play the primary role in efforts to stay healthy. Individuals who are high in this component are able to see meaning in their efforts, and it gives them the feeling that these efforts will help them achieve specific goals, which seem to be worthy of engagement. This is reflected in various media campaigns and medical recommendations focusing on specific behaviours aimed at prevention and health protection. Successful age-ing is becoming an increasingly relevant issue as the elderly population

continues to grow. What is successful ageing? “According to Rowe and Kahn, successful ageing is the best-possible ageing experience: free from pathologies; positively shaped by external factors; with minimum physiological, psychological and social deficits attributed to the chronological age” [Wiesmann, Hannich 2013]. In other words it is a process which optimises the chances of preserving a sufficiently high level of physical and mental condition. Broadly defined health is, therefore, both the aim and the precondition for active participation in family and social life, and, by extension, for deriving joy and satisfaction from it. Hence, it is very important to keep raising public awareness to promote healthy lifestyles and create conditions conducive to health [Wojciszke et al. 2012]. Research shows that healthy behaviours have a favourable impact on successful ageing [Sabia et al., 2012; Scheridan et al., 1998].

Our findings, especially the correlation between manageability and healthy behaviours, could suggest that the elderly are increasingly willing to use the health-protection solutions offered to them. There is a strong trend currently to promote a healthy lifestyle, especially among young people. Conducive to it is the greater access to a variety of clubs, recreational parks and sporting activities, and the increased promotion of healthy behaviour in the media. As a result the elderly are starting to embrace changes more and more effectively, and this trend has been gaining momentum in the recent years. Also, they are more likely than before to energise themselves by organising social occasions to actively and intensively spend time with their peers while also expanding their knowledge and learning new cultures.

The significant correlation between the sense of coherence and healthy eating habits, as shown by our studies, could mean that in the elderly the incidence of healthy eating habits grows along with the sense of coherence. The elderly are placing increasing emphasis on the quality of what they eat, which might be attributable to the greater availability of ecological products, not only in the countryside, but also in large cities, as well as to the rise of the scientific field of dietetics. Furthermore, healthy eating has been widely popularised in the media and by healthcare providers as worth the effort [Gabrowska, Spodaryk 2006; Gacek 2008].

A strong significant correlation has also been found between the sense of coherence and its individual components and positive mental attitudes [Sęk 2001]. There is a growing recognition that individuals are personally responsible for their mental and physical well-being, as well as for their attitudes towards health and disease, and for prevention. And their perception of the world

and themselves is what contributes to whether, and to what degree, they take this responsibility [Sabia et al., 2012]. The attitude and mental commitment towards preserving or restoring health plays a profound role. A strong sense of coherence means that the individual recognises their significant influence over their surroundings and their reactions to the realities of their lives.

We found no correlation between the sense of coherence and healthy practices and preventive behaviours. Research suggests that individuals often do not start treatment and take steps to fight the disease until they become ill [Kurowska, Figiel 2009]. Perhaps it is only when they see a real threat that they can find meaning in making the effort and set a specific goal to be achieved through this effort.

Gender proved to be the main factor behind the incidence of healthy behaviours. Our study found significant differences in this respect – women with a stronger sense of coherence were more likely to engage in healthy behaviours, while no such correlation was established among men. This is probably associated with the importance attached to health and physical well-being. Women attach greater importance to a healthy lifestyle and their appearance, thus engaging in behaviours which promote these goals. Conversely, men achieve social fulfilment when they are able to provide for their families. Consequently, they are less concerned with their health and its preservation. However, this attitude is changing among men, who are now more willing to make efforts to stay fit and keep a healthy diet [Sygit-Kowalikowska 2013].

The sense of coherence is shaped by a range of factors. While it is a life-long process, childhood and adolescence are the periods in which individuals are the most prone to external influences from their environment [Marchewka, Jungiewicz 2008]. Through their life experience the participants in our study had a relatively constant sense of coherence. Their ability to maintain it stemmed largely from the perception of the events they experienced and their current situation. In addition to the variables included in the study, such as gender, education and health status, relevant factors probably encompass the family and financial situation [Pośluszna 2012; Zielińska-Więczkowska, Kędziora-Kornatowska 2010]. The study involved individuals living with families. Our findings would likely be different for individuals living in nursing homes, without support from their close ones and heavily reliant on others in many everyday activities, with limited influence over their lives. The conclusions drawn from the study were also affected by the good state of health of the study participants. Our analyses showed that there was a correlation between the sense of coherence and healthy behaviours among the

elderly, proving that the factors taken into consideration were relevant to the said correlation.

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ABSTRACT

In recent years, we have been observing a systematic increase in the number of older people. Due to the ongoing demographic changes, more and more is being said about promoting health and providing elderly people with access

to education aimed at raising awareness in this area. Health seems to be one of the most important factors affecting the quality of aging. The condition to maintain or raise it is to observe the right lifestyle and to have adequate subjective resources. One of them is the sense of coherence, which is a complex personality variable that has a structure of beliefs about the world, its own person and its relations with the world. High severity of this feature facilitates coping with life's demands and helps to maintain and protect health, enabling an elderly and independent self-reliant functioning.

The aim of the study was to determine the relationship between the level of sense of coherence and the frequency of health-related behaviors in the elderly.

Is there a relationship between the sense of coherence and the frequency of taking pro-health behaviors?

Two self-report questionnaires were used: Life Orientation Questionnaire (SOC-29), measuring the level of sense of coherence and Inventory of Health Behaviors (IZZ), measuring health behaviors, as well as a metric including basic demographic data (age, gender, education, place of residence) and health status and doctor appointments.

60 people took part in the study, including 30 women and 30 men over 65 (the average age was 70,97, standard deviation - 6,178). The research was carried out in Lublin and at the University of the Third Age in Lublin.

The analyzes show that there is a strong positive relationship between the global sense of coherence and the index of health behaviors ($r = 0.423$, $p = 0.001$). This means that as the sense of coherence increases, the frequency of taking health behaviors increases. A positive correlation was also observed between the index of health behaviors and individual components of the sense of coherence, resourcefulness ($r = 0.472$, $p < 0.001$) and sense ($r = 0.502$, $p < 0.001$). There is no significant relationship between the index of health behaviors and intelligibility ($r = 0.141$, $p = 0.228$).

The result of conducted analyzes of the existence of the dependence between the sense of coherence and pro-health behaviors in older people shows confirmed that the factors taken into account proved to be important to obtain the discussed correlation.

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THE SENSE OF LONELINESS AND THE ATTITUDE TOWARDS DEATH OF THE STUDENTS OF THE UNIVERSITY OF THE THIRD AGE

INTRODUCTION

The sense of loneliness is a subject discussed in various fields of study, e.g. psychology, sociology or psychiatry. Moreover, numerous studies are conducted with the objective of determining the nature of this phenomenon, its causes and consequences, but also manners of coping with it. This phenomenon affects everyone: the young as well as old, the healthy as well as the ill. Experience shows that people sometimes consciously seeks solitude, in order to distance themselves from the accumulated affairs of the day. In other circumstances, especially in extreme situations, loneliness can be however an overwhelming, almost crushing burden.

Simultaneously, scholars are interested in the attitude towards death. This question is also important, because it concerns us all. Death is a difficult topic, yet it is something inevitable. It is the only certainly in every human's life. Even because of that reason - the universality of human death - it appears an interesting topic to study. Especially because the final part of life is, as one of its aspects, is critical for people of old age and it is called "downhill of life" exactly because of approaching death.

THEORETICAL BASIS FOR STUDIES

The sense of loneliness

Solitude and loneliness is difficult to define, although it is felt by all people, regardless of their age, gender, culture, place or stage of life [Łukaszewski 1984; Dubas 2000; Śliwak, Brzeziński, Zarosińska 2019]. Psychology literature distinguishes between *aleness* or *solitude* and *sense of loneliness* [vide Szczepański 1978; Dyczewski 1994; Śliwak, Zarzycka, Dziduch 2001; Konieczna-Woźniak 2005; Heinrich, Gullone 2006], so we should explain the differences between them at this point.

Gajda [1987] defines solitude as „a complex state, difficult to be clearly evaluated, characterized by the presence of at least one of these aspects: physical, psychological or moral aleness” [p. 86-90]. Solitude can pertain not only to the physical or psychological sphere related to the presence of other people, but also to the lack of connection with God or with oneself. It also pertains to a sphere of morality, giving a person the sense of lack of meaning, a goal in life or important values. Thus, solitude can be defined on three levels: social (place of residence, education, job, financial situation, opinion of the environment, physical appearance and its defects), psychological (personality traits such as inability to make contacts, introversion, sense of inferiority) and cultural (norms, rules, behavioral patterns, values) [vide Gajda, 1987]. Analogical aspects of the solitude – social, emotional and existential – have been described by Dołęga [2003, 2013].

Scholars [Dubas 2000], when defining solitude identify the following qualities: inevitability, necessity, naturalness and implication from human nature. Among other of their characteristic qualities listed are: ambiguity, non-definability and inexpressibility. It is common, universal and timeless, exceptionally individualized, because it is experienced subjectively and very specifically, felt differently by every person and recounted in different ways [Śliwak, Brzeziński, Zarosińska 2019].

Solitude is most often presented through its negative aspects as loneliness. However, solitude has definitely positive connotations. One should not forget about the feeling of internal solace or satisfaction that comes from the fact of being alone [Dubas 2000]. Positive solitude is a fully conscious choice of isolation (physical as well as spiritual) in order to more deeply understand and create one's own personality. Solitude develops imagination, gives a sense of freedom, allows for contemplation, reflexion, exploration of self and one's

fantasy. That (positive) solitude is a desirable, consciously sought and chosen situation. A person who is alone sees it their circumstances a chance and a gift or grace and approaches them as a development task. Exactly then a person forms their personality based on happiness and meaning in life [Dubas 2000].

Loneliness, however, is always vexing and unexpected – thus, it is not chosen. Most often it is accompanied by sadness (33.3%) and urge to cry (20%). Less prominent signs are regret (9.7%), resignation and reluctance to live (7.9% each), ruminations (deliberation and reminiscing – 7.3%), bad mood (6.1%), longing (5.5%), apprehension, fear and anxiety (4.8%), bitterness (3.6%), dejection (3%), sense of abandonment and unpleasantness (1.8% each) or other, difficult to define feeling (2.7%) [Dubas 2000].

Loneliness is an unpleasant feeling that results from the lack of integration with certain people or groups. It means lack of mature and satisfying interpersonal relationships or unsatisfied need of affiliation [Znanięcki-Lopata 1969; Makselon 1990]. Negative solitude, that is loneliness, constrains the development of the subject and interfere in their normal functioning because it is a difficult, aggravating experience, sometimes even beyond person's strength. It is connected to alcohol or drug abuse [Szczipał 2005], sensitivity to health problems [Russell 1996], psychosomatic disorders [McWhirter 1990], difficulties communicating [Perlman, Peplau 1984], lower quality of life [Chipuer, Bramston, Petty 2003], general dissatisfaction, sense of hopelessness, abandonment and boredom, lowered self-esteem, alienation, external sense of control, aggression [vide Śliwak, Zarzycka 2011], depression [Szczipał 2005], hostility [Hansson, Jones, Carpenter, Remondet 1986; Lau, Kong 1999], suicidal tendencies [Bjorck, Thurman 2007; Edmondson, Park, Chaudoir, Wortmann 2008; Exline, Yali, Sanderson 2000; Kmiecik-Baran, 1988].

In spite of the fact that it is a common occurrence, not everybody feels them in the same situations and with the same intensity. Its multidimensionality and subjectivity is displayed in Rokach's model [1988], that singles out:

- dimension 1: internal alienation, understood as a sense of inner void and separation from one's own Self;
- dimension 2: interpersonal isolation, caused by lack of closeness in relationships with others, resulting in the feeling of social alienation;
- dimension 3: sense of dying, connected with suffering, numbness and apathy and "internal ebullition" revealing person's vulnerability to a current situation, a lack of focus, experienced chaos of thought and a sense of disintegration;

- dimension 4: a reaction of dependency consisting of specific physiological reactions and behaviors, a negative self-image, worthlessness, passiveness and lack of mobilization.

The author notes that the dimensions described can occur simultaneously with varying intensity or reveal themselves as independent factors [Niewiadomska 1997]. Determining the intensity of the sense of loneliness experienced by the subject always requires revealing broader context and person's subjective feeling. Solitude, as well as the sense of loneliness can pertain to permanent (stable, continuous, systematic) situations or momentary (appearing rarely and sporadically and transient). It is thus reassuring that loneliness can be overcome and reshaped into positive experience (which, obviously, requires time to mentally reorient one's personality [Wojtyła 1980; Rurawski 1988; Szyszkowska 1988; Dubas 2000; Osińska 2009]). Using destructive strategies of coping with the sense of loneliness (e.g. aggression, alcohol or narcotics) is not the only method of solving the problem [Szyszkowska 1988]. Consequently, it can be assumed that loneliness is an ambivalent phenomenon: a person is the one to decide if it becomes the positive solitude or the negative sense of loneliness. „Every one of us should protect ourselves from loneliness, which caused uncountable damage in human psyche. However, everyone should also seek solitude when trying to develop internally. That is because it is the state necessary for creation of new thought, reflexion or artistic activities” [Stępień 1988, p. 131].

Attitude towards death

Psychological definitions of the attitude refer to the behaviorist tradition and the theory of learning, the sociological concept or cognitive theories. However, they all underline the aspirational, motivational and need dynamisms. Thus, attitude motivates a person to different behaviors, thoughts and feelings. As an awareness structure can be realized in three areas [Makselon 1984]:

- intellectual – as a permanent evaluation (positive or negative) of people, objects and notions [Aronson, Wilson, Akert 1997];
- emotional – as feeling towards certain people, objects, notions or ideas [Kenrick, Neuberg, Cialdini 2002];
- motivational and aspirational (behavioral) – meaning readiness to react for an object in a certain situation [Wosińska 2004].

Consequently, it can be assumed that attitude is a relatively stable (meaning that they can change in extraordinary circumstances) response of the subject to a given object.

The subject of this thesis is an attitude of the University of the Third Age students towards death. While considering attitude towards death one can ponder on various experiences arisen in its context, such as apprehension, intensification of thinking about it, or using defense mechanisms [Makselon 1981]. The subject's attitude towards death then consists of cognitive, emotional, motivational and aspirational elements. The basis for creating the concept of death is learning its phenomenon, which is connected to the consciousness, the possibility of making logical operation as well as abstract and causative thinking. Human, as a living being with death as one of their attributes is aware of its indispensability and necessity. There is no doubt that death will come and bring about the stop of all action and thinking. Different people can have different ideas and concepts of death – for some it will mean absolute loss of everything they have achieved; for others (especially in extreme situations such as a serious, prolonged illness), to others it appears a coveted and awaited award, rest or relief [Makselon 1984].

In the musings about death, besides its quality aspect, one should focus on the quantity aspect of thinking about this subject. The intensity of musings about the inevitable end of human life can be identified with the apprehension of death. Thinking is connected with distance and reflexion. The apprehension, however, is a reaction to a fact or problems connected with this question. The intensity of thinking about death is related to age – the frequency of this subject appearing rises with person's age. Elderly people experience the passing of their loved ones and friends, and, consequently, they more often spend time considering their own future death and fleetingness [Makselon 1983; 1988].

Thus, various kinds of feelings are connected to the notion of death. Those most common are: the sense of transience, sadness, pain, desperation, apprehension and fear, sometimes regret of leaving the world. Much rarer are such emotions as tranquility or hope [Makselon 1983]. The primary source of apprehension of death is the human tendency to protect their lives. Death destroys and "takes" all achievements suddenly, abruptly and irreversibly – that is why it causes such great apprehension in a human being [Kępiński 1977]. As Makselon points out [Makselon 1988], apprehension can be concerned not only with one's own loss related to leaving the world. The anxiety stemming from one's own death can be also concerned with its consequences for their loved ones – family and friends. The events that that create or increase

apprehension of death are passing of loved ones and attending their funerals.

The third experience that appears in the context of the attitude towards death are defense mechanisms, among which we can count displacement, negation (contradiction) and rationalization. When defining defense mechanisms, the attention is drawn [Kozielecki 1980] to the fact that the function of those psychodynamic processes is to ascertain the best possible functioning of the person. Their defensive function is reduction (or, if it is not possible, lowering) the apprehension felt by a person, protecting the sense self-worth and maintaining high self-esteem. The kind and frequency of the occurrence of defense mechanisms can be also affected by such factors as person's age and level of maturity, their physical and psychological condition, experiences related to death and how distanced they are from the concept of them dying [Makselon 1988].

The first of the mentioned defense mechanisms – displacement – is removing from one's consciousness any thoughts, ideas, associations, reflexions and musings related to death and all connected to it, which cause in a person a sense of danger, apprehension, fear and guilt. The subject also undertakes various activities in order not to allow return of the supplanted thoughts to the consciousness. It happens, however, that the musings direct their actions and behavior even from the subconscious [Hilgard 1972].

Negation or denial means failing to see, dismissing things associated with apprehension, effort or lessening of life comfort [Siek 1976]. A person using negation mechanism tries to lower the threat of death for instance by decorating coffins and graves, stating „it doesn't concern me, it won't happen to me” [Makselon 1981]. Negation is often strengthened by distortions in the perception of the world, and especially of self. Advanced age, helplessness and dependence on others or the wait for death can often be the source of denial [Makselon 1983]. Negation of death can be also associated with the apprehension of losing relationships with other people.

Rationalization is the third defense mechanism – creating inadequate explanations of the reasons of one's own behaviors. This process is unconscious and during it a person deceives themselves in order to protect themselves from apprehension and guilt. It happens that people, who see the inevitability of their own death justify it, or even they desire and crave it [Makselon 1981].

Functioning of older people

People aging, and, consequently, societies aging, is a common fact, especially nowadays, in the times of constantly lowering birth rate. The advancement of medicine, including the possibility to sustain life (by technical or pharmacological means) is directly connected with the necessity of providing psychological aid to elderly people. This is because aging is a natural and unavoidable occurrence [Rembowski 1984]. It is a long, slowly developing process, resulting in emergence of (besides atrophic changes) new mechanisms helping to sustain life.

In one's musings about old age the biological and psychological aspect should be considered. The first is connected to the lowering in the chemical activity of proteins – losing their ability to synthesize, slowing fermentation and metabolism processes and lowering the quantity of enzymes. This leads to constantly lower immunity for harmful factors. Degenerative factors also concern the brain – with the passage of time, the number of brain cells decreases and, due to slower metabolism, also their efficiency.

The psychological aspect of aging concerns, among others, changes that occur in the area of thinking and problem solving, learning and memorizing, emotions and motivations and psychomotor skills. Also the sensitivity of the person's senses and their functioning worsens. Moreover, gradual slowing of the reaction time for different stimuli becomes more apparent. Finally, person's proficiency is reduced: their mobility (e.g. walking, running, jumping etc.), proficiency of everyday life (dressing up, washing themselves), of everyday chores (such as cleaning, washing clothes, cooking) and of communication (reading, writing, talking). Additionally, in spite of the widespread stereotype, retirement is not a time desired by all. Frequently, it can even become a tragedy. Losing employment (terminating it) for some people means the end of their independence from others, worsening their financial situation, social standing and uncertainty of the future. The tranquility of retiring people appears to be only apparent. For some of them the abundance of free time can become an issue [Rembowski 1984].

Aging is natural and inevitable. While that is the time of the decrease of physical condition and reproductive possibilities, at the same time new values, attitudes and the possibility of physical activity of different kind appear. A person of advanced age cannot be left alone, because it worsens their psychophysical condition. Excessive free time can be used for more frequent and profound contact with loved ones – visiting cinema, theatre, walks or

travelling. However, retirement pension is not always high enough to afford that all. Many older people are not provided basic livelihood. In their cases, free time becomes a problem and staying at home watching television or doing crosswords appears to them only available solution. The University of the Third Age aids them in these exact circumstances, by helping to organize their free time.

University of the Third Age

One of substantial problems of an aging society is ensuring the highest possible quality of life of the growing population of people in late adulthood (50-75 years old) and the elderly (older than 75 years). Thus, it appears justified to create and to promote institutions which help them to actively participate in social life.

The objective of the University of the Third Age is to supplement, update and broaden the knowledge in different subjects, include it into the system of long-term education, constant intellectual, psychological, social and physical elicitation. The University allows to develop interests, provides the opportunity to make informal contacts, as well as for active and creative recreation. It inspires older people to keep undertaking new challenges and to improve themselves. Consequently, the sense of loneliness, which is a substantial component of an elderly person is reduced due to the participation in the University's classes. The fact that every year the number of universities for the elderly, as well as their students increases confirms that there is demand for such universities [Bromley 1969].

Meeting with people their own age, apart from personal development and the possibility of integration, has also a therapeutic function. The University improves self-image, intensifies activity, causes better memory and general condition. It also allows to find new, interesting environment, that moves thoughts away from loneliness and hardships of everyday life [Bromley 1969].

METHODOLOGY

Problem and hypotheses

The sense of loneliness, as well as death, are important issues, that concern every person. They are also both extremely difficult in their experience.

The following article¹ sets two objectives for itself – to broaden and update the present state of knowledge about the attitude towards death presented by the students of the University of the Third Age that experience the sense of loneliness. The second one is an application objective – to create opportunities to make and develop the sense of close, personal contact with others, socializing and belonging to a social group.

Considering these musings, it is justified to ask, if the sense of loneliness is connected with the attitude towards death of the students of the aforementioned university – and if so, then in what way.

For such question the following hypotheses were created:

H1: There is a relationship between the sense of loneliness and attitude towards death displayed by the students of the University of the Third Age.

H1.1: The sense of loneliness which they experience correlates positively with their attitude towards death.

H2: The image of the analyzed links between the variables is differential due to the gender of the subjects.

The characteristics of the methods applied

The California Scale of Feeling of Loneliness (UCLA) from 1978, by D. Russell, L. Pleplau and C. Cutron is a multidimensional scale that measures the generalized sense of loneliness [Rembowski 1992]. The method consists of 20 items that constitute three factors:

- subscale I – intimate others –concerns the lack of the close, personal, intimate contact with others;
- subscale II – social others – concerns severed social relationships with people;
- subscale III – belonging and affiliation – describes person's socialization and belonging to a social group.

The scale is characterized by high diagnosticity and reliability [Rembowski 1992].

Makselson's *Inventory of Attitudes towards death* [Makselson 1988], consists of three parts: scale, questionnaire and unfinished sentences. The best mathematically prepared part of the Inventory is the scale of attitudes towards death - that is why it was the one to be used in this study. Owing to the factor

¹ The survey was made by Katarzyna Anna Mróz as a part of her master degree thesis under the guidance of prof. J. Śliwak during the seminar in Social Psychology and the Psychology of Religion.

analysis, in the scale there were specified eight dimensions of the attitude towards death:

- In – inevitability, the realization of necessity of death, impossibility to escape it, grasping it as a common occurrence in nature which stems from the experience of the death of loved ones, relatives, acquaintances, and from thinking about their death as well as one's own;

- Ce – centrality, the degree of interest in the subject of death and musing about it;

- My – mysteriousness, where death appears as a tormenting, deep, inexplicable mystery that connects the spiritual and material reality, connected with uncertainty

- Va – value, owing to which death is perceived as a possibility of communion with God and an opportunity of an exciting experience. Death is here cathartic, it makes immune to difficult situations, allows to know oneself better and forces to change one's life;

- An – anxiety, arising with apprehension, fear and psychological pain caused by thinking about and experiencing death;

- Tr – tragedy, showing death as an impressive event that causes despair;

- De – destructiveness, death that cancels the possibility of development, looking for the sense in life, demobilizing human activity;

- Ab – absurdity, meaning hopelessness, senselessness and nonsense of death.

The reliability of the scale is satisfying [Makselon 1983]. The coefficient of constancy for particular dimensions of the scale is in the interval $r = 0,66 - 0,84$.

In the survey there was used a *biographical sheet*, containing the questions about age, gender, marital status and the place of residence of a surveyed person. Among the controlled variables were also: the length of retirement period, the frequency of meeting acquaintances and subjective sense of solitude.

The people surveyed

The survey was conducted among 102 students of Lublin branch of the University of the Third Age. The majority of them (68%) were women. The age range among the surveyed was 55-81 years. All of the surveyed are from a big city. Most of the respondents were married – over 34%. Nearly the same part (over 33%), were widowed. Single people were almost 20% of the group and divorced people almost 13%. The majority of the University of the Third

Age students are white-collar workers (economists, teachers, doctors and nurses, office clerks, bank or administrative employees).

THE ANALYSIS OF THE RESULTS -
THE RELATIONSHIP BETWEEN THE SENSE OF LONELINESS
AND THE ATTITUDE TOWARDS DEATH

The connections between the verified variables - the three dimensions of the sense of loneliness of the University of the Third Age students and the eight dimensions of their attitude towards death are presented in table 1.

Table 1. The connections between the sense of loneliness presented by the students

		The dimensions of the sense of loneliness								
		Intimate others			Social others			Belonging and affiliation		
The dimensions of the attitude towards death		W	M	W+M	W	M	W+M	W	M	W+M
Inevitability	<i>r</i>	-0,022	-0,29	-0,006	-0,016	-0,026	0,036	0,075	0,013	0,094
	<i>p</i>			0,953			0,723			0,348
Centrality	<i>r</i>	0,131	0,039	0,099	0,164	0,093	0,139	0,192	-0,025	0,120
	<i>p</i>			0,322			0,164			0,230
Mystery	<i>r</i>	0,231	0,308	0,264	0,084	0,195	0,152	0,328	0,234	0,307
	<i>p</i>	0,056		0,007			0,127	0,006		0,002
Value	<i>r</i>	-0,129	0,055	-0,061	-0,136	0,013	-0,073	-0,106	-0,034	-0,074
	<i>p</i>			0,540			0,466			0,457
Anxiety	<i>r</i>	0,019	0,182	0,087	-0,042	0,156	0,064	0,024	0,210	0,112
	<i>p</i>			0,387			0,522			0,262
Tragedy	<i>r</i>	0,122	0,315	0,191	0,113	0,208	0,179	0,156	0,286	0,222
	<i>p</i>		0,075	0,054			0,072			0,025
Destructiveness	<i>r</i>	0,061	0,168	0,102	0,172	0,259	0,216	0,113	0,298	0,184
	<i>p</i>			0,308			0,029			0,063
Absurdity	<i>r</i>	0,194	0,154	0,181	0,088	-0,001	0,061	0,181	0,183	0,181
	<i>p</i>			0,069			0,541			0,069

W – female group

M – male group

W+M – the whole surveyed group (women and men together)

The feeling of the lack of close, personal as well as intimate contact with other people (the first dimension of the sense of loneliness) correlates with the understanding of death as an inexplicable mystery (the dimension of mystery of the attitude towards death). This correlation is positive, which means that, the more a person experiences the lack of close interpersonal relationships, the more they perceive death as something inexplicable and mysterious.

There can be also observed a tendency for the statistically significant relationships between the lack of intimate contact with other people and the tragedy of death and perceiving it as an impressive event that causes despair. The tendency of the statistically significant relationships occurs also between the experienced lack of the close and personal relations and the absurdity of death, that is, experiencing it as something hopeless, senseless and nonsense.

Statistically significant relationships can be also observed between severing the social connections with people and experiencing death as a destructive occurrence. This relationship is positive, what can be interpreted in the following manner: along with the increasing lack of people who understand them, the perception of death as an occurrence destructive for one's activity intensifies.

Additionally, the tendency for statistically significant correlation between severing the social connections and the tragedy of death can be observed. It could mean that, as a result of the lack of people, with whom one feels closely connected, who understand them, with whom they can talk about their needs and difficulties, the perception of death is characterized by tragedy, shock and despair because it ends absolutely everything that the person managed to achieve so far.

The two remaining relationships concern socialization and belonging to a social group and mystery and tragedy of death. Both correlations are positive. These relationships mean that the more a person experiences the sense of loneliness stemming from the lack of social group, the more they see death as the inexplicable, impressive mystery full of despair.

The tendency for statistically significant correlations between the lack of socialization and belonging to a group, and the destructiveness and absurdity of death has been also noted. Both tendencies are positive, which can mean that people with the low levels of socialization and belonging to a group can perceive death as demobilization of human activity, the negation and destruction of the possibility of development, success, achievements, releasing the feelings of absurdity, hopelessness and senselessness.

When analyzing the data for the differentiation of the image of relationships between the variables in the female and male groups, it was observed that in the female group the sense of the lack of intimate relationships shows the tendency for significant correlations with the mystery of death, in the male group with its tragedy. It could mean that women's experiencing the lack of close, personal, intimate relationships will coexist with their understanding of death as something inexplicable and mysterious. However, men who suffer from the lack of the intimate relationships with other people can perceive death as a tragic and impressive experience.

In the female group the correlations between socialization and belonging to a social group and the mystery in their attitude towards death were observed. These are positive correlations, which indicates that the lower is a woman's socialization and belonging to a group, the more to her death is mysterious and inexplicable.

As for the relationships between severing the social relationships and particular dimensions of the attitude towards death presented in the groups divided by gender of the subjects, no statistically significant correlations or tendencies for statistically significant relationships were observed.

SUMMARY

While summarizing the results of the survey, one should note that the objective was achieved. It is because the relationships between the three dimensions of the sense of loneliness of the students of the University of the Third Age and the eight dimensions of their attitude towards death was verified in the following elaboration. The dimensions of the sense of loneliness: intimate others, social others and belonging and affiliation were measured with the California Scale of Feeling of Loneliness (UCLA) by D. Russell, L. Peplau and C. Cutron. The dimensions of the feeling towards death: its inevitability, centrality, mystery, value, anxiety, tragedy, destructiveness and absurdity were verified with the use of the Inventory of Attitudes Towards Death (IPS) by J. Makselon. In order to answer the question: are there any relationships between the investigated variables and are they statistically significant, the Pearson correlation procedure was applied. Additionally, it was investigated, if the statistically significant relationships between the variables are the same in the created subgroups of women and men.

The results are included in the table 1. It shows that the connections between the analyzed variables are very rare and the correlation coefficients,

although significant, are not high. In the whole group only four statistically significant relationships confirming the hypothesis 1 were observed. There observed relationships were between intimate others and the mystery of death, between social others and the destructiveness of death and the belonging and affiliation and the two dimensions of the attitude towards death: its mystery and tragedy. These relationships can be interpreted in the following way: the sense of the lack of close, personal and intimate contact with other people, the absence of people, to whom one can turn, the feeling of emptiness and abandonment or superficiality of interpersonal relationships, as well as isolation (the first dimension of the sense of loneliness) coexists with the perception of death as deep, haunting, inexplicable mystery accompanied by uncertainty. The second one concerns the dimension of the sense of loneliness that is the severing of the relationships with people and experiencing death as the occurrence that destroys the possibility of development and demobilizes human activity (also underlining its destructiveness). The last two relationships concern socialization and belonging to a group and the attitude towards death concentrated on its mystery and tragedy. These relationships can be interpreted in such a way that when a person experiences the sense of loneliness stemming from the lack of a friend group and of company, they see death as deep, inexplicable, impressive and tragic mystery that causes in them despair and uncertainty.

When investigating the character of those relationships it was observed that all the correlations are positive. Thus, the hypothesis 1.1 stating that the sense of loneliness experienced by the University of the Third Age students correlates positively with their attitude towards death was confirmed. It can be stated that the greater is the experience of the lack of close, intimate interpersonal relationships, the stronger the perception of death as something inexplicable, mysterious, haunting with the countless questions and generating uncertainty. Moreover, with the increasing lack of people, to whom one feels close, who understand them, with whom they can talk or turn to in their needs and hardships, increases the understanding of death as an occurrence that demobilizes human activity and destructive to it, the ultimate and definite negation of the possibility of development, successes and achievements or looking for the meaning in life. Additionally, the more a person experiences the sense of loneliness stemming from the lack of a friend group and company, when they feel isolated and alienated, the more they see death as a deep, inexplicable, impressive, tragic mystery that causes in them haunting uncertainty and despair.

The final verified hypothesis was concerned with the differentiation of the results in the subgroups of men and women. Hypothesis 2 from this article suggested that the relationships between the analyzed variables in the groups divided by gender are different. The gender difference in the relationships between the investigated variables occurred only in the case of coexistence of socialization and belonging to a group and the attitude towards death concentrated on its mystery. The statistically significant relationships were discovered only in the female group; they are positive, which means, that the lower is the woman's socialization and her belonging to a group (that is, when woman experiences the sense of loneliness stemming from the lack of a friend group and company), the more mysterious to her is death. Then, woman perceives it as a deep, inexplicable mystery that causes haunting uncertainty. In the subgroups of women, as well as men, there is no statistically significant connections (or even tendencies to such connections) between severing the social relationships and specific dimensions of the attitude towards death. However, it should be stressed that in the female group the sense of the lack of intimate relationships shows the tendency to significant connections to the mystery of death and in the male group – with its tragedy. It could mean that women's experiencing the lack of close, personal, intimate relationships coexist with their understanding of death as the inexplicable, uncertain and mysterious occurrence. In turn, men who experience the sense of loneliness displayed in the lack of intimate relationships with others can see death as a tragic, impressing event that causes despair. In this situation one should be careful when discussing the differences in connecting the investigated variables between men and women and verification of the hypothesis 2.

The survey results gained in this study correspond with account already present in literature Perlman and Peplau [vide Rembowski 1992, p. 28] they show the solitude as an unpleasant psychological state caused by an unsatisfying quantity and quality of social and emotional interactions. Thus, it is a result of a person's realizing their dissatisfaction from their own interpersonal relationships. It is often accompanied by the feeling of helplessness, pessimism, the sense of a disappointed hope and even anger. These data can be referred to the results of the own survey, in which the severing of interpersonal relationships and low socialization and the lack of the belonging in the group coexists with the destructiveness and tragedy of death. The inevitability, destructiveness, mystery, but also value of death are also noted by the respondents of Izdebski, Jurga and Kosiol [2012]. Bascue and Lawrance [vide Pietrasiński 1990], in turn, proved that, along with the rise of the interest

in the future dimension of time, the apprehension of death increases. The study in the apprehension of death experienced by males of 80-94 years were conducted also by Thomas [vide Pietrański 1990]. He proved that married and happy men were characterized by lower fear and anxiety of death. Similar conclusions were made by Jong and Halberstadt [2016], noting, that the apprehension of death lessens with age. Analogical observations were made by Russac, Gatliff, Reece and Spottswood [2007], who investigated a group of 304 people aged 18-87. They did not note differences in the experienced level of apprehension depending on gender - the reduction of the level of apprehension of one's own death was observed in men as well as women. Similar conclusions were made by Steuden [2011], who reported that the greater frequency of old people's thinking about death is connected to the lesser degree with their experiencing apprehension. Sękowski [2019] also reports that in his survey group of 516 respondents of 13-90 years, people in the middle of adulthood and older experience similar levels of the apprehension of death (the author observed the lack of differences statistically significant differences in the levels of the intensity of apprehension between the compared groups. It has also been proven that the attitude towards death is characterized mostly by its perception as a natural part of human life. The low level of the apprehension of death can be explained by the ability to assimilate and overcome the existential fear. Old age, according to the Erikson's theory [Erikson 2000], „is the period, whose developmental task is to overcome the desperation and horror of death by integrating the ego and wisdom” [Sękowski 2019, p. 182]. Although in own study there were discovered the gender differences, but no correlations between the sense of loneliness (or any of its dimensions) this the horror of death and psychological pain arising in its result. In a way it corresponds also with the study by Wijngaarden, Leget and Goossensen [van Wijngaarden, Leget, Goossensen 2014]. They discovered that the desire to die and fatigue with life, in addition to factors such as loss of control and meaning, character pathologies or incorrect coping strategies, are also affected by variables such as loss of relationship and low social support. This may mean that people who have lasting, close, intimate interpersonal relationships that are satisfying for them do not experience fatigue and the desire for death, or its horror, or the resulting fear and/or apprehension. Sękowski notes similarly [2019, p. 205-206]: „the increase in impartial view of the inevitable fate is influenced by commitment to mutual and creative, close relationships, as well as the ability to care for the fruits of his life (children and grandchildren...)”. Other explanation may also be the comparison of fear of death

with generalized fear. It should be noted, however, that generalized fear is the individual's response to a specific, immediate threat. In turn, fear of death is an affective response to events that will arise. So it is a more conceptual than concrete construct. It is more about predicting the future than about „here and now”. According to Jong and Halberstadt [Jong, Halberstadt 2016], even experimental studies that try to activate the fear of death will never be able to create a real, physical threat to life. Therefore, Bachner [Bachner, O'Rourke, Carmel 2011] cites the report, where Wong, Reker and Gesser [1994] distinguished the fear of death and dying (of which a man is fully aware) from the fear of death (which is largely unconscious and difficult to define in conceptual forms). According to the mentioned researchers, the fear of death and dying may take, among others, a form of death acceptance, which can be defined as psychological preparation for death. However, they are quite different from the fear of death and dying. In some ways, this would explain the connections that have been made in this study. Relationships arose between the lack of close personal relationships with other people, as well as belonging to a social group and the aspect of attitude towards death, focusing on its mystery. It can be presumed that older people have come to terms with the uncertainty and lack of explanation in the face of the great mystery of the end of human life and its naturalness and inevitability – therefore the respondents' attitude would relate to concerns about death and dying, taking the form of accepting death, i.e. psychological preparation for it. This also coincides with Erikson's development theory [2000], which in the last phase of human life assumes his reconciliation with death. The key issue here may also be the balance of life: if it is positive, it is easier to accept your departure. A positive assessment of your own experiences coincides with the need for further self-fulfillment and a satisfying experience every day. A person fulfilled and satisfied with themselves and their own life so far, with adequate self-esteem, is convinced that everything that has happened so far has had its purpose and meaning and enabled them to achieve the wisdom of life, characteristic of this developmental phase. Objectivity and the ability to distance oneself, allow them to look closely at human problems and reflect on them. On the other hand, a negative life balance can lead to depression, manifested in a sense of unfulfilment, meaninglessness of life, negation, inaction, loneliness, rejection and isolation, fear of death and nostalgia for irretrievably lost youth. As a result, it may lead to earlier death [Sawicka, Sułowska 1982]. Other explanations are provided by the research of Hayslip, Luhr and Beyerlein [1992], who noted differences between the level of hidden fear of death in the group of healthy people

and respondents diagnosed with HIV disease or AIDS. These authors have shown that the unconscious, hidden fear of death differs from the fear that the subject realizes, and unfortunately it cannot be tested. These results allow us to suppose that various types of measures undertaken by the respondents to deny their fear of death can be explained by the lack of awareness of this fear by the respondent or by the fact that he took the form of hidden fear.

Referring critically to this study, it should be emphasized that the study was attended by students of the University of the Third Age, i.e. people involved, active, having various types of social relations. Attention is also drawn to the relatively small number of respondents, which, however, is understandable, taking into account the specificity of the topic discussed – it should be remembered that a similar number of respondents think, but also avoid thinking about death. This topic is therefore difficult for part of society.

Pointing to practical conclusions resulting from the project, it is suggested to place a greater emphasis on the development of interpersonal relationships in a group of older people – both personal, intimate, but also friendly, social, group. It can be assumed that thanks to this, the difficulties experienced by older people when they encounter the death of friends or relatives will be less painful for them, because they will be experienced among close and significant people. Thanks to this it will be possible to reduce their sense of loneliness. As the analyzed relationships are two-sided (correlation model), it is also proposed to work on the concept of death that older people have. In this way, by reducing the sense of its mystery, tragic and destructive (perceiving death as the absolute end of human life), there is the possibility of improving relationships with other people. Consequently, this can reduce the feeling of loneliness, increasing the benefits they experience from close relationships (including relationships with God). Thanks to this, it will be possible to prevent (or even reduce) the negative effects of loneliness that affect human health, life, physical and mental condition, such as addictions, mental illness or suicide [Rembowski 1984].

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ABSTRACT

The aim of this study was to determine the relationship between the sense of loneliness and attitude towards death, presented by students of the University of the Third Age. The hypotheses have been tested by using the California Scale of Feeling of Loneliness (*UCLA*) by D. Russell, L. Peplau and C. Cutron and the Inventory of Attitudes Against Death (*IPS*) by J. Makselon. These methods have been allowed to measure the generalized sense of loneliness and

its three factors and eight dimensions of attitude towards death. 102 people (69 women and 33 men) took part in the study. The results have shown statistically significant connections between the sense of loneliness of the students of the Third Age University and their attitude towards death. Gender differences in the analysed relationships between variables were also noted.

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AGEISM TOWARDS THE ELDERLY IN AN AGING SOCIETY

INTRODUCTION

Escape from thinking about old age is virtually unrealistic because human development is about making continuous, dynamic changes, which ultimately lead to aging. It seems that old age is our destiny. Since we all differ from one another, aging can take various shapes and forms, have a different course, and involve different experiences [Rembowski 1984].

The aging of society, i.e., the increase in the percentage of people over 60 or 65, is considered by some to be one of the greatest challenges of the 21st century. Over the last 200-250 years, death and birth rates have changed across Europe as a whole. Earlier societies had high birth and high death rates; now, we are dealing with the opposite tendency – low birth rates and low death rates. The explanation for these changes can be found in the *demographic transition theory*, which deals with reproductive changes. Before the transformation period, the risk of human death was high, especially in the case of wars or various natural disasters. Moreover, many deaths occurred in the early stages of life, so the average woman gave birth to 6-8 children. Due to frequent deaths and a high reproductive rate, the percentage of older people in society was low [Szukalski 2012].

In the second half of the 18th century, the mortality rate began to gradually decline. It happened mainly due to the changes in the cultivation and sourcing of food, as well as progress in healthcare. But a significant factor contributing to this decline was the change in the perception of the causes

of diseases and the pursuit of a healthy lifestyle to achieve longevity. Due to the decrease in deaths, the percentage of older people in society began to rise. The last stage of change was a drop in birth rates. As a result of reduced procreation and lower mortality rates, the percentage of older people increased [Szukalski 2012], resulting in various socioeconomic consequences.

The economic impact is usually described by the economic dependency ratio, i.e. the ratio of the post-working-age population to the working-age population. In order to keep pensions and disability pensions stable, higher taxes should be imposed on the earnings of professionally active people. Another thing that is changing is the character and functioning of healthcare, where the patients are now usually people of old age. Intergenerational relations are also transforming, not only in society in general but also in families, which are basic social units. Intergenerational bonds are gaining in importance; the position of older people in the family is becoming more established, and there is transfer between generations. In society, senior citizens are more and more active, and the retirement age is increasing. However, ageism is prevalent in many societies. The concept of *ageism* was introduced into the literature on this subject by Robert Butler, head of the American National Institute for Old Age and Aging. He coined this term to describe discrimination and stereotyping of people because of their old age. Later it was noticed that this might apply to people of any age group. But scientific research usually focuses on ageism involving the elderly [Kowaleski, Szukalski 2008].

THE THEORETICAL BASIS FOR THIS STUDY

Previous research has focused on the relationship between personality traits and prejudice in general and, more specifically, ageism. Allport was the first person to conclude that there is a relationship between personality and prejudice. Taking into account the prevalence of prejudice, he stated that "prejudice is a personality trait" [Allport 1954]. Adorno et al. [1950] developed a *theory of authoritarianism* based on the observation that prejudice resulted from the expression of authoritarian personality, measured by the F scale. A few decades later, Altemeyer [1981] took into account the nine dimensions distinguished by Adorno and noted that three of them, namely conventionalism, authoritarian aggression, and authoritarian submission, strongly correlate with one another. According to him, these correlations were so strong that the factors could create one dimension, for which he created

his right-wing authoritarianism (RWA) scale. It turned out that right-wing authoritarianism is a strong predictor of prejudice and ethnocentrism.

Sidanius and Pratto [1999] proposed a different construct – social domination orientation (SDO). It is a belief that the group to which one belongs is superior to other social groups. SDO is also a predictor of ethnocentrism and general prejudice. The predictive power of both variables – right-wing authoritarianism and social domination orientation – in relation to prejudice has been confirmed by a series of studies in which both constructs accounted for a large percentage of prejudice variance. Moreover, after introducing RWA and SDO as predictors, no other variable explained any additional variability [Altemeyer 1998; McFarland 2001].

The literature on the subject has provided many findings concerning the relationship between the Big Five Personality Traits and various prejudice types. They focus mainly on the role of openness in predicting prejudice [Flynn 2005; McCrae 1996; Van Hiel, Mervielde 2004]. Sibley and Duckitt [2008] conducted a meta-analysis of the relationship between prejudice and personality factors (RWA, SDO, and the Big Five). The meta-analysis covered 71 studies and their results, involving a total of 22069 participants. Thirty-nine of those studies had been published; the remaining thirty-two studies had not. Most of them were conducted in the United States or Belgium, and involved a group of students. Only 6% of the studies concerned adolescents. Their results show that prejudice can be predicted on the basis of two personality dimensions: low openness and low agreeableness. However, when controlling for social domination orientation, the correlation between agreeableness and prejudice is dramatically weakened. And when controlling for right-wing authoritarianism, the correlation between openness and prejudice is reduced.

Meta-analytical research often describes what is known as *publication bias*. It means that the obtained effects are much stronger in the studies that have been published than in the studies that have never been published. In the described meta-analysis, the impact of the publication bias turned out to be small. There were no differences between published and unpublished results. Researchers also tried to determine if there were any intercultural differences in the results obtained. It turns out that the correlation between prejudices and openness and agreeableness remains stable within geographic regions. On the other hand, low openness and low agreeableness show slightly higher correlation to prejudice in the group of students compared to the group of adults. Thus, the links between personality and prejudice may be age-dependent to

some extent. The authors conclude that these links may be more visible in late adolescence and early adulthood.

There were also cultural differences regarding the relationship between prejudice and conscientiousness and, to some extent, neuroticism. Conscientiousness was a stronger predictor of prejudice in the European studies compared to American studies. In contrast, neuroticism was more closely related to prejudice in American studies than in European studies. Thus, the tendency of people with high neuroticism and conscientiousness to display prejudice depends on the cultural context. The meta-analysis considered general prejudice and specific forms of prejudice, such as sexism and racism. This shows that the study did not deal with ageism and its links with personality factors.

Bergh, Akrami, and Ekehammar [Bergh, Akrami, Ekehammer 2012] decided to check the connections between personality traits and unconscious generalized prejudice. They designed and conducted three empirical studies whose results indicate that unconscious biases are not correlated with personality. Those authors concluded that personality traits were more helpful in explaining the existence of conscious bias than unconscious bias. However, as mentioned above, the authors used the measure of generalized prejudice. To determine if personality was related to specific manifestations of unconscious bias, [Pavlović, Pulić 2016] used tools to measure unconscious bias against homosexuals and the elderly. The results indicate that unconscious ageism is associated with low agreeableness.

In the case of conscious ageism, some researchers [Gao 2009; Harris, Dollinger 2003] report that in terms of the characteristics of the Big Five Personality Traits, only neuroticism (positively) and agreeableness (negatively) showed some correlation. Others, in turn, found negative links between ageism and openness and agreeableness [Harris, Dollinger 2003]. Those studies were conducted on student samples only. These are the only studies found during the review of literature on the relationship between personality traits (traits from the Big Five, but not only) and conscious ageism [Allan, Johnson 2009].

Considering the different findings concerning the nature of the relationship between the Big Five Personality Traits and conscious ageism [Gao 2009; Harris, Dollinger 2003; Pavlović, Pulić 2016] and the small number of studies in this area, we decided to design and conduct our own empirical study. Based on the assumption made by Sibley and Duckitt [2008] that these connections may be more visible in late adolescence and early adulthood, we decided to test adolescents aged 16 to 18. Since our research results are

decisive in terms of the more positive attitudes towards the elderly adopted by girls and women [Boswell 2012; Boudjemad, Gana 2009; Golpe, Kogan 1959; Rembowski 1983; Rupp, Vodanovich, Crede 2006; Zając-Lamparska 2008], we also formulated a hypothesis about the potential moderating role of gender in the relationship between personality traits and ageism.

METHODOLOGY

Problem and hypothesis

The literature review part of the article presents previous research findings concerning correlations between ageism and personality traits. The research results in this area are inconsistent [Gao 2009; Harris, Dollinger 2003; Pavlović, Pulić 2016]. Nevertheless, previous findings allow us to expect that there is some correlation between personality traits derived from the Big Five theory and conscious ageism. However, it is impossible to predict the nature of this link.

Research results also indicate that women tend to exhibit more positive attitudes towards the elderly, and therefore women usually show a lower level of ageism [Boswell 2012; Boudjemad, Gana 2009; Golpe, Kogan 1959; Rembowski 1983; Rupp, Vodanovich, Crede 2006; Zając-Lamparska 2008]. Therefore, gender was expected to act as a moderator in the relationship between personality traits and ageism. In other words, the strength and/or direction of the relationship will differ between men and women. Based on these considerations, we identified the following research problems:

Q1: Is there a correlation between the Big Five personality traits and conscious ageism in the group of young adults?

Q2: Does gender play a moderator role in the relationship between the Big Five Personality Traits and conscious ageism in the group of young adults?

And we formulated the following hypotheses:

H1: There is a correlation between the Big Five personality traits and conscious ageism in the group of young adults.

H2: Gender acts as a moderator for the relationship between the Big Five Personality Traits and conscious ageism in the group of young adults.

The characteristics of the methods applied

In our research, the Big Five Personality Traits were measured using the Polish adaptation of *the NEO-FFI Personality Inventory* [Zawadzki, Strelau, Szczepaniak, Śliwińska 1998]. The questionnaire consists of 60 statements about personality (12 items for each subscale). The respondents' task is to evaluate each statement on a 5-point Likert scale (1 - Strongly Disagree; 2 - Disagree; 3 - Neutral; 4 - Agree; 5 - Strongly Agree). In our study, we measured reliability using Cronbach's alpha for each subscale. The value was $\alpha = 0.83$ for Neuroticism, $\alpha = 0.81$ for Extraversion, $\alpha = 0.65$ for Openness, $\alpha = 0.75$ for Agreeableness and $\alpha = 0.81$ for Conscientiousness.

On the other hand, conscious ageism was measured by the Polish adaptation of the *Attitudes Towards Old People Scale* [Rembowski 1984], which consists of 17 pairs of opposing statements (negative and positive) regarding the elderly and their lifestyle, as well as aging. The respondents' task was to choose one of the pairs of statements and evaluate it using a 7-point Likert scale (1- Strongly disagree; 2 - Disagree; 3 - Somewhat Disagree; 4 - Neutral; 5 - Somewhat Agree; 6 - Agree; 7 - Strongly Agree). The questionnaire includes eight subscales: company, lifestyle and performance, dependence, people's readiness to work, the conflict between younger and older people, similarities and differences between older people, superficiality, and personality traits of older people. Due to the surprisingly low internal consistency of the questionnaire subscales ($\alpha = 0.15 - 0.40$), only the overall result was used in our study ($\alpha = 0.66$).

The people surveyed

The study involved 235 people (132 women and 103 men) aged 16 to 18, the average age was $M = 17.22$ ($SD = 0.65$). The respondents were students from secondary schools in Poland. They were assured that the conducted research was anonymous. Since participation in the study was entirely voluntary, students knew they could withdraw from it at any time.

The analysis of the results

All analyses were performed in IBM SPSS Statistics 22.

THE RELATIONSHIP BETWEEN AGEISM AND THE BIG FIVE PERSONALITY TRAITS

To find the answer to the first research question *Is there a correlation between the Big Five Personality traits and conscious ageism in the group of young adults?* we decided to use Pearson's parametric correlations. If the assumptions needed to perform analyses at the parametric level were not met, the analysis of non-parametric Spearman correlations would be applied.

According to the central limit theorem, in the case of large samples, the distribution of variables did not differ from the Gaussian curve, regardless of the distribution of the collected data [Field 2009]. Due to the relatively large sample ($n = 235$), the analyses assumed that the distribution of the variables included in our study did not differ significantly from the normal one.

The analyses were preceded by a verification of the assumption of a linear relationship between pairs of variables (the chi-square test).

The chi-square test showed that there was a linear correlation between Ageism and Agreeableness ($\chi^2(1, N=235) = 24,91; p < 0,001$). However, no linear correlation existed between Ageism and Neuroticism ($\chi^2(1, N = 235) = 0.50; p > 0.05$), Extraversion ($\chi^2(1, N = 235) = 0.18; p > 0.05$), Openness ($\chi^2(1, N = 235) = 2.34; p > 0.05$) and Conscientiousness ($\chi^2(1, N = 235) = 1.53; p > 0.05$).

Since the linear correlation condition was not satisfied for the following pairs of variables:

- Ageism and Neuroticism
- Ageism and Extraversion
- Ageism and Openness
- Ageism and Conscientiousness

we conducted the non-parametric correlation test.

Pearson's parametric correlation test was performed for the pair of variables:

- Ageism and Agreeableness

Pearson's parametric correlation test showed that *Agreeableness* was moderately and negatively correlated with *Ageism* ($r = -0.33; p < 0.001$).

Table 1. Spearman's non-parametric correlation coefficients between Ageism and Neuroticism, Extraversion, Openness, and Conscientiousness

	Neuroticism	Extraversion	Openness	Conscientiousness
Ageism	-0.01	0.06	- 0.11	0.08

* $p < 0.05$

There is no statistically significant relationship between *Ageism* and *Neuroticism*, *Extraversion*, *Openness*, or *Conscientiousness*.

Therefore, the first hypothesis: *There is a correlation between the Big Five Personality Traits and conscious ageism in the group of young adults* was **partially confirmed**.

THE RELATIONSHIP BETWEEN AGEISM AND GENDER

To find the answer to the second research question *Does gender act as a moderator for the relationship between the Big Five Personality Traits and conscious ageism in the group of young adults?* we decided to perform a hierarchical regression analysis. This analysis concerned only the correlation between *Agreeableness* and *Ageism* because there was no linear correlation with the other variables.

Before the analyses, we centered the predictor and the moderator. *The coding effect* was used for gender centering (men were -1, women were 1), and the *Agreeableness* variable was standardized. Then, an interactive component was prepared, which was the product of previously centered variables. *Ageism* was introduced as the dependent variable in the regression analysis. In the first step, gender and *Agreeableness* were presented as independent variables. In the second step, an interactive component was introduced. The *Beta* and R-squared ratios of the last step in the regression analysis, as well as the change in R-squared, are shown in Table 2.

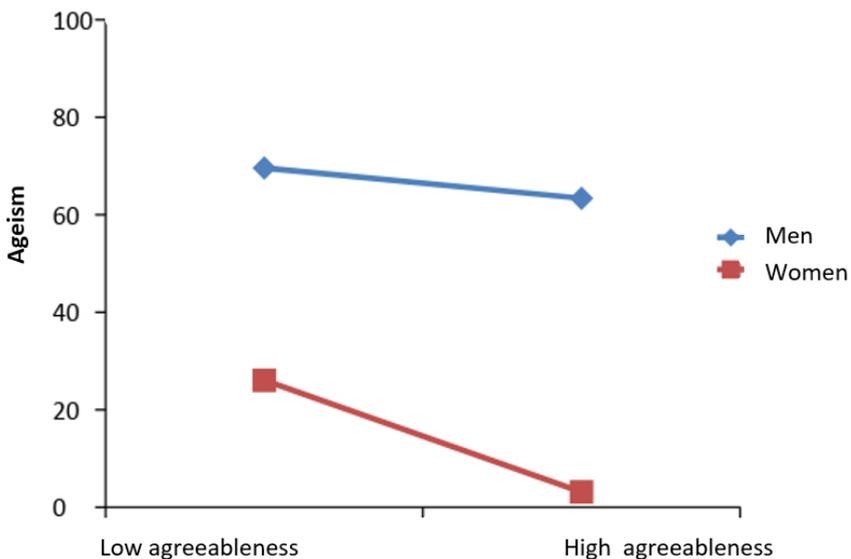
Table 2. Results of hierarchical regression of the gender moderation effect for the correlation between Ageism and Agreeableness

Dependent variable	Predictors	Beta	ΔR^2	R ²
Ageism	Agreeableness (A)	- 0.31**	0.02*	0.11*
	Gender (B)	0.07		
	A x B	- 0.13*		

* p <0.05; ** p <0.01

As shown in Table 2, the interaction component for *Agreeableness* and gender is a statistically significant predictor for the dependent variable Ageism ($F_{3,231} = 10.92$; $\Delta R^2 = 0.02$; $R^2 = 0.11$; $p < .01$). The analysis of Pearson's parametric correlations broken down by gender shows that in the group of men, the relationship between *Ageism* and *Agreeableness* is statistically insignificant ($r = - 0.18$; *ns*), while in the group of women, it is negative, moderate, and statistically significant ($r = - 0.44$; $p < 0.001$). Thus, this relation occurs among women, but not among men. The interaction effect is presented in Figure 1.

Fig. 1. The interaction effect in moderation analysis where gender was introduced as the moderator of the correlation between Agreeableness and Ageism



Therefore, the second hypothesis: *Gender acts as a moderator for the relationship between the Big Five personality traits and conscious ageism in the group of young adults* was **partially confirmed**.

Our research results indicate that only agreeableness is associated with conscious ageism in the group of 16-18-year-olds. As agreeableness decreases, the tendency to display prejudice against the elderly increases. These links with agreeableness are consistent with previous research findings [Allan, Johnson, Emerson 2014; Gao 2009; Harris, Dollinger 2003]. However, there were also correlations with other personality traits in those studies, i.e., neuroticism and openness, while no such correlations were found in our study. This might be explained by the specific nature of study samples. The research results referred to above concerned students only. Our study focuses on the period of late adolescence. Perhaps the nature of the relationship between personality traits and ageism is associated closely with the developmental period. Moreover, previous research had been carried out in Canada, Taiwan, and the United Kingdom, while our study was conducted in Poland. Research results may depend on the cultural context. In order to confirm this hypothesis, further research is needed on intercultural differences concerning the relationship between personality traits and ageism.

The agreeableness dimension represents either positive or negative attitudes towards others. Altruistic attitudes are located on one continuum, and antagonistic attitudes on the other. Low agreeableness is manifested cognitively as a lack of trust, and emotionally as a lack of sensitivity and indifference to other people's matters, and behaviorally as the lack of willingness to cooperate. Thus, people who are not very agreeable are somewhat selfish, cynical, and likely to be competitive [Zawadzki, Strelau, Szczepaniak, Śliwińska 1998]. It is not surprising, then, that people who are low in agreeableness exhibit a higher level of ageism. Their insensitivity and inability to adopt someone else's perspective produce hostile attitudes towards other social groups. In the case of the other personality traits, they showed no linear correlation with ageism. It is likely that the lack of a linear correlation between these variables results from the presence of intermediary variables that were not included in our study. This hypothesis can be verified in future research.

The obtained results also indicate that gender acts as a moderator for the correlation between agreeableness and ageism. The relationship between these variables is found only in the group of women. As mentioned above, the lower the agreeableness, the higher the level of ageism. Considering the results of our study, it can be concluded that personality traits show absolutely no

correlation with ageism in the group of men. McCrea and colleagues [2002] have already found that a higher level of agreeableness is typical for women compared to men [Klimstra et al. 2009]. In addition, gender stereotypes prove that men focus more on doing things (taking action is essential for them), and women focus more on community (they focus on emotions and social relations). Perhaps because of succumbing to these stereotypes, agreeableness is of greater importance for ageism among women.

SUMMARY

To sum up, our study provides insights into the nature of relationships between personality traits in the Big Five model and ageism among people from the developmental period of late adolescence. Moreover, the research was set against the context of Polish culture. In terms of personality traits, only agreeableness proved to be associated with conscious ageism, i.e. the lower the level of agreeableness, the higher the level of ageism. Our moderation analysis showed that this relationship is significant only in the group of women.

The conducted research supplements the existing knowledge about the correlates of ageism. Based on these findings, it can be concluded that personality traits do not play a significant role in this social phenomenon. Further extensive research or even a meta-analysis should be conducted to explore which factors are crucial for explaining and predicting ageism.

Addressing the topic of ageism among young people (16-18-year-olds) is important from the perspective of the previously mentioned social changes. Nowadays, old age is something that most people experience. A successful and active old age that is free from prejudice is something that young people would also like to achieve for themselves, perhaps without realizing it now. The elderly population is very diverse in terms of health and current family situation, socioeconomic status, personality, education, cognitive abilities, etc. It is very harmful to use generalizations and stereotypes for this diverse group.

Anti-discrimination activities should be intensified, in particular in the labor market and the healthcare sector. Thanks to effective preventive medicine, we will be able to work longer. Older people will also be more willing to continue employment if the workplace atmosphere, which depends on the attitudes of both superiors and colleagues towards the elderly, is positive. The fight against ageism can be waged using soft tactics, such as changing the

language we use to describe the elderly, as it shapes the way we think about, and behave towards, them. If we change our own attitudes, perhaps the old age will be more positive not only for the current seniors but also for ourselves.

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ABSTRACT

This study seeks to determine the nature of the relationship between the Big Five Personality Traits' features and conscious ageism in the group of Polish adolescents aged 16-18. So far, researchers have tried to identify the impact of individual differences on the manifestation of this type of bias, as well as personality factors. Considering the discrepancies occurring in the nature of the relationship between the Big Five Personality Traits and conscious ageism, and the sparse research in this area, we designed our own empirical study. Since the research results are decisive for the more positive attitudes towards the elderly, as adopted by girls and women, we also made a hypothesis about the potential moderating role of gender in the relationship between personality traits and ageism.

In order to address the posed research problems, we conducted a study involving 235 people (132 women and 103 men), using the Polish adaptation of the NEO-FFI scale (for measuring personality traits) and the LS scale (for measuring ageism). In terms of personality traits, only agreeableness proved to be associated with conscious ageism, in such a way that the lower the level of agreeableness, the higher the level of ageism. Moderation analysis shows that this relationship is significant only in the group of women.

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PERCEPTION OF OLD AGE BY PEOPLE IN THE LATE ADULTHOOD – REPORTS FROM OWN RESEARCH

INTRODUCTION

Old age, through its inevitability, is an integral part of the life and interests of researchers. The elderly played an extremely significant role in the past centuries. They were considered sages, priests or judges [Baumann 2008, p. 80–88; Binstock 2010, p. 580]. All this was associated with prestige and high social status [Kołodziej 2006, p. 8]. Many older people are lonely, depending on where they live, looking for activities in which they could engage. In smaller cities or in the countryside, the possibilities are limited, however, in large agglomeration centers the number of activities is large. These data are not surprising, already defines the causes associated with the aging of the population. The main factors include the emigration of young people, the increase in life expectancy, and above all, more and more developed science, including medicine, which allows the body to stay in good shape and health for many years compared to earlier decades. According to forecasts, in 2020, about one million Poles will be 90 years old, in 2035 every fourth will be more than 65 years old. These statistics should mobilize all possible bodies, including the state, to secure the fate of the elderly and their families in the most significant way possible. Late adulthood is associated with many restrictions – health, financial or family, because the smallest social unit is often responsible for the life and functioning of the elderly. Discrimination of older people is increasingly visible in society. Due to worrying demographic data on the aging society,

not only in Poland – the situation is becoming serious [Dąbska et.al 2016, p. 140–144; Dobrzyńska, Rymaszewska & Kiejna 2007, p. 58; Erikson 2002, p. 7].

OLD AGE AS A SOCIAL PROBLEM

Sethi, Wood, Mitis [2011] in the World Health Organization report tackled the prevention of violence against older people [Sethi, Wood, Mitis 2011, p. 7; World Health Organization]. The data indicate that this is a serious social problem – at least because of the number of killings of people later in adulthood. The motivation for this act may vary, financial difficulties, care for an elderly and sick person or lack of self-fulfillment are often indicated due to restrictions resulting from obligations. It is estimated that more than 8,500 older people are murdered each year, usually the representative of the incident is the representative of the closest family (30%). On the other hand, Makara-Studzińska and Sosnowska [2012] believe that violence against older people does not have to take such radical forms as taking life [Makara-Studzińska, Sosnowska 2012, p. 57–61]. Dangerous components for the health and life of an individual are: psychological violence, physical violence, neglect, lack of support, limiting the freedom of the elderly [Błędowski, Stogowski, Wiczorowska-Tobis 2013, p. 16; Bońkowski, Klich-Rączka 2007, p. 97–103]. Many carers of people later in adulthood believe that taking care of older parents or grandparents requires a lot of commitment and financial burden [Pikuła 2016, p. 17; Pruchno 2014, p. 1–4; Pruchno 2019, p. 1–5]. Very often, elderly family members are treated as an obstacle to achieving the goals of the household – they are sent to a nursing home or hospital during the holiday or holiday season. This is a difficult situation and causes trauma in the elderly, because they change the environment drastically (not by their will), losing stability, sense of security, and often also the will to live [Raczyńska-Buława 2017, p. 18; Rymaszewska & Szmigiel 2008, p. 95–104; Sandmoe, Wentzel-Larsen, Hjemdal 2017, p. 9; Scott, Wiener, Paulson 2020, p. 80–88].

Old age can be observed not only by the elderly, but also the environment. All of us can see that their movements are less coordinated than ours – of young people; words are spoken more slowly, thoughts are fleeting and sometimes they do not have time to see the light of day before they are forgotten [Frąckiewicz 2004, website of the Polish Society of Gerontology]. The older age not only brings a wealth of life wisdom and experience, it often

brings with it worsening health. For this reason, various activities are undertaken: medical, legal, technical, economic and organizational to be able to improve the quality of life of the elderly [Wieczorek 2016, p. 358–370]. The quality of life of older people consists of personal development, self-esteem, belonging, implementation of life plans, adaptation to changing environmental conditions, social expectations, as well as their own abilities. In addition, older people pay special attention to the needs of independence / independence, addiction (seeking care in situations that require it), security and prestige. The need to use information that provides contact with the world, opportunities to acquire specific knowledge and is desirable among older people is often overlooked [Wasilewska–Ostrowska 2013, p. 234–244]. Older people are struggling with physical and mental impairment [Szukalski 2005, p. 17; Szukalski 2006, p. 6–10]. It is possible to mention many changes in the body related to the aging process, the main ones are: brain changes, decreased vision, hearing impairment, changes smell and taste, changes in sleep, physical impairment mental retardation, raising the threshold of feeling the touch, lowering of the threshold of sensitivity to ambient temperature, increasing pain threshold, physiological aging [Seelman 2019, p. 749–759; Świeszczak, Ziemia 2013, p. 57–66].

Moreover, it is worth to analyzing the issue in particular the sphere of mental functioning of the elderly. Mental retardation in old age is associated with forms of dementia, including Alzheimer's disease, for example. According to the World Health Organization (WHO) definition, dementia is a syndrome caused by a brain disease, usually of a chronic or progressive nature, in which higher cortical functions are disturbed, such as memory, thinking, orientation, understanding, counting, learning ability language and assessment [Wilmańska, Gułaj 2008, p. 111–118]. Depression may promote the symptoms of dementia. The causes of depression can be various factors, including: inadequate support, unstable material situation, loneliness, increasingly severe health problems [Bujnowska–Fedak, Grata–Borkowska & Sapilak 2012, p. 349–353]. In the late years of life, cognitive functions begin to get worse. One of the leading cognitive functions is memory, which undergoes many changes. The intensity and feeling of memory loss depends to a large extent on the knowledge of a given area of knowledge, years of practice in it, and the rooting of thoughts in a given object [Steuden, Marczuk 2006; Straś–Romanowska 2011; Susułowska 1989]. The most often complaining group about memory disorders is a group of people over 60 years of age [Wojciszke 2004, p. 23; Zrałek 2012, p. 103]. These people most often forget recently known

names, places, shopping lists, keys, glasses, watch, telephone, new information from the mass media, hidden passwords, zip codes. On the other hand, at the age of 70, older people often begin to have problems solving problems, they are able to recognize correct solutions, but they are worse at inventing new solutions, even those concerning the practical sphere [Finogenow 2013, p. 93–104].

METHODOLOGY OF OWN RESEARCH

The main purpose of this research was to learn and define how perception and functioning of people in late adulthood by representatives of their age group. To this end, a general problem and specific problems were formulated.

General problem: does the age of the respondents affect the perception of the way they function in a society of people in late adulthood?

PROBLEMS:

1. Do people in their late adulthood perceive their functioning as more positive or negative?
2. Do older people notice the positive aspects of late adulthood?

In response to the above problems, the following research hypotheses were formulated:

Main hypothesis:

The age of the respondents influences the perception of how they function in society.

Specific hypotheses:

H1: People who are later in adulthood describe their functioning as more positive than negative.

H2: Older people notice the positive aspects of life in late adulthood.

The following methods were used in the study: structured interviews, author's survey.

1. Structured interviews mainly concerned basic data about the examined person and the functioning of the individual in society. The questions were intended for older people to learn about their mental state, how they feel, their motivation and flashback, what they remember from their lives, what is and it was important to them etc. A general synthesis of the functioning of the individual.

2. The author's survey was constructed for the needs of conducting research with the elderly. Items concerned the relationship of older and younger people, what elements are important in the relationship between the elderly and the individual who begins to feel pain, suffering, crisis, loss, etc.

The scales in the author's survey concerned: emotions, mutual attitude towards the elderly with representatives of early adulthood according to Levinson, felt pain, discomfort, motivation, attitude towards the future, attitude towards free time, hobby, relations between parents and child.

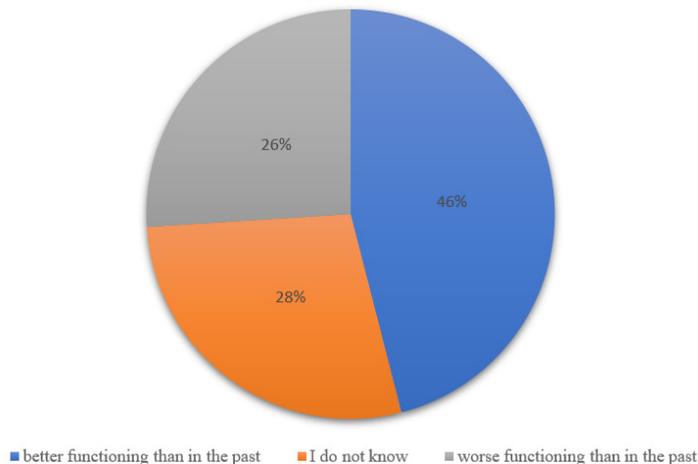
PARCIPITANTS AND PROCEDURE

To summarize, there were 229 in the group of people in late adulthood. Some people did not agree to be included in the process of summarizing the final results. People refused to perform the data, after the study they did not agree to the publication and qualitative analysis. Finally 148 subjects (83 women and 65 men) were qualified for final analysis. Meetings with specialists were informed through posters, information provided at the University of the Third Age, the Association "Little Brothers of the Poor", on the Internet. Then volunteers volunteered for free psychological consultations.

RESULTS

People in the late adulthood state that at this point in their life they feel better than in the past, which is 46% of the respondents. The results of this question are presented in Figure 1.

Figure 1. Perception of functioning by people in late adulthood.



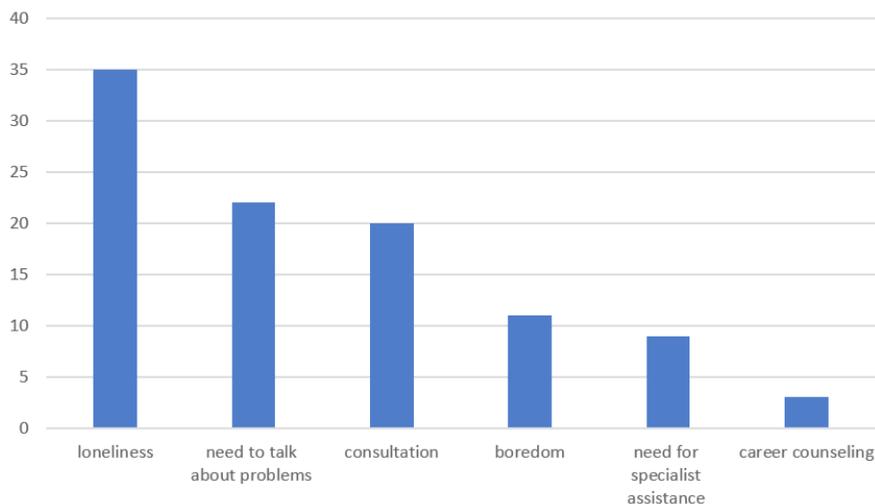
Source: own research

In this study, older people are able to see their strengths and weaknesses. An example of Grzegorz qualitative research statement: "I am a multiple medalist in table tennis. I used to be very successful, now also. I am 82 years old, but I still feel like a lion, I feel good, often even teenagers did not beat me. "However, many older people feel lonely and experience negative emotions when compared to their peers who are dying. An example of Janina's statement (95 years old) "All my peers are already escaping to that world. Maybe now it will be my turn and I will be the next one. At any moment I think that this death is already behind me... Although I am my age, I feel reconciliation with this state of affairs and fear".

People in late adulthood find passions and acquaintances in the surrounding society and environment. Sometimes even younger generations shock their behavior: "My grandson often says, you are too old grandfather for such spicy jokes! Look, even an older man can't be joked with beautiful girls ... It's just flirtation, and if something more is what? I am of legal age..." (Kazimierz, 79 years old). Sometimes there are pessimistic and declining elements associated with the crisis: "Old age is such sadness, I would put it this way: what was good was already, maybe it will be, but it certainly is not good now. Well, in this connection I have to remember what was good in my life, but as a young person, or waiting for a better future, but I think it's already death. Because now in a real situation I have such... survival" (Aniela, 91 years old). Respondents have repeatedly mentioned that they cannot accept the fact that their functioning is at a much lower level than when they were younger. They recognize that they must take medication, go to the doctor more often, plan their meals to be adequate and rich in nutrients. People in late adulthood with a positive attitude talk about the past, but they often emphasize that those moments that were once will never come back, which leads them to sadness: "The worst in my condition, now that I am old is that I remember his youth. I remember exactly how efficient I was, how I could move mountains, and now I can only look at them" (Kazimierz, 76 years old). People in late adulthood, despite their age, want to develop, travel, and they are also planning the future: "It's crap that older people do nothing. In my old age I fly to England every year, right, to my daughter, but not only to help, but to visit, learn the language, meet new people. Try yourself. I'm a widow, but I'm not convincing myself that it's over. You can get satisfaction from yourself" (Wanda, 72 years old). Analyzing the collected statements of people in late adulthood, we note that their functioning and perception are divergent. This is related to

previous experiences and individual differences [Maison 2010, p. 30].

Figure 2. Reason for entering psychological consultation



Source: own study

It turns out that a significant problem for the research group is loneliness, which accounts for the majority of 35%. An important issue is also the need to talk about your problems with loved ones 23%, specialist consultations, for example with a psychiatrist, psychologist or psychotherapist 20%. The respondents noticed that an important element in their lives is to change their perspective and ask for financial, social or medical help that would enable them to function properly in many respects (10%). Also attention was paid to the expansion of vocational guidance and career development opportunities. It turns out that for a small group, further professional development is important (less than 5%).

CASE STUDY RESEARCH – RESULTS

For the purposes of this text, a case study of a person will be presented below, including data obtained from in-depth interviews used in this study, who have been hospitalized several times. Due to the fact that the article ensures anonymity, the basic data about the examined person (e.g. name) has been changed, while the others have not been disclosed.

Gender: female

Age: 65 years

Place of residence: big city (more than 300,000 inhabitants)

Education: higher, medical

Diagnosis: ICD-10 F33.4 – Recurrent depressive disorder, currently in remission

There was one suicide attempt in December 2018

Number of psychiatric hospitalizations: 2

Suicidal tendencies: yes, suicide attempts, recurrent suicidal thoughts

The patient came to the Polish Suicidological Society – Lublin Branch for psychological consultation. Mental problems (depressive disorders) in women began at the age of 61 years. Occurrence of psychological problems was accompanied by problems related to the professional and economic situation, as the patient went into early retirement due to harmful working conditions. The woman did not want to leave the benefit, however, issues related to the employer did not allow her to continue working. Retirement was for her the first factor that contributed to the appearance of depressive states. At that time, the patient volunteered for psychological therapy, which lasted for over a year. The woman interrupted her after the tragic death of her husband. A few months after this incident, the first suicide attempt took place. The patient overdosed with sedative and psychotropic drugs, which she received from a psychiatrist. Before the suicide attempt, depressive symptoms intensified, making them impossible to function. The patient was hospitalized for one month. At this point, the woman sought free psychological help, because after her husband's death her financial situation deteriorated significantly. He is currently thinking about selling the joint property (house, apartment), however he does not want to lose property, which is the only marriage souvenir. Despite the everyday difficulties, the woman's situation improved when she decided to get involved in social life: "A neighbor told me to go to a meeting of people who want to learn and develop. I came to the University of the Third Age, I met many interesting people there who, like me, are lonely and have no children. My husband and I never had children, he never wanted to. After his death, something broke inside me that he wasted my life and I would never fulfill my dreams: "Besides, he always did everything. Bills, fees, insurance, trips, even he only had a driving license. I never needed it, why should I have him? And he left me dead in an accident. It later turned out that he was seriously ill and had advanced pancreatic cancer. Nobody said it could be suicide. However, I still can't understand it myself. Straight road.

Good weather”. The first months were very difficult, full of regret and hatred. Now he is engaged in other things. Those that bring joy to others. It can be regarded as such a pro-social work, in the service of the people. I have it filled all day, and someone can take advantage of it, i.e. my time and activity. Sometimes it's hard and I have suicidal thoughts again, although now less. The last attempt and the medications taken have severely damaged my internal organs, in particular my liver and stomach. I knew what I was taking because I had appropriate education for it. I didn't expect them to save me, but my neighbor reacted. She had a gift from God, she saw that I gave my favorite flowers in the corridor and said that maybe something bad had happened. She called for help and in this way I got a new chance for a new fate. At the moment I recommend to all lonely people in a difficult situation to engage in something more than just watching TV and Brazilian series. Let something happen in their lives”. Although the patient herself has health, financial and mental problems, she tries to persuade others to be active.

A woman has had many factors that increase her risk of suicide in old age:

Demographic features: a widowed person

Life situation: retirement, mourning, difficult financial situation

Health status: depressive disorder (mental disorder), after a suicide attempt (somatic difficulties)

Other data: previous suicide attempts (constant psychological and psychiatric care is very important for a woman).

Other difficult situations: death of the husband (car accident), as well as suspected husband's suicide, occurrence of an advanced partner of pancreatic cancer, lack of children for family reasons (compliance with the husband's decision), lack of social support (no close family, friends).

At the moment, the examined person is under constant psychological and psychiatric care. If possible, he participates in additional psycho-preventive classes, workshops or thematic talks in order to increase his knowledge about the disease and how to deal with difficulties. The woman is involved in the life of NGOs, in which she works as a volunteer, as well as a free time animator for the elderly and children [Charles, Carstensen 2010, p. 383–409; Dąbrowska 2011, p. 84–90].

DISCUSSION

Old age is one of the more current problems of the modern world [Aronson et al. 1997, p. 5; Baldassar, Wilding 2020, p. 313–321; Bartoszek et al. 2014, p. 259]. The fact that the phenomenon is getting worse is becoming very worrying and this group is becoming the most numerous in society. Therefore, a lot depends on her and the use of her potential.

Therefore, education of young people in the perception of such people, noticing their potential as well as positive qualities becomes very important. The study was aimed at understanding and determining how perception of the functioning of people in late adulthood by representatives of this age group. The conclusions resulting from the study may form the basis for creating educational and preventive programs enabling the improvement of the image of older people among young people, as well as establishing cooperation between these two age groups. Lack of support in the information, emotional or material sphere can lead to many irreversible consequences that can lead to self-destruction of some representatives of the late adulthood group [Kong, Moorman 2015, p. 656–666; Kozieł, Kaczmarczyk, Naszydłowska & Gałuszka 2008, p. 23–28]. Diagnosis of presuicidal syndrome in the elderly is extremely difficult. First of all, that many older people are lonely. In addition, some do not warn against attempted suicide in a way that could be seen, for example, giving away things, talking about death, difficulties or a lack of desire to live. Even specialists have difficulty recognizing suicidal thoughts, because people don't always want to be aware that they are trying to commit suicide. Intervention at a time when there are no previous signs is impossible, therefore it differs from the accepted schemes. Lack of acceptance, understanding and adaptation to the new situation is difficult, especially when the individual has low self-esteem or feels redundant and unnecessary. In every period of life a person needs to meet basic needs. The scheme of needs known as Maslow's Pyramid is adequate for both young and mature people [Pikuła 2015]. At the beginning, the most important thing is to meet basic human (physiological) needs, then social issues (group activities), so that later we can be self-realized. Difficulties that may arise during this period are very different, therefore, it is so difficult to adapt activities and prevention for everyone – since each person needs something different. In some cases (e.g. functional disorders) institutional help is needed. However, when psychological difficulties occur, support should be provided from family or loved ones.

World Health Organization reports indicate that people are attacking

their own lives because loved ones do not respond to their needs. Referring to the hypothesis of the first person who are in late adulthood in the study group positively define their lives, often even compared to previous years [Pieprzyk, Pieprzyk 2012, p.175–188]. What is associated with them with the possibility of planning free time without restrictions associated with work or young children [Nimrod, Berdychevsky 2018, p. 960–969]. People who are later in adulthood in the study group notice the positive aspects of functioning during this period of life. Therefore, the hypothesis can be confirmed. Older people believe that they are more aware of psychological help, social support and the possibilities of engaging in the activities of non-governmental organizations. However, as they themselves point out, they are active people, and many of their friends do not take any action at all. Often they don't even cure depression or receive guests or volunteers because of their worsening psychophysical condition [Levy, Chung, Bedford & Navrazhina 2014, p. 172–176; Lytle, Levy 2019, p. 580]

This section presents practical implications that relate to the functioning of older people in society:

1. Undertaking psychoeducation in the field of health in the elderly, including somatic and mental aspects.
2. Encouraging the active participation of older people in associations, day support centers or universities of the third century.
3. Encourage the use of volunteer help.
4. Conducting prevention aimed at checking whether a person does not suffer from somatic or mental diseases, which often occur during this period.
5. Providing people-to-people contacts later in adulthood in order to reduce the feeling of loneliness.
6. Conducting conversations about death and dying to lead to the topic being accepted rather than fearful.
7. Organizing meeting opportunities for older people for specialist lectures, meetings, events.
8. Organizing meetings in the field of vocational counseling, thanks to which older people could choose appropriate additional activities for themselves: sports, hobbies etc.
9. Encouraging older people to get involved in clubs or groups to pursue common passions or commitments.
10. Organizing meetings in which adults could participate and initiate issues that are interesting and interesting for them.

11. Paying attention to the self-esteem of older people and their behavior due to the high percentage of cases of mental illness.

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ABSTRACT

The article summarizes the considerations taken on the example of the analyzed scientific project “Good Life UMCS”. It has been implemented from 2017 to the present. In addition to activities such as conducting workshops, meetings and qualitative research, psychological consultations are also carried out. Project beneficiaries are also older people aged 65–85. The project was aimed at raising awareness about mental health, issues related to suicide and self-destruction. The respondents (n=148) people have been reporting to specialists from 2017 to the present. It was noted that in late adulthood problems regarding social, mental, adaptive and other difficulties are significant. Many older people came to psychological consultations and for help, considering that they did not have support among their relatives. This is the main reason why seniors collaborate with various organizations as beneficiaries or volunteers. Structured interviews show that many of them feel lonely and unnecessary. On the other hand, activities in organizations of the elderly help them to feel valuable and their activity has a large impact on the local environment. The work is therefore theoretical and practical. The article will add one of the case studies that was conducted with a 60+ woman living in a large city after a suicide attempt.

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QUALITY OF LIFE AND THE WAYS ELDERLY PEOPLE COPE WITH THE PANDEMIC: A CASE STUDY

INTRODUCTION

Early in March 2020 the World Health Organization announced a COVID-19 pandemic. The spreading virus changed the way many people function and significantly reduced the quality of their lives. The protective measures related to aspects such as social distancing and isolation have been intended to hinder the spread of COVID-19 cases. Uncertainty, disorientation, and a sense of helplessness have begun to negatively affect people's functioning, especially of the elderly. Health problems, social isolation, dependence on others for care have no doubt contributed to a quality of life decrease. The pandemic has also increased the number of deaths, among people over 60 years old in particular. High mortality in this group can be linked to the presence of concurrent diseases, such as hypertension, diabetes, coronary artery disease—all increasing mortality [Zhou et al. 2020]. Loneliness, advanced age, hardships, disorientation all make the pandemic a difficult and frightening time for elderly people [Le Couteur, Anderson & Newman 2020]. The feeling of isolation, fear and loneliness are the emotional components of COVID-19 [Brooke & Jackson 2020]. A knowledge of how senior citizens respond to a situation of threat enables a better adaptation of the forms of effective assistance and helps to understand the nature of factors determining their quality of life. According to Music [2020] “moral panic” and “fear of the other” are elevated during the pandemic. Social isolation is typically associated with a lack of

physical contact with the family, friends, and social activities [Valtorta & Hanratty 2012]. The elderly can only benefit from contact with others while away from home in special situations like doing the shopping or attending places of worship [Armitage & Nellums 2020]. Sometimes, however, even such outings are impossible due to health problems. Home isolation, growing anxiety, a sense of loneliness, which is due to the changing character of social relations established (telephone contact) are contributing to the negative health functioning of seniors [Armitage & Nellums 2020; Lloyd-Sherlock, Ebrahim, Geffen & McKee 2020].

The period of late adulthood is associated with decreased bodily performance, a limited capability to adapt to changes, decreased willingness to establish relationships, and a sense of loneliness. Retirement often means that activities done so far have to be given up. Various losses occur in such areas as physical fitness, general health, social networking, and physical attractiveness [Neugarten, Havighurst & Tobin 1968].

It should be noted, nonetheless, that during this time people-oriented abilities give way to ones focused on the self [Braun-Gałkowska 2008]. Also, well-being undergoes changes. The quality of life is linked to an individual appraisal of one's own situation. The important spheres where well-being is measured are: material conditions, health, economic activity, leisure, social relations, and a sense of security. The quality of life in late adulthood is often identified with physical and psychological comfort, as well as social relations one establishes. It can also be analyzed in light of the established interaction with the environment. The great social challenge faced by the twentieth century was to increase life expectancy, while in the twenty-first century the priority has become to enhance the quality of life [Seraji, Shojaeizadeh & Goldoost 2017]. Now, determination of well-being has the practical aim of undertaking activities leading to an improvement of living conditions [Stanila 2015].

THE ESSENCE AND CONDITIONING OF QUALITY OF LIFE

Quality of life is an issue that is difficult to research and define. Its theoretical assumptions are underspecified and it has many meanings, which leads to some interpretative arbitrariness. The literature of the subject abounds in various definitions of this concept. The World Health Organisation defined quality of life as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relations to

their goals, expectations, standards and concerns" [WHO 2012 p. 2]. Quality of life undoubtedly remains in the sphere of subjective perception, satisfaction with everyday life and activities; this significantly restricts the possibilities for definition and interpretation [Dobrzyńska, Rymaszewska & Kiejna 2007]. Overall, quality of life implies a sense of contentment, satisfaction with the so-called social, psychological, and spiritual spheres [Syrek 2001].

In recent years, this research issue has received a lot of attention in various economic, social, and medical sciences [Gataulinas 2010; Wnuk & Marcinkowski 2012]. This interest in quality of life is undoubtedly due to the scientific and technological progress, processes of globalization, consumerism, and the current evolution of the system of values. Initially, QoL research was equated with the satisfaction of specific needs and goods consumption [Ryff & Keyes 1995]. The main goal of the research was to determine the objective indicators relating to certain living standards, such as housing equipment, material status, or retirement age. Over the successive years of research in this issue certain spheres came to be considered as important for humans, for example, security, employment, family and social relationships, or health [Wiatrowska 2011].

In their explorations, Angus Campbell, Philip E. Converse, and Willard L. Rodgers [1976] considered pragmatic QoL indicators (health, income, education, family situation) and psychological ones (satisfaction of needs and goal attainment). Further analyses have contributed to the formulation of global indicators containing objective and subjective appraisals. The macrosocial dimension accounted for the existence of people and social groups, as well as the living conditions, which depend on the life situation, place of residence, and general health condition. The socio-institutional factors were related to principles governing the functioning of social institutions, such as health care, education, political and economic systems. Subjectively perceived quality of life, on the other hand, took into account the well-being of individuals and their appraisals made in the psychosocial, material and existential spheres [Dobrzyńska, Rymaszewska & Kiejna 2007; Wiatrowska 2011]. In the literature of the subject we encounter many different QoL dimensions, such as life situation, material status, personal happiness, ability to cope with life problems, value system [Chrobak 2009; Kurzynowski 2003]. General well-being is often defined in terms of needs satisfaction or goal attainment.

Elżbieta Skrzypek addresses quality of life by taking into account objective and subjective conditions. For her, the objective conditions include economic situation, leisure, housing conditions, social security, health, and social environment. The subjective conditions include well-being, appraisal

of living conditions with the happiness component, satisfaction, happiness, hope, and loneliness [Skrzypek 2007].

In QoL research one should take into account the sense of general well-being, circumstances that favour the fulfilment of one's potential, and the sense of positive social involvement. Analyses conducted in recent years have demonstrated that conflict social relations and a lack of support of others play a role in people's decreased functioning [Diener & Oishi 2005]. Quality of life is increasingly interpreted as a high level of individual awareness, variety of life goals, lack of problems, ailments and various burdens. It is in human nature to have loving people around or achieve self-set goals. Quality of life evolves throughout people's lives. It is associated with the processes of aging and changes occurring in their lives and their environment. A review of the literature has revealed some ambiguities in the way quality of life is understood, defined and measured. The level of perceived well-being depends on many factors such as age, commitments, life experiences, or developed problem-coping strategies. Age is frequently indicated as one of the most important QoL factors [Czapiński & Panek 2010]. As time passes and when health problems start to occur, overall well-being decreases.

When looking at the quality of an individual's life, we need to look at their life in a holistic way, taking into account their stage of development, activities, life situation, difficulties, and undertaken tasks [Daszykowska 2007].

Factors affecting quality of life in late adulthood

The onset of late adulthood has no clear boundary. Factors contributing to this state are, for example, increasing life expectancy, uneven ageing rate, and a biologically, socially and psychologically diverse image of old age [Studen 2011]. The psychological literature makes a distinction between early old age (60–74), advanced old age (75–89), and late old age (90+) [Stuart-Hamilton 2006]. Old age is sometimes regarded as a natural phase of life [Klimczuk 2012]. It is associated with a decreased bodily performance, mobility, a limited capability to adapt to changes, decreased willingness to establish relationships, and a sense of loneliness. Old age QoL determinants are quite diverse. Nawrocka draws our attention to two of them: health and material factors associated with a decent material benefit. "When enjoying a high pension and fairly good health, an individual can remain active and have a good old age" [Nawrocka 2013, p. 71]. Health is considered to be one of the most important determinants of human well-being. In old age, health is associated

with mobility, self-care, usual activities, pain or discomfort, and depression or anxiety [EuroQoL Group 1990]. Differences in health lead to different degrees of independence regarding particular activities done by the elderly. Health state determines to some extent the forms of assistance. As people grow older, a tendency to become more dependent on others becomes noticeable [Błędowski, Szatur-Jaworska, Szweda-Lewandowska & Kubicki 2012]. Health in late adulthood is sometimes described as good existence, the ability to assume certain roles, absence of bad mood, the ability to reduce tensions and satisfy one's own needs.

The material sphere is an important component of quality of life. Elderly persons are likely to be socially excluded. In Poland the situation of senior citizens is relatively good. A small percentage of people are at risk of poverty, representing the lowest figure in Europe [Monitor Europejski 2010]. When we analyse the material situation of the elderly in Poland in 2019, we notice a certain improvement relative to the previous years. According to the data provided by the Ministry of Family and Social Policy [2019], income per person in households created by elderly persons grew by 7%. Both the financial and housing condition of households created by the elderly improved. However, due to a hard financial situation some senior citizens had to cut down on their spending, or even change their place of residence in some cases (the rent was too high).

Many researchers notice the fact that “the quality of life in old age does not depend so much on the biological condition of the organism as on the combination of personality traits and the social context in which they [the elderly] find themselves” [Studen & Okła 2006 p. 31]. Late adulthood is sometimes associated with quiet and well-deserved rest following the period of work or child raising. Commonly accepted opinions sometimes identify late adulthood with life wisdom, experience, and patience. Elderly people evolve in terms of their personal functioning. The so-called “generational effect” is visible here, related to the dependence of cognitive processes of a particular generation on the specific experience and socio-cultural conditions characterising a specific historical period [Schaie & Hertzog 1983].

According to Robert Peck [1968], late adulthood is a time when three conflicts occur. First, a greater differentiation of one's ego becomes opposed to one's involvement in a professional career. During a career, a person's professional *self* is developed. When retired, people have to work out and find in themselves something that will contribute to their uniqueness. The second conflict is sometimes seen as a clash between transcending one's bodily aspect

and involvement in the physical. Aging is linked to a deterioration of the physical well-being. Positive ageing requires overcoming the physical discomfort. The third conflict occurs between transcending one's ego and ego involvement. It is related to the process of becoming reconciled with one's mortality as something natural and unavoidable. The functioning of people in late adulthood follows specific styles: active adapted (involvement in the attainment of specific goals, satisfaction from undertaken commitments, coping with challenges of everyday life); passive adapted (value attached to peace and quiet, withdrawal from active social and professional life, emphasis on inner experiences); defensive adapted style (involvement in substitute forms of activity, rigid observance of norms and rules). The maladaptive style manifests itself in aggression or rebellion against old age [Stuart-Hamilton 2006].

The unquestionable potential of late adulthood is wisdom, which is not only a certain amount of knowledge but it also follows from life experience [Kozubek 2013]. Wisdom helps people to cope with unexpected losses [Lazarus & Lazarus 2006]. Successful old age is sometimes associated with concern for future generations, "sharing joys with others whenever possible, receiving people's gratitude when needed, and the possibility of self-development among others" [Vaillant 2002 p. 61]. The wisdom of the elderly allows them to enjoy their good frame of mind because their knowledge allows them to better deal with the many losses and hardships of their lives [Ericson 1982; Levenson, Aldwin & Cupertino 2001].

The process of aging that carries on in old age brings a number of changes in the life and functioning of the elderly [Stanila 2015]. The literature on the subject offers numerous proposals how to capture quality of life in terms of mental and physical health, the level of functioning and the perception of family and social life [Grundy & Bowling 1999; Walker 2005]. Katz and Gurland [1991] proposed a holistic approach to measuring quality of life. The conception formulated by Lawton [1991] emphasized behavioural competences (health, agility, cognitive functioning, time management, social behaviours), psychological well-being, QoL perception, and the objective environment. Research carried out by Jopp et al. [2015] revealed that elderly people are distinguished by several QoL dimensions, for example: health, being active, social participation, satisfaction with life, psychological well-being, sleep, sense of self-worth, cognitive functioning, meaning in life and perception of one's health. Senior citizens do experience satisfaction when they attain their goals [Cantor & Blanton 1996]. Their sense of positive quality of life experienced in this period of life is connected with finding a sense in life,

doing good for others, or their conviction that they are needed, appreciated or loved. A positive life balance contributes to a better assessment of the quality of one's own existence. A negative balance, in contrast, can bring a sense of fatigue, depression, and pointlessness of life.

In late adulthood staying active is also important. It is connected with the needs of personal development, belonging, self-esteem, self-efficacy, and attainment of life plans. Social activity of people in their late adulthood is an important predictor of the sense of life and satisfaction [Lazarus & Lazarus 2006]. According to Zych, socially active seniors assume a constructive stance and they take care to maintain a positive well-being. They do not withdraw from life, they are eager to share their experience with the younger generation, while deriving satisfaction from the positive contact with others [Zych 1999]. When their working life is over, new life challenges open up before them. During this time, elderly people are free to use their leisure in accordance with their needs, physical and financial possibilities. Some of them actively develop their interests by getting involved in the University of the Third Age, senior clubs, or social activism. The social productivity of elderly persons, that is, all actions they take for the good of others, make them feel wanted [Szukalski 2012].

Quality of life in old age can also be examined by accounting for dependence on others. Involvement in family life (taking care of grandchildren) or running the household become an important area of activity. Concern for the well-being of others gives senior citizens a sense of security and brings out their importance as part of the family. For the elderly, the family is a crucial source of personal satisfaction and the satisfaction of material needs (help, services) and emotional ones (closeness, respect). Relationships with the loved ones are among the most important factors affecting health and well-being in late adulthood [Carr & Springer 2010]. The family is undoubtedly the circle that positively affects the mental safety of elderly people. The benefit of informal support is probably one of the predictors of senior citizens' integration with the community. According to Hernandis [2005], the elderly prefer to use informal support. When provided by friends or neighbours, it plays an important role. It is undoubtedly a key aspect enhancing quality of life [Hernandis 2005]. The research carried out by Kim and Baik [2003] showed that elderly people who are in poor contact with their family and friends are in low spirits and feel lonely.

Havighurst [1961], who emphasized the link between satisfaction and earlier periods of development, made an important contribution to the

reflection on quality of life and life satisfaction. The concept of successful aging implies the achievement of developmental tasks and resolution of crisis situations. In his opinion, satisfaction with life is crucial for adaptation and balance between individual needs and expectations as well as between social and life events. The attitudes that older people have towards their own lives from the time perspective—considering the past, present and future [Studen 2011]—also play an important role.

THE WAYS ELDERLY PEOPLE COPE WITH THE PANDEMIC

Human functioning in a stressful situation depends not only on personality predisposition, stress level, but also on the time, the environment and other people [Moos & Swindl 1990]. The ability to cope forms an important link between personal resources and well-being [Krok & Zarzycka 2020]. It is part of the relationship between an individual's capabilities and their psychological capital. The research conducted by Riley & Park [2014] and Folkman [2013] showed there are three strategies for coping in difficult situations: the first is related to stress and anxiety regulation (emotion-focused coping), the second with decision-making or some cognitive transformations (it is problem-focused), and the last emphasizes the importance of goals and values (meaning-focused coping) [Riley & Park 2014; Folkman 2013]. It often happens that these three coping strategies co-occur.

Persons who focus on problem solving are active, creative, and constantly on the lookout for new opportunities. Stress becomes a mobilizing factor. On the other hand, withdrawn individuals typically do not undertake activities aiming to solve a problem. Their involvement is sometimes limited merely to attempting to deal with negative emotions, especially anxiety [Markiewicz 2019]. A problem-focused coping strategy seems particularly beneficial in situations that require increased control, whereas an emotion-focused coping strategy is useful in situations where weak control is needed [Riley & Park 2014].

The COVID-19 pandemic has contributed to increased frustration, anxiety, and a sense of powerlessness [Sheroun et al. 2020]. The resultant threat has eroded the sense of security, causing a loss of emotional balance. In a threat situation, elderly people can be seen to withdraw, give up activity, narrow down their horizons, become over-sensitive or depressive.

In the current situation different coping strategies can be observed in people from different age groups, ranging from attempting to solve problems

by seeking social support to using distraction, avoidance, denial, and positive thinking [Baumstrack et al. 2017]. The COVID-19 pandemic is particularly dangerous due to its high transmission rate and varying levels of severity, from mild symptoms to serious health complications. Social support is of special importance in the current situation. It is a factor that protects well-being [Bovier, Chamot & Perneger 2004; Hefner & Eisenberg 2009], especially from the increased social isolation. The impossibility of unrestricted satisfaction of one's social needs is an important factor. According to Bowlby [1989], in a situation entailing an emotional risk, people display an increased tendency to turn to others. Contact with others and received support help to gain a sense of security.

Many studies emphasize the role of self-efficacy. In the pandemic, it can be a crucial predictor of mental health by increasing the belief in the possibility of preventing COVID-19 and experiencing a sense of control over the situation [Person et al. 2004]. Self-efficacy refers to self-confidence, expectations concerning effective action or an activity that will help to achieve the desired results [Bandura 1997]. In this pandemic, self-efficacy allows the elderly to see that they are able to cope with some hard events.

Compliance with government indications is also a protective factor. Observing such indications means that everyday activities and interactions have to be limited [Brooks et al 2020]. Elderly people also engage in other activities intended to cope with the pandemic situation. They listen to information, show concern for their own health by keeping regular eating habits, supplementing their diet (taking vitamin D3), taking care to get enough sleep. To keep their bodies in good health, they also seek medical advice remotely.

Family relationships are an important component of support. Help from the loved ones ensures emotional and informational security. The research of Kim and Baik [2003] found that elderly people in poorly functioning families feel more depressed and lonely because of poor level of solidarity.

The meaning of life is considered to be a key resource for coping processes and psychological well-being [Hooker, Masters & Park 2018].

The religious aspect of the pandemic situation, loss, and death may be of great help. Religious involvement can also be an important kind of social support in stressful situations. Religious activity allows for a better insight into loss, disease, and death [Krause 1997].

The pandemic situation is also affecting the quality of existing contacts with relatives, friends, and neighbours. At the moment, more and more seniors keep up their social relations over the phone or via instant messaging.

RESEARCH METHODOLOGY

The aim of this research was to determine the factors affecting quality of life in people in late adulthood during a pandemic. An attempt was made to establish coping strategies for senior citizens in the pandemic situation. A review of the literature and empirical research allowed for QoL indicators to be identified, occurring typically in the period of late adulthood. The QoL criteria are summed up in Table 1.

Table 1 Summary of QoL Criteria for People in Late Adulthood

Criteria	Individual aspect	Social aspect
Activity	doing specific tasks	social involvement
Security	fixed income good material status	support from others
Relationships	satisfaction with family and non-family contacts	family relationships social networks neighbourly relations
Skills	knowledge experience wisdom	sharing experience and knowledge with others
Health	health self-assessment	-----

Source: WHO 2012; Ryff & Keyes 1995; Campbell, Converse & Rodgers 1976; Nawrocka 2013; Błędowski et al. 2012; Steuden & Okła 2006; Vaillant 2002; Carr & Springers 2010; Bandura 1997.

The research problem has the form of a question: *Which factors affect the quality of life of people in late adulthood during a pandemic?*

Relative to the research problem, the following research hypotheses were formulated:

H1: Older people derive satisfaction from the support received from loved ones in a pandemic situation.

Support, especially when provided by loved persons, is very important for the functioning of the elderly. It gives them a sense of belonging and being useful [Konieczna-Woźniak 2008]. With age, due to deteriorating functioning, it becomes necessary for the elderly to get help from their environment

in coping with everyday duties [Błędowski, Szatur-Jaworska, Szweda-Lewandowska & Kubicki 2012].

H2: Older people value relationships and eagerly get involved in activities at the family and non-family level.

Seniors are eager to engage in activities involving their families and others. Relationships with family and close friends are valuable sources of satisfaction, allowing them to pursue activities supporting the younger generation, for example, sharing their knowledge and experience [Vaillant 2002]. Staying active, especially at the social level, constitutes an important kind of involvement and area of interaction [Zych 1999]. It is often an important element contributing to the development of own potential and discovery of the purpose of life [Lazarus & Lazarus 2006].

H3: A subjective sense of security (health condition, self-efficacy, good material situation) is an important QoL determinant in late adulthood.

Satisfaction of material needs, the ability to function independently, and an optimal health condition are valuable QoL predictors in old age [Carstensen et al. 2000; Ericson 1982; Bandura 1997].

METHOD

The data were collected using a questionnaire featuring questions about the current pandemic situation, protective measures taken by elderly people, as well as the ways in which they carry out the activities pursued so far and maintain family and non-family relations.

SUBJECT

The subject was Ms Z., aged 83 years, with secondary education and three children. She has been a widow for 13 years and she lives independently. The survey was anonymous and it was conducted during one meeting. At the beginning, the purpose and the method of the survey was presented. The respondent was informed that she was allowed to interrupt or give up the interview at any time. Also, Ms Z. was assured that she would not have to answer questions that she considered too personal. The session was followed by a conversation in which the purpose of the study was reminded, the respondent's physical and mental condition was discussed, and then she was thanked for her participation.

CASE ANALYSIS

The COVID-19 pandemic has persisted in Poland for over a year now. No doubt it has been a difficult, crisis time, causing anxiety and fears about further functioning and the future of our friends and families. The first information about the spread of the coronavirus caused disbelief and surprise. Initially, misinformation prevailed due to the information noise. Many tried to find information: “at the beginning of 2020 I listened to the radio, watch television, and talked to my neighbours about the situation in China. I was horrified by the rising mortality rate, especially among the elderly. I thought at the time that the virus would not come to us.”

Early in March 2020 the WHO announced a COVID-19 pandemic. The situation started to be more dangerous, and the SARS-CoV-2 was now reaching more and more countries. When the Ministry of Health in Poland confirmed the first COVID-19 case on March 4, 2020, reactions of fear and anxiety started to increase: “... when I learned that there was already the first person infected in Poland, I was frozen. I started to fear for my loved ones, especially my grandchildren and great-granddaughter, who had been born recently. I talked a lot with my children at that time. I recall everyone being concerned about what was going on.” During the interview, Ms Z. admitted that she feared for her life, just like other persons of her age. She had difficulty sleeping, she was more irritable and anxiety-driven. The collection of food, hygiene products, and the doctor’s prescription for a longer treatment period provided in a way a sense of security, control over the situation. The subject recalls that, just like her neighbours, she “had a bag packed for the hospital. Just in case. During this time, I talked a lot with my children about the situation and what I still needed. My kids would stock me up for a longer time. One of them visited me every other day; at least two of them called me every day. I felt the support of my children.” Yet, Ms Z. continued to be scared by what was happening, which she hid from her children. “I would talk to my neighbours mostly by phone, seeing them less and less.” In this situation, the sense of security was most often built by staying in touch with the loved ones, based on their support, but also information from the media. News bulletins featured information about new infections, the purchase of ventilators or COVID-19 tests.

Our respondent mentions that social isolation was the hardest part for her. This situation was very difficult to accept. Concerns about health, the lives of loved ones, her own, as well as limited physical contact with loved ones

contributed to the deterioration of somatic functioning and intensified the sense of depression and sadness. Despite keeping in touch with the family and neighbours by phone, she felt lonely. She tried certain activities that would allow her to function relatively normally; she pulled herself together for daily activities, while avoiding leaving the home. During the interview, she admitted that her functioning had changed: "At first, I felt powerless. I couldn't come to terms with that situation. I missed talking face to face with my children, grandchildren, and neighbours. I couldn't go to church. My activities were limited to watching daily Mass on TV, doing the chores, and speak on the phone with my family and friends. It was then that I resumed knitting. When I kept myself busy, I would forget about the situation, even for a moment." The prolonged isolation increased the feelings of fatigue, discouragement, and weariness.

The situation improved somewhat during the holiday season. Ms Z. admitted feeling better at that time. She was then able to meet her children, grandchildren, great-granddaughter, and neighbours. She said that "... no machine can replace face-to-face contact with another human being." During that time she started attending the local senior club with her friends: "I was able to re-engage in the work of our club. We talked a lot while doing various things. We wanted to make up for lost time when we had difficulty moving."

Our subject says: "now ... I still fear for my loved ones. I hardly ever leave my place. I do it if I have to, only during senior hours, from 10 to 12 a.m. I get most of my shopping done by my children. They call me every day, they ask how I'm doing, if I need anything." Ms Z. admitted that she had already got used to the ongoing situation, but she still has fears about her health, the lives of loved ones, her own. Overall, she says she feels good. Thanks to her daughter and remote medical advice she has regular contact with her doctor. She systematically takes medication that her daughter buys and brings. To protect herself from getting sick, she says: "... I watch television, listen to the radio and wise people's advice (doctors'). I can see that this is a serious matter that concerns the whole world. Many people are dying, many are seriously ill; my neighbour, who is a young man of forty-five, can't recover completely and is still on sick leave. If I have to go out, I of course put on a mask; I often wash and disinfect my hands. I keep a certain distance from others." She admitted she misses meeting her friends. She keeps in touch with them by phone. Every day she watches Mass on TV and takes vitamin D3.

During the interview she admitted that she very much wants "... the pandemic to stop as soon as possible so that everyone can get vaccinated, so that

everything gets back to normal, so that no one has to die, so that we can enjoy being together with our family and friends.”

As the literature on the subject and the case under our scrutiny suggest, the key determinants of quality of life in late adulthood in a pandemic situation turned out to be: safety, relationships, health, and activity.

In the current circumstances, in accordance with our hypothesis (H1), the respondent derives satisfaction from the support she receives from loved ones. The help from her family in late adulthood is of particular importance because it gives the elderly a sense of closeness and respect. The body-aging processes and decrease in strength contribute to poorer functioning [Błędowski, Szatur-Jaworska, Szweda-Lewandowska & Kubacki 2013]. For the elderly, the family is a vital source thanks to which their material and non-material needs can be met. It lets them feel needed and useful despite limitations [Konieczna-Woźniak 2008]. During the pandemic, support received is crucial for maintaining quality of life [Hefner & Eisenberg 2009]. In the case at hand, Bowlby's theory emphasizing that in a situation of threat people often turn to creating and maintaining social contacts was confirmed.

Seniors attach value to family and non-family relationships (H2). Ms Z. gains satisfaction from her contacts with the family and friends. Senior who are socially active experience a sense of psychological security. No doubt that social involvement helps them to be satisfied and discover the purpose of their own actions and life [Lazarus & Lazarus 2006]. By attending meetings with others, seniors have the opportunity to share their experiences [Vaillant 2002].

In our case, the subjective sense of security (health status, doing things independently) proved important (H3). On the other hand, material conditions played a less important role in this case. Health condition turned out to be an important QoL indicator in late adulthood. The elderly appreciate their own mobility, independent performance of daily activities [Euro QoL Group 1990]. They also take steps to maintain the body's relatively good functioning (staying in touch with the doctor, taking medicines, diet supplementation). Good body function while doing certain roles becomes a source of genuine satisfaction for the elderly. Our analysis showed the role of self-efficacy to be significant. It is an important predictor of mental health, especially in a situation of threat, and provides one with a degree of control over the situation experienced [Person et al. 2004]. The sense of self-efficacy in seniors during a pandemic increases self-esteem and trust in own abilities.

The conducted survey revealed that an important QoL predictor was staying active; this, on the one hand, was connected with doing certain tasks and with social involvement, on the other. Being active enabled the respondent to pursue her own interests. It revealed the need for participation in the life of the local community (the senior club). It makes generative activities possible, related to sharing one's knowledge and abilities [Schaie & Hertzog 1983].

In the situation of a pandemic threat our respondent took measures focused on the problem. Despite having diverse negative emotions, she tried to maintain the existing flow of the day by completing self-assigned tasks. In this case, stress became a mobilizing factor. Under a threat, the subject experienced an increased sense of control [Riley & Park 2014]. Despite having a sense of loss of security and emotional balance, the subject continued to take action and did not give up her own activities. In the pandemic situation, received support proved to be a protective factor [Bovier, Chamot & Perneger 2004]. Besides, a sense of self-efficacy provided the subject with self-confidence and the ability to achieve the tasks undertaken [Bandura 1997]. It was found that compliance and scrupulous adherence to various recommendations was also a protective factor. Our respondent also tried to cope with her anxiety and fears through religious involvement [Kraus 1997].

LIMITATIONS

The presented case study shows some limitations in identifying QoL determinants in a pandemic situation, especially those of more subjective importance. In future research projects more individual factors are worth considering (skills, material security). Researching them may facilitate a better determination of QoL variation regarding citizens in late adulthood who differ in terms of health, social and economic status.

Quality of life is a difficult research issue, to assess, measure and analyze. It is impossible to frame it in a traditional way. Substantial difficulty arises if we try to establish the objective and subjective determinants of general well-being. Undoubtedly, quality of life changes with the development of a human being, their age, undertaken life and developmental activities [Bańka 2005].

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ABSTRACT

The COVID 19 has adversely affected the mental health and functioning of numerous people. It has no doubt contributed to increased insecurity, social and economic losses, disorientation, and isolation. Many people are manifesting symptoms of stress, insomnia, frustration, irritability, and anxiety (Sheroun et al. 2020). The elderly have become a group under a particular risk in this time (Kim 2020) due to their greater mental and physical vulnerability. In the pandemic situation QoL determinants have changed. In a time when the future is uncertain, the sense of security, people's health and independence have been challenged, and these are considered by many researchers to be key determinants of well-being. Avoidance and defensive attitudes have become prevalent (passivity strategies), while activities intended to overcome obstacles (task-focused strategies) have started to play a lesser role.

Late adulthood is often associated with a transition from professional activity to inactivity, a progressive decrease in income, and changed leisure pursuits. The determinants of quality of life change, too.

The article seeks to answer the question: Which factors affect the quality of life of elderly persons in a pandemic situation? In a stressful situation, a person's optimal functioning depends on their personality predispositions, the support of others, the level of perceived stress, and the way difficulties are dealt with. The presented case study shows the specific functioning of a woman in her late adulthood in a pandemic situation and the measures she has taken to cope with the current epidemiological situation.

Old age has always caused fear and disagreement. Some people deny its value, place it among the incurable diseases that foreshadow death. Others deny its existence, refusing to acknowledge the changes taking place in their bodies. They want to prove that they are “eternally young,” sometimes at risk of making themselves look ridiculous. Another group of people accept it, adopting a defensive attitude, often ending in depression and euthanasia.

The last decade has seen a revival of interest in older people. Each field of knowledge is now studying the phenomenon of old age, which is partially due to the natural extension of the field of research in modern science, but above all, due to the pressure of socio-economic conditions. Old people have now become very attractive consumers, voters, and customers.

The prevailing demographic interest in old age is a new thing and applies to all areas. Each discipline of knowledge gradually modifies and refines its point of view, as if it was surprised to discover that this topic is an essential component of individual life. Nevertheless, all this interest in old age is tinged with a special - as Jean-Pierre Bois writes - falsehood.

Social beliefs about old age and aging may focus on abandonment and loneliness, a lower number of options, a decline in intellectual capacity, etc. Therefore, old age gains a special meaning in the context of its subjective experience, both when it comes to individual and collective experiences.

The presented studies concern various aspects of old age and related assessments, which is proved by the fact that culture has its own model of older people and judges older people according to this model. The more the model is idealized, the more demanding and cruel the society becomes. And unless this approach is changed, older people will never truly become full members of the group.