



Positive orientation, self-esteem, and satisfaction with life in the context of subjective age in older adults



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ABSTRACT

The aim of this research was to explore the connection between subjective age and positive orientation in old age. A group of 194 seniors were examined using the Positivity Scale, the Rosenberg Self-esteem Scale, and the Satisfaction with Life Scale. The results revealed that a majority of the sample reported younger subjective age. Hierarchical regression analysis indicated that subjective age was a significantly stronger predictor of positive orientation, satisfaction with life, and self-esteem than chronological age, and it also had a unique explanatory power above and beyond self-reported health functioning. It was found that chronological age as a single predictor did not have any meaning in defining the variance of psychological variables among older adults.

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1. Introduction

The ability to self-experience from the temporal perspective makes the phenomena of age more complex, not only consisting in the objective dimension based on chronology, but also gaining the subjective feature (Diehl et al., 2014). Subjective age develops on the basis of biological factors that are under the constant influence of psychosocial conditions (Stephan, Sutin, & Terracciano, 2015). In the context of different age theories, including successful ageing (Rowe & Kahn, 1998), ageing well (Vaillant, 2002), or optimal ageing (Aldwin & Gilmer, 2013), the influence of crucial factors that enable positive functioning in old age are analysed. The first two models underline the role of objective biopsychosocial factors (i.e. good subjective physical health, good mental health) as the predictors of satisfying experience of ageing. On the contrary, the optimal ageing theory emphasizes the great significance of a subjective attitude towards the process of ageing that is strongly tied with wisdom as the basis for optimal ageing (Aldwin & Gilmer, 2013).

Many researchers have found that the majority of older adults have a tendency to perceive themselves as younger than they really are (Bultena & Powers, 1978; Gana, Alaphilippe, & Bailly, 2004; Rubin & Berntsen, 2006). Youthful bias functions as a self-enhancing positive illusion (Gana et al., 2004) that increase positive orientation, life

satisfaction, and other important well-being indicators (Gana et al., 2004; Stephan, Caudroit, & Chalabaev, 2011; Weiss, Sassenberg, & Freund, 2013; Westerhof & Barrett, 2005). The strong relationship between subjective age and psychological variables does not disappear even after physical and mental functioning is taken into account (Westerhof & Barrett, 2005).

1.1. Positive orientation

Positive orientation is an individual's tendency to view life with a positive outlook (Fagnani, Medda, Stazi, Caprara, & Alessandri, 2014). It is a general disposition to organize experience in a satisfying way (Caprara, Alessandri, Colaiaco, & Zuffianò, 2013), along with a tendency to notice and attach importance to favourable aspects of life and oneself (Caprara, 2009; Łaguna, Oleś, & Filipiuk, 2011). Positive orientation is a latent variable that is inferred from self-esteem, satisfaction with life, and optimism (Caprara, 2009).

Positive orientation is found as a strong predictor of positive and negative affectivity (Alessandri, Caprara, & Tisak, 2012; Caprara, Alessandri, & Barbaranelli, 2010), subjective health (Caprara et al., 2010a), self-efficacy (Oleś et al., 2013), and ego resiliency (Alessandri et al., 2012; Caprara et al., 2010). According to the Positive Orientation Theory, an optimistic view of oneself, one's own life, and the future is a basic propensity that helps people to cope successfully with life challenges, failures and losses (Caprara, 2009).

The level of positive orientation is not completely determined across the lifespan. The results of Italian research demonstrate that its average

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level grows with age, constantly remaining higher for men than for women (Fagnani et al., 2014). Consequently, it is possible to expect growth in its three components (life satisfaction, self-esteem and optimism) in the period of late adulthood.

1.2. Self-esteem and life satisfaction

Self-esteem is the evaluative and affective dimension of the self-concept (Harter, 1990). It refers to an individual's global appraisal of positive or negative values in different roles and domains of life (M Markus & Nurius, 1986). It constitutes an internal guiding mechanism that is strengthened in initiatives and actions throughout life (Seligman & Csikszentmihalyi, 2000). Self-esteem is strongly associated with positive affectivity and initiative (Baumeister, Campbell, Krueger, & Vohs, 2003).

Self-esteem increases during adolescence, young adulthood, and middle adulthood, reaching its peak at 60 years, and then declines in old age. It is relatively stable, which means that individuals with high (or low) self-esteem at one stage of life are likely to have relatively high (or low) self-esteem even 2–3 decades later (Orth, Maes, & Schmitt, 2015). Women and men vary in terms of self-esteem, but the differences decrease with the course of time (Orth, Trzesniewski, & Robins, 2010). Up till 70 years of age men report higher self-esteem than women, but from the 80th year of life on the situation changes, and it is women who value themselves more highly than men do (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002).

Life satisfaction refers to the cognitive process of the evaluation of various dimensions of one's life, recognized as significant. This evaluation is based on the comparison of one's circumstances with an appropriate (subjective) standard (Diener, Emmons, Larsen, & Griffin, 1985). Older adults show no decline in life satisfaction compared with younger adults (Diener, Suh, Lucas, & Smith, 1999).

There have been no coherent conclusions relating to the level of these variables in old age, and the results are different in different study groups. One possible explanation for these contradictions is that the socio-cultural context may play an intermediary role for different variables (You, Fung, & Isaacowitz, 2009).

1.3. Subjective ageing

The concept of subjective age refers to how an individual defines their age according to their own feelings. It is based on an integration of biological factors and psycho-social characteristics in an individual's experience (Stephan et al., 2015). People begin to perceive themselves as younger than they really are in early and middle adulthood (Diehl et al., 2014). Individuals over 70 identify their age as middle or elderly rather than old (Bultena & Powers, 1978). Moreover, research reveals the following regularities: when seniors grow older, their subjective age is modified, i.e. it moves towards their actual age (Kaufman & Elder, 2002).

Numerous studies confirm that subjective age is more important than chronological age for psycho-social functioning. In middle and late adulthood feeling younger is positively associated with psychological well-being (Weiss et al., 2013), longevity (Kotter-Grühn, Kleinspehn-Ammerlahn, Gerstorf, & Smith, 2009), and physical and cognitive functioning (Stephan, Chalabae, Kotter-Grühn, & Jaconelli, 2013). A youthful subjective age is also related to higher life satisfaction (Boehmer, 2006; Logan, Ward, & Spitze, 1992; Mock & Eibach, 2011). Thus, recent research highlights the self-protective function of a youthful subjective age in older adults, who have to defend themselves against negative age stereotypes (Weiss & Lang, 2012).

1.4. The present study

The basic idea of the Positive Orientation Theory is that viewing oneself, life, and the future from a positive outlook enables one to cope with

inevitable adversities, and to constantly consider life worth living despite the prospect of death (Alessandri et al., 2012). It is known that positive life orientation is closely related to well-being (Caprara, Steca, Alessandri, Abela, & McWhinni, 2010). Likewise, well-being and life satisfaction are more strongly associated with subjective age than chronological age (Kaufman & Elder, 2002). Thus, the aim of this research was to further investigate the relationship between subjective age and positive orientation. We intended to fill a gap in the literature on predictors of positive orientation, life satisfaction, and self-esteem in late life by tying together: 1) subjective and chronological age, and 2) subjective age and self-reported health functioning. We hypothesized that seniors' youthful subjective age would be negatively correlated with positive orientation, life satisfaction, and self-esteem, and more strongly related to these psychological variables than objective age. Additionally, we predicted that subjective age would have a unique explanatory power for positive orientation, life satisfaction, and self-esteem above and beyond self-reported health functioning.

2. Methods

2.1. Participants and procedure

Participants of the present study were older Polish individuals that were recruited from the University of the Third Age, a daily care centre, and senior citizens' clubs in Białystok. Eighty people from each centre were randomly selected. The research procedure was approved by the research ethics board. Participants received an unmarked envelope containing questionnaires and a cover letter informing them about their voluntary participation in the research, and a guarantee of anonymity.

The final sample comprised 194 older individuals (111 women and 83 men), aged from 57 to 90 years ($M_{\text{age}} = 68.53$, $SD = 6.53$). They mostly came from a big city (67.5%), were not professionally active (69.6%), and had graduated from high school (45.4%) or university (32%). The majority of participants (69%) were married.

The first questionnaire included items intended to measure some demographic and socioeconomic variables, and self-reported measures of health functioning (activity level, physical health, physical ailments, and mental problems). Answers were provided by marking X on a 0–100 scale (e.g. How do you assess the state of your somatic health? How do you assess the level of your activity?), where 0 = very bad, 100 = very good. Also examined was how many days in the last month (within 30 days) an individual felt bad because of: (1) physical ailments, and (2) mental problems (e.g. sadness, fear). The respondents provided an appropriate numerical value within the range from 0 to 30.

2.2. Measures

2.2.1. The Positivity-Scale (the P-Scale)

The P-Scale is a short, eight-item method of positive orientation measurement. Answers are provided on a five-point scale from 1: strongly disagree to 5: strongly agree. The result is the sum of points obtained for all items (Caprara et al., 2012). For the purposes of the research a Polish adaptation of the scale was employed. Its psychometric properties were developed on a sample of 905 people. The method is of a single-factor structure, and provides sufficient internal consistency ($\alpha = 0.77$ – 0.84), stability ($r_{tt} = 0.84$), as well as a confirmed convergent validity (Łaguna et al., 2011). The psychometric tools were successfully established in various samples and cultures in several countries (Caprara et al., 2012). The reliability of the test achieved in the present study is high (Cronbach's $\alpha = 0.81$).

2.2.2. Rosenberg Self-esteem Scale (SES)

The Rosenberg Self-esteem Scale is a tool used for a general assessment of self-esteem. It is made up of 10 diagnostic questions, which are marked on a 4-point scale. In the research a Polish version adapted by Łaguna, Lachowicz-Tabaczek, and Dzwonkowska (2007) was used.

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