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International Conference «Humanity in the Era of Uncertainty»**LIFE QUALITY AND PSYCHOLOGICAL WELL-BEING IN LATE
ONTOGENESIS: EXTERNAL AND INTERNAL RESOURCES**

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Abstract

The paper deals with the way psychological well-being and health-related quality of life depend on the perception of time (time perspective and subjective age) of people aged 58–93. A total sample (N = 48) is analyzed in subgroups depending on their lifestyles: elderly people in home care; non-working older adults leading an active lifestyle. The following methods were used: Zimbardo Time Perspective Inventory (ZPTI) (Ph. D. Zimbardo), Age-of-Me (B. Barak), SF-36 Health Status Survey, The Scales of Psychological Well-being (C. D. Ryff) and the authors' questionnaire. The quality of life is shown to be rather low and is closely related to psychological well-being. The level of total psychological well-being and its components correspond to a high and medium interval, which indicates a multiplicity of options for successful aging. Subjective health and psychological well-being are associated with an attitude towards the present and the past. The modus of the future remains in a zone of high uncertainty. The younger a person feels, the higher the indicators of health-related quality of life and psychological well-being. An active lifestyle is viewed as a resource by which one can perceive themselves as younger and be more future-oriented. The respondents in this group have higher self-rated health and fewer correlations of the variables addressed, suggesting multiple options for successful aging. Health-related constraints and home lifestyle reduce health self-esteem and a close relationship of all variables examined.

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1. Introduction

Termination of employment and retirement is a crisis period associated with global changes in lifestyle and self-identity. It is characterized by a high degree of uncertainty due to internal and external factors: personal crisis and unstable socio-political situation that increases tension and stress. This is caused by a changing social status, reduced ability to ensure their independence (e.g., financial, household matters), a lack of confidence in the future due to deteriorating health, inability to keep up with a rapid pace and changes in life, including, the spread of digital technology across all spheres of life. In addition, advanced age is characterized by global physical and personal changes related to corporality, health, self-concept, spiritual and moral sphere, etc. (Kuleshova & Strizhitskaya, 2008; Yarkin, 2017). Besides, “it is then that older adults choose a path for development during aging” (Strizhitskaya, 2013, p. 119).

Until recently, late ontogenesis has been perceived as a stage of fading, stagnation. In recent decades, the end of labor activity and the time freed up in this regard began to be seen as an extra resource for further growth and development, enabling to try something new, to be engaged in some other activities, hobbies, and interactions. At the level of society and state policy, these benefits come through the development of an accessible environment and a system of targeted social aids, the promotion of educational and cultural and leisure 50+ programs, hobby clubs for elderly people, etc. All this is support and external resources for people of advanced age. However, “the older a person gets, the more central the subjective factors become in providing overall human performance” (Strizhitskaya, 2013, p. 119). In this regard, internal human resources need to be more thoroughly examined, which would contribute to higher quality of life and psychological well-being in late ontogenesis.

2. Problem Statement

“In modern world science ‘quality of life’ may well be interpreted as a new (interdisciplinary) scientific category” (Savchenko & Golovina, 2019, p. 610), spanning a wide range of scientific knowledge: sociology, economics, ecology, medicine, psychology, etc. Research into health-related quality of life at the stage of late ontogenesis, when health issues become extremely urgent and directly affect all spheres of human activity, is of prominent importance.

Extensive research programs in European countries and the United States highlight the role of subjective health in predicting mortality and the need for future medical care. Self-reported health status is a measure of how people perceive their health and is used as an indicator of population health (DeSalvo et al., 2005, 2006; Quesnel-Vallee, 2007). Here, a central role is played by a positive subjective attitude towards oneself and one’s health, as well as an intrinsic willingness to persist leading an active lifestyle, which promotes a fulfilling life even if an individual has some serious somatic diseases. Human activity as such is viewed as a potential for development at a more advanced age (Ermolaeva, 2011; Kuleshova & Strizhitskaya, 2008). As emphasized by O.Yu. Strizhitskaya, “the quality of aging and old age is closely related to a person’s ability to develop, provided that development is determined by their subjectivity mainly reflecting the perception of themselves as active agents” (Strizhitskaya, 2006, p. 3).

The term ‘psychological well-being’ is associated with the concept of quality of life. Today, there is a growing number of studies in the field of psychological well-being and life satisfaction among people

at the stage of late ontogenesis (Nesterova & Zhuchkova, 2018; Pryazhnikov, 2017; Suslova & Zhuchkova, 2014).

The features of psychological well-being and health-related quality of life are being addressed as correlated with the perception of time: time perspective and subjective age. Time perspective of older people has recently been more extensively investigated (Chueva, 2011; Ermakov & Kashina, 2016; Ozerina et al., 2019; Surikova, 2011). On the contrary, the features of subjective age remain almost unexplored in Russia. A detailed analysis of the latest foreign studies into subjective age is presented by Sergienko (2020). Subjective age, i.e. how old a person seems to himself is a heterogeneous construct. It includes “look-age: “How old I look...”; feel-age: “How old I feel ...”; do-age: “My activities are like those of people who are in their ...”; and interest-age: “My interests are like those of people who are in their ...” (Sergienko & Kharlamenkova, 2018, p. 249).

Thus, in recent years, more attention has been paid to studying subjective (internal) factors of health-related quality of life and psychological well-being. Nevertheless, there is almost no research in this domain in general, and in particular involving older adults. However, we see it promising to move in this domain, since it shows multiple options for successful aging, enabling to fulfill personality potential as well as the inner resources of the person himself.

3. Research Questions

We believe that in late ontogenesis human mental resources are reorganized, being mirrored in psychological well-being and subjective quality of life and health. The paper examines the way psychological well-being and health self-esteem depend on the perception of time (time perspective of an individual as predominant temporal orientations to the future, present or past, and subjective age bias as an attitude to oneself and an assessment of personal time resources) left in life of elderly people leading different lifestyles. The hypotheses of the study were as follows:

- 3.1. With successful aging, there is a high degree of integration of personality resources (time perspective and subjective age), psychological well-being and health-related quality of life.
- 3.2. Senior citizens who lead an active lifestyle have higher quality of life, as well as distinctive features in the relationships between the variables studied.

4. Purpose of the Study

To study the relationship of psychological well-being and subjective health with attitudes to time (time perspective of an individual as predominant temporal orientations towards the future, present or past, and subjective age bias as an attitude towards oneself and an assessment of personal time resources) of older adults leading different lifestyles.

5. Research Methods

The study was organized at Moscow Center for Social Services and involved non-working older adults (N = 48). A total sample was divided into subgroups depending on lifestyles:

- Older adults who visit the day care division (DCD group) at the social service center. In other words, they lead an active lifestyle, taking part in studios, clubs, visiting theaters, excursions (n = 19).
- Lonely senior adults and those living alone and receiving social care (SC group). They have a social worker who provides practical assistance in housekeeping, buying food and medicine, making appointments with a doctor, escorting around the city, filling in documents, etc. (n = 29). They spend most of their time at home alone or with a nurse.

The following psychodiagnostic techniques were used:

1. The SF-36 Health Status Survey (Gurevich & Fabrikant, 2008);
2. The Scales of Psychological Well-being by C. D. Ryff, adapted by Shevelenkova and Fesenko (2005);
3. Zimbardo Time Perspective Inventory (ZPTI) by Ph. D. Zimbardo, adapted by Sircova et al. (2008);
4. Age-of-Me by B. Barak (Barak, 2009);
5. A questionnaire made up by the authors, and aimed at studying the immediate and distant goals of respondents, their ideas about an ideal life, satisfaction with life and self-enhancement.

Mathematical processing was ensured by the following methods of mathematical statistics, namely: the Kolmogorov-Smirnov test for checking the shape of a distribution function, Spearman's rank correlation coefficient (r_s), Mann-Whitney U-test, Student's t-test. Statistical analysis of the resultant data was performed using a SPSS/Win software package (version 16.0; SPSS Inc., USA). The method of content analysis was used for qualitative processing of the results.

6. Findings

6.1. Assessment of psychological well-being and health-related quality of life

Subjective health-related quality of life at the stage of late ontogenesis is rather low. Most of the indicators are about 50 points, with a maximum of 100. With chronological age, all life-quality indicators fall. The values are widely scattered, which indicates a heterogeneity of subjective health among elderly adults: "Physical functioning (PF)" (M = 44.2±33.6; Me = 42.5, P25 = 10, P75 = 75), "Role (physical) functioning (RP)" (M = 28.1±40.8; Me = 0, P25 = 0, P75 = 50), "Role Emotional (RE)" (M = 47.2±43.4; Me = 33.3, P25 = 0, P75 = 100). In this regard, further studies of the quality of life are required in order to identify various factors affecting its parameters. The lowest scores are for Role (Physical) Functioning (RF), the highest – for Social Functioning (SF). Thus, experiencing constraints in their daily activities, people turn their efforts towards social contacts with friends and family. Apparently, this is facilitated by convenience and availability of interactions, including mobile phones, the Internet.

The values on the individual scales and the General Psychological Well-being Index correspond to high and medium ranges.

The indicators of psychological well-being are directly related to subjective health: all scales, except for "Autonomy", correlate with the physical and mental health and their items. A total of 58 correlations were obtained (hereinafter, in the analysis of correlations, $p \leq 0.05$).

Thus, at the stage of late ontogenesis, subjective health and psychological well-being are closely related. This conclusion was supported by the questionnaires, according to which health promotion comes first among the major goals and criteria of an ideal life.

6.2. Relationship of time perspective with self-reported health and psychological well-being

A close relationship was established between time perspective and self-reported health and psychological well-being.

Future time perspective of an individual is connected with the Mental Health and its items (13 correlations) rather than with the Physical Health (6 correlations). Correlations of all ZPTI scales were established with all psychological well-being indicators, except for “Autonomy” (a total of 27 correlations). Autonomy, that is, personal independence, regulation of behavior and self-assessment, based on one’s own standards, proves to be a very stable formation, unrelated to subjective health and time perspective.

Subjective health and psychological well-being are most correlated with the present and past modes, while there are almost no correlations with the future. This suggests that future planning and goal realization are unrelated to subjective health and psychological well-being, leaving the future in a zone of high uncertainty. The “fatalistic present” (i.e. unmanageable) and “negative past” reduce the resources of mental health and well-being, whereas reliance on the “positive past”, on the contrary, increases the indicators of psychological well-being. The “hedonic present”, i.e. ability to find joy here and now is also positively associated with health self-esteem and psychological well-being.

Relationship of subjective age with self-reported health and psychological well-being

The lower the subjective age (feel-age, look-age, do-age and interest-age), the higher the indicators of health-related quality of life. In total, 16 correlations were found on the total sample. On the subjective age part, the largest number of correlations turned out to be with feel-age (how I feel) – 5, and on the life quality part – with the Physical health and its items – 15. There were almost no relationships with the Psychological health and its items. Interest-age, on average, makes one feel younger. However, being unrelated to the state of health, it is a resource aspect.

Subjective age is less correlated with indicators of psychological well-being than with self-rated health. On the general sample, 5 statistically significant correlations were established: feel-age – “Personal Growth” ($r_s = 0.3337$; $p = 0.027$); look- age – “Personal Growth” ($r_s = 0.346$; $p = 0.023$), “Self-Acceptance” ($r_s = 0.348$; $p = 0.022$), “Relations with Others” ($r_s = 0.370$; $p = 0.015$); interest-age – “Atonomy” ($r_s = 0.317$; $p = 0.039$).

Thus, time perspective and subjective age can be reported to express person’s perception of time, but refer to different personality domains. Subjective age is more related to assessing physical condition – Physical health-related quality of life. Time perspective – with personality traits –Mental health-related quality of life; psychological well-being.

6.3. Lifestyle as an impact on psychological well-being and health-related quality of life

People who lead an active lifestyle have higher health self-assessments, they are more focused on the future, and estimate their do-age and feel-age younger than the group of retirees who spend most of their time at home. There are no differences between lifestyle groups in the Psychological Well-Being

Scales. These results indicate that while in the DCD group external activity plays a critical role in promoting psychological well-being, in the SC group internal factors become leading.

For elderly people who stay at home most of the time, subjective (internal) items come to the forefront in assessing the quality of life and are therefore closely interrelated with it, which can be seen in a greater number of correlations between all the target parameters, compared with the group of active older adults. On the one hand, this suggests that, with reduced life-quality indicators, its relationship with psychological well-being, time perspective and subjective age keeps current. On the other hand, it is about the integration of internal psychological resources to support life and psychological well-being.

In addition, the past is crucial in assessing the quality of life: an active lifestyle generates “Positive Past” correlations with a high level of quality of life, while health restrictions and the related home lifestyle, on the contrary, bring up to date the “Negative Past” correlation with reduced subjective health. A distinctive feature is also the correlation of psychological well-being and “Hedonic Present” indicators for people who spend most of their time at home (DCD group – 6 correlations, SC group – 0 correlations).

7. Conclusion

Thus, the paper shows that health and healthy way of life are the leading goals and criteria to constitute an ideal life of people in advanced age. Despite rather low indicators of health-related quality of life, the level of psychological well-being corresponds to the high and medium range. Based on this, it is possible to conclude that there are multiple options of successful aging. This can be ensured, first of all, by relying on the internal resources of an personality, which contributes to the implementation of the main components of positive functioning, as well as the feeling of happiness, satisfaction with oneself and one’s own life. The paper addresses the perception of time and subjective age as such resources, as well as the way of life of people at a later age. Further studies of subjective factors of psychological well-being and health at the stage of late ontogenesis seem promising. This not only fosters the development of ideas about personality traits at a later age, but also provides a reference point for social and psychological assistance to be provided for older adults towards promoting their potential and resources.

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