

AGNIESZKA KOZERSKA<sup>1</sup>

## The Concept of Successful Ageing from the Perspectives of Older Adults: An Empirical Typology

### ABSTRACT

**Purpose:** This paper attempts to examine the concept of successful ageing (SA) from the perspectives of older adults. **Methods:** Data were gathered from 224 persons. The research used a categorized interview and a test as methods of data collection. In order to select the types of subjective definitions of SA, the method of cluster analysis was applied. **Results:** 5 types of definitions were distinguished:

1) Around 40% of older adults consider the biomedical model to be in line with their idea of good old age, but they also add new components that they consider more important. These are: Living in an environment of loving persons (Type 1 definitions), and Religiousness, Generativity, Relationships with others based on love (Type 4).

2) About 40% of the respondents' present one-dimensional definitions, with one of the following factors: Family (Type 2), and Religiousness (Type 3).

3) Lack of a precise definition is more often demonstrated in people with low life satisfaction who have been experiencing difficult life situations in recent times.

**Conclusions:** Understanding of SA depends on life satisfaction and the context related to the life situation. Three key words are essential for the definitions: family, activity, religion.

### Keywords:

quality of life, older adults, late adulthood, successful ageing, older adults' learning

---

1 Faculty of Social Sciences, Jan Długosz University in Częstochowa, Poland.  
E-MAIL: a.kozerska@ujd.edu.pl ORCID: 0000-0001-6375-6495

## INTRODUCTION

In recent years, the *successful ageing* (SA) concept developed by Rowe and Kahn (1998) has received much attention in the scientific literature. It is assumed that SA is a combination of three components: avoiding disease and disability, high cognitive and physical function, and engagement with life. The idea of Rowe and Kahn was very fruitful. It has found many practical applications in the form of valuable educational programs and initiatives to encourage active ageing. However, it also met with criticism regarding, among other things, the possibility of applying this concept, and projects created based on this concept to marginalized groups (Dillaway & Byrnes, 2009). There have also been several alternatives to the Rowe and Kahn model, as well as attempts to supplement the model based on theoretical considerations or the results of research conducted among the elderly people. They show the multidimensionality of the concept. Examples of components forming the alternative SA models or components added to the biomedical SA model that appear in research reports are: social factors (Riley, 1998), subjective factors in conjunction with objective factors (Pruchno, Wilson-Genderson, & Cartwright, 2010), spirituality (Crowther et al., 2002; Fabiś, 2015; Lewis, 2011; Molesztak, 2015), leisure activity (Lee, Lan, & Yen, 2011), generativity (Villar, 2012), emotional well-being, living with family and receiving emotional care (Hsu, 2007; Feng & Straughan, 2017; Halicki, 2008; Trafiałek, 2014), social support from adult children (Zhang, Liu, & Wu, 2018), acceptance of the ageing process, positive attitude towards old age (Halicki, 2010). Empirical research into this issue reveals that the perspective adopted so far by scientists differs from the views of the older adults on this subject. Definitions formulated by the elderly people emphasize rather the psychosocial aspects, while scientific definitions are more biomedically focused (Cosco et al., 2014).

It should be noted that, in some works, SA is not treated as a *result*, but is identified with the *process* of adaptation and overcoming difficulties and crises of everyday life (Baltes & Baltes, 1990; Carstensen, Isaacowitz, & Charles, 1999; Kail & Carr, 2017). Successful adaptation to change consists of the skillful choice of the goals set by an individual and flexibility in adapting to age-related profits and losses (Baltes & Carstensen, 1996; Baltes & Baltes, 1990). Successful ageing is treated as a *process* in the studies that use a life course perspective (Stowe & Cooney, 2015). From a life course perspective, we understand human existence as inextricably linked to time and the environment in which an individual lives. The person is placed in a historical and social context. According to the supporters of this approach, we cannot ignore the context, because historical and social events permeate the life stories of individuals and influence their development.

In addition to the problem of discovering the components of SA, a noteworthy issue concerning the quality of life of seniors is the understanding of factors associated with the *successful ageing*. In the case of objectively considered SA, in addition to such predictors as: age (young-old), non-smoking, and absence of disability, arthritis, and diabetes, significant factors as: greater physical activity, more social contacts, better self-rated health, absence of depression and cognitive impairment, and fewer medical conditions are relevant (Depp & Jeste, 2006). Education is an important prognostic for SA (Cosco et al., 2017). In Asian countries, important prognostic factors include age, gender, leisure activities, and current marital status (Li et al., 2006). The following factors are also mentioned: higher education, better housing, religious or spiritual beliefs, physical activities and exercise, nutrition (Ng et al., 2009). Life satisfaction is sometimes examined in studies as a predictor, while other times – as an indicator of SA (Cosco et al., 2014). For example, in the research conducted by Whitley, Popham, & Benzeval (2016), life satisfaction is treated as a component of SA. Also noteworthy are the studies showing the relationship between positive views of ageing and objective and subjective assessment of the old person's health, which can be treated as part of SA (Westerhof et al., 2014; Wurm & Benyamini, 2014).

When discussing the issue of SA conditions, it is worth noting the works of authors trying to examine the possibility of successful ageing despite unfavorable conditions (e.g., physical limitations, financial difficulties, life adversities). In this context, the question arises about the relationship between the concept of *resilience* and the concept of *successful ageing* (Pruchno, Heid, & Wilson-Genderson, 2015; Molton & Yorkston, 2017; Tesch-Römer & Wahl, 2017). The attention of researchers dealing with the *resilience* of the elderly people focuses on the question: why do some people, despite the difficulties they encounter, not only manage to cope with them successfully, adapt to changing conditions, but also these difficulties strengthen them without changing their positive attitude to life? There's also the question of how to change the concept of SA to accommodate the cases of people experiencing various types of life difficulties. The research focuses on the search for protective factors, i.e., those that neutralize the effects of risk factors, and on explaining the mechanisms of protective factors. On this basis, the aim is to design effective interventions to improve the quality of life of older people.

### **THE PURPOSE OF THE RESEARCH**

The purpose of the research is to determine how older people define successful ageing and what are the conditions for understanding this term. This is important due to the fact that participation of the oldest age groups in society will increase.

If effective ways to support senior citizens are not developed, society ageing phenomenon may lead to an increase in the number of people excluded from and not involved in society. Learning about the factors influencing the level of both objective and subjective SA could help to develop effective ways of supporting seniors.

The purpose of the research covers in particular:

1. Building the typology of understanding the concept of successful ageing in a group of older adults.
2. Examining the conditions for the types of definitions of the concept of successful ageing.

## **MATERIALS AND METHODS**

### **PARTICIPANTS**

The research assumed that an older adult is a person who is 60 years of age or older. In order to accomplish the aim of the paper, data from 224 elderly individuals were gathered. The study was conducted in Poland (northern part of Silesian Voivodeship) in 2016 and 2017<sup>2</sup>. Age of the respondents: from 60 to 87 years. Age:  $M = 71$ ,  $s = 6.5$ . Gender: 137 women, 82 men, 5 persons did not answer the question about gender. Among the respondents, 86 live in the city, 135 live in the countryside, 3 people did not answer the question about where they lived. Among the respondents, the minority are those with higher or secondary education (33.9%) (Table 1).

The interviewers – students of pedagogy – participated in the data collection process. The interviewers conducted research among older people they know and who had agreed to participate in the study. In many cases, the respondents were grandparents of the interviewers. The decision of the elderly people to participate in the research was preceded by the presentation of information about the project by the interviewer. Participation was voluntary and anonymous, i.e., no sensitive data such as names or addresses were collected.

---

2 The total population in Silesian Voivodeship in the years 2014–2018 showed a decreasing tendency and at the end of 2018 it amounted to 4533.6 thousand people (11.8% of the population of Poland). In 2014–2018, as in the country, an ageing population was recorded. This process was reflected in the increase of such demographic rates as: median age of population – by 1.4 years, rate demographic of ageing – by 2.5 pp, ageing ratio – by 14 persons, intergenerational support ratio – by 2 persons (GUS, 2019, p. 11).

The limitation of the study is a relatively small research sample, which was not created randomly. The obtained results should therefore be treated as an introduction to further research.

In Table 1, the research group was characterized taking into account selected demographic variables.

**Table 1. Univariate Description of the Background Characteristics of the Sample**

Characteristics	N	%	Mean	SD
Age			71.2	6.5
Gender				
Men	82	36.6		
Women	137	61.2		
Missing data	5	2.2		
Marital status				
Married	115	51.3		
Widow/widower	84	37.5		
Unmarried	13	5.8		
Missing data	12	5.4		
Education level				
Primary or vocational school	145	64.8		
Secondary or university education	76	33.9		
Missing data	3	1.3		
Place of living				
City	86	38.4		
Country	135	60.3		
Missing data	3	1.3		
Number of children			2.6	1.2
Number of grandchildren			4.5	2.5

## MEASURES

### 1. *The dimensions of successful ageing*

The perception of successful ageing was measured by means of a questionnaire. The research tool is based on a review of the results of empirical research on common definitions of successful ageing published in gerontology literature. Moreover, the questionnaire items resulted from the selected theoretical approaches to the subject matter discussed in the theoretical part of this article, functioning in

the scientific literature. The questionnaire, comprised of a set of 55 items pertaining to the description of the elderly person, used a seven-point scale for each item to rate the extent to which the items describe the individual ageing successfully.

The research discussed in this article was carried out in two stages. The first stage in the study process, which was completed and the results published (Kozerska, 2018), involved data collection and analysis step using statistical method – hierarchical cluster analysis. Assuming that those results form the basis for the present analyses, it is worth discussing briefly the previous stage of the study.

The first stage focused on the way the respondents understood the questionnaire items concerning the subjective definitions of successful ageing. Strictly speaking, the project's aim was to identify the primary dimensions of elderly people's perspectives of that concept. The hierarchical cluster analysis was carried out in order to classify the questionnaire items into groups so that the respondents could find the items similar to the pattern of their responses. Thus, a set of the analysed items were treated as indicators of the latent variables considered as the dimensions of perception of successful ageing. The method used to carry out the studies is a categorised interview, which means that a ready-made set of variables describing the features associated with successful ageing was already provided. It should be noted that the applied analysis enabled one to look beyond the ready-made set. Moreover, it also helped capture the respondents' understanding and interpretation of the questionnaire items.

The study showed that the same questionnaire items are understood by young people and older adults in a different way (Kozerska, 2018). The different dimensions of perception of successful ageing were identified in two comparison groups. The study results revealed that the image of a happy elder person, from the perspective of young people, seems to largely reflect the media portrayals of “active seniors”. It was stated that young adults perceive the concept of successful ageing in three dimensions: *Engagement, Activity, and Religiousness in combination with intergenerational transmission of values*. Engagement is probably the most significant dimension as it is viewed in the context of courage, independence, finding oneself, self-realisation, changing one's own life in the name of personal values. It is also worth mentioning the dimensions of perception of successful ageing that emerged from the respondents' answers: *Integrity, Spirituality, and Community*. *Integrity*, expressed by a sense of cohesion and fullness of life, appeared to be the most important dimension in the group of older adults. Within each of the dimensions, additional subgroups were distinguished. An eight subgroups of variables identified within these dimensions of this procedure will be used to create a typology of seniors in this article.

A reliability analysis suggests adequate internal consistency of both the entire research tool (Cronbach's  $\alpha = 0,96$ ) and each of the eight subscales (Cronbach's  $\alpha$  is in the range of 0,79 to 0,91).

### **Integrity**

- A. **A sense of cohesion** understood as a positive attitude towards oneself and one's past, paying particular attention to self-actualisation. Sample item: *A person has a feeling of living in harmony with own nature.* Cronbach's  $\alpha = 0.91$ .
- B. **A positive balance of the current life satisfaction.** The group included variables related to accepting oneself as an ageing person, a positive assessment of one's own health, a sense of independence, a positive assessment of one's own material situation, an ability to enjoy and savour every moment of one's life. Sample item: *He/She can enjoy every moment of his/her life.* Cronbach's  $\alpha = 0.83$ .
- C. **Life with a loving family** (a spouse, grandchildren, children), taking care of grandchildren, a feeling of enjoyment and satisfaction derived from time spent with family members. Sample item: *A person has a loving family.* Cronbach's  $\alpha = 0.80$ .

### **Spirituality**

- D. **Religiousness** including such ingredients as: following religious principles, a sense of communication with God, feeling God's love. Sample item: *A person feels the love of Supreme Being (God).* Cronbach's  $\alpha = 0.88$ .
- E. **Relationships with others based on love.** The relationships built on love are associated with both sharing life with a person who seems to remain cheerful despite struggling with health issues and feeling satisfied in each moment. Sample item: *A person receives love from other people.* Cronbach's  $\alpha = 0.86$ .
- F. **Lack of attachment to material things and lack of expectations towards other people.** The cluster is composed of the questionnaire items describing individuals as independent and able to handle their problems on their own. Sample item: *He/ she is a self-reliant person who does not need support from others.* Cronbach's  $\alpha = 0.79$ .

### **Community**

- G. **Generativity** viewed as helping and supporting others, taking the role of an authority figure for the younger generation and sharing experiences and knowl-

edge with the next generation Sample item: *There is something important that the person will leave behind to the next generations.* Cronbach's alpha = 0.83.

- H. **Being an active member of the community.** The cluster includes variables presenting socially involved people who remain valued part of community, develop their interests and build a circle of friends. Sample item: *A person is an active member of a community in which he/she lives in.* Cronbach's alpha = 0.85.

## **2. Sense of loneliness**

The Polish adaptation of De Jong Gierveld Loneliness Scale was employed in the studies (Grygiel et al., 2013; De Jong Gierveld, van Tilburg, & Dykstra, 2006). The instrument, composed of 11 items, is commonly used for measuring satisfaction with interpersonal relationships.

## **3. Satisfaction with Life**

To assess general life satisfaction, the Polish version of the Satisfaction with Life Scale SWLS (Diener et al., 1985) was developed. Polish adaptation author: Juczyński (2001). The scale contains five statements evaluated on a 7-point scale. The respondent assesses the extent to which each of the statements relates to his or her life so far.

# **RESULTS**

## **TYOLOGY OF WAYS OF UNDERSTANDING SUCCESSFUL AGEING IN A GROUP OF OLDER ADULTS**

Considering the dimensions of perception of successful ageing selected in the first stage of the study, a grouping of respondents was carried out. The cluster analysis was applied – the k-means method was used. There were distinguished five types (subgroups of older people), 10 people (4.4%) did not qualify for any of these types – this was due to the lack of data in the interview questionnaires in these people; they did not answer all the questions. The characteristics of each subgroup are presented in Table 2. There have been presented arithmetic means for items that make up the respective dimensions of the perception of successful ageing. The table distinguishes the average mean (marked in bold) taking the value of at least 5.8 (for each dimension the third quartile distribution of the variable value was at least 5.8).



**Table 2. Characteristics of Five Types of Older People (Arithmetic Means for Items That Make Up the Dimensions of Perception of Successful Ageing)**

The dimension of perception of successful ageing	Type 1 9.4%	Type 2 27.7%	Type 3 16.1%	Type 4 29.9%	Type 5 12.5%
A. A sense of cohesion	5.7	5.0	5.1	<b>6.1</b>	3.8
B. A positive balance of the current life situation	<b>5.9</b>	5.2	5.4	<b>6.2</b>	4.1
C. Life with a loving family	<b>5.8</b>	<b>5.9</b>	5.1	<b>6.5</b>	4.1
D. Religiousness	2.7	4.4	<b>6.1</b>	<b>6.1</b>	3.3
E. Relationships with others based on love	<b>6.0</b>	5.4	5.6	<b>6.3</b>	3.7
F. Lack of attachment to material things and lack of expectations towards other people	5.5	4.9	5.1	<b>5.9</b>	3.5
G. Generativity	5.4	4.8	4.9	<b>6.2</b>	3.9
H. Activity. Being an active member of the community	<b>5.9</b>	5.2	5.3	<b>6.3</b>	4.1

The dimensions of perception of successful ageing that are most similar to the biomedical model of SA include: *Activity. Being an active member of the community and A positive balance of the current life situation*. These dimensions consist of questionnaire items describing a socially active, healthy and physically and mentally fit person. As it appears from the calculations in Table 2, the elements of the biomedical definition are rated high by the respondents, but they always coexist with other, additional dimensions. None of the SA definitions formulated by seniors is limited to the dimensions of *Being an active member of the community and A positive balance of the current life situation*. Type 1 and Type 4 value the elements of the biomedical definition the most (Table 2), in particular – they value independence as a component of the subjective definition of SA (see Table 4). However, in addition to this, the people who represent these two groups appreciate, among other things, a good, love-based relationship with others, with special attention to family relationships; Type 4 adds religiousness and generativity to this set. From the perspective of the older adults living in Poland, the biomedical model seems to be consistent with their idea of good old age, but it is not complete and needs to be supplemented with additional dimensions.

Table 3. Characteristics of Selected Conditions of Distinguished Types

	Type 1	Type 2	Type 3	Type 4	Type 5	Total N
Place of living						
City	<b>15(17.6%)**</b>	20(23.5%)	12(14.1%)	29(34.1%)	9(10.6%)	85(100%)
Country	<b>6(4.67%)**</b>	40(31.7%)	24(19.1%)	37(29.4%)	19(15.1%)	126(100%)
Gender						
Woman	<b>7(5.3%)**</b>	39(29.8%)	25(19.1%)	<b>45(34.5%)**</b>	15(11.5%)	131(100%)
Man	<b>13(16.7%)**</b>	23(29.5%)	9(11.5%)	<b>20(25.5%)**</b>	13(16.7%)	78(100%)
Education						
Secondary or university education	10(13.6%)	<b>16(21.9%)*</b>	13(17.8%)	25(34.2%)	9(12.3%)	73(100%)
Primary or vocational school	11(8%)	<b>46(33.3%)*</b>	23(16.6%)	40(28.9%)	18(13%)	138(100%)
Marital status						
Married now	14(12.5%)	37(33%)	<b>12(10.7%)**</b>	34(30.3%)	15(13.4%)	112(100%)
Others	7(7.6%)	23(25.3%)	<b>22(24.1%)**</b>	28(30.7%)	11(12.1%)	91(100%)
Health problems in the recent 6 months						
Yes	9(9.4%)	25(26%)	18(18.7%)	29(30.2%)	15(15.6%)	96(100%)
No	12(10.3%)	36(31%)	17(14.7%)	38(32.8%)	13(11.2%)	116(100%)
Health problems in the recent 6 months concerning a close family member						
Yes	8(7.6%)	32(30.4%)	20(19%)	<b>27(25.7%)**</b>	<b>18(17.1%)**</b>	105(100%)
No	12(11.3%)	29(27.4%)	15(14.1%)	<b>40(37.7%)**</b>	<b>10(9.4%)**</b>	106(100%)
Death of a close family member in the recent 6 months						
Yes	6(7.5%)	21(26.3%)	16(20%)	22(27.5%)	15(18.7%)**	80(100%)
No	15(11.4%)	40(30.3%)	19(14.4%)	45(34%)	13(9.8%)**	132(100%)
Serious problems in the recent 6 months						
Yes	5(8%)	16(25.8%)	11(17.7%)	19(30.6%)	11(17.7%)	62(100%)
No	16(10.7%)	45(30%)	25(16.7%)	47(31.3%)	17(11.3%)	150(100%)

Note. The significance of the difference between two independent proportions: \*p < 0.05; \*\*p < 0.01

**Table 4. Characteristics of Selected Conditions of Distinguished Types**

	Type 1		Type 2		Type 3		Type 4		Type 5				
	M	SD	M	SD	M	SD	M	SD	M	SD	F	P	Post hoc. results Significant differences (p < 0,05) are marked by a slash/hyphen
A sense of loneliness	<b>21.1</b>	7.8	<b>22.6</b>	7.1	<b>23.4</b>	9.6	<b>19.3</b>	9.7	<b>28.8</b>	5.2	6.11	p=0.00	4-2,3,5 5-1,2,3,4
Satisfaction with Life	<b>23.7</b>	4.6	<b>20.8</b>	4.7	<b>22.2</b>	4.8	<b>25.1</b>	5.0	<b>19.0</b>	3.8	11.3	p=0.00	1-2,5 4-2,3,5 5-1,3,4
Age	<b>70.8</b>	5.7	<b>71.2</b>	7.2	<b>70.8</b>	6.1	<b>70.1</b>	6.4	<b>73.7</b>	5.7	1.6	p=0.17	n.s.
Number of children	<b>2.3</b>	0.9	<b>2.6</b>	1.1	<b>2.8</b>	1.5	<b>2.6</b>	1.1	<b>2.3</b>	1.2	0.78	p=0.53	n.s.
The importance attached to independence as a condition for SA (scale from 1 to 7)	<b>6.2</b>	0.9	<b>4.8</b>	1.3	<b>5.4</b>	1.5	<b>6.2</b>	0.8	<b>4.1</b>	1.6	21.0	p=0.00	1-2,5 2-1,4,5 3-5

Below, taking into account the results in Table 2, Table 3, and Table 4, a detailed description of each group is given.

### **1. Type 1. Active life and relationships with others based on love**

The subjective definition of SA (Type 1) is a biomedical SA model extended with such elements as *Life with a loving family* and *Relationships with others based on love*. The first obtained group is the least numerous (9.4% of the respondents). Positive ageing is understood here as the life spent in company of other people with whom the older person has relationships based on love. People who are successfully ageing in this group of the respondents are associated with being active members of the community in which they live, having friends and interests. Their SA definition contains such elements as: a positive assessment of one's own health, a sense of independence, a positive assessment of one's own material situation, being in a good physical and mental condition. Type 1 is characterised by a belief that religiousness, living in accordance with the precepts of religion, a sense of communication with a Supreme Being (God) are not related to old age seen in positive terms. This way of interpreting successful old age is characteristic for men (65% of this group are men) and for people living in the city (75% of the group are people living in the city). Type 1 is characterized by a high level of life satisfaction, and a low sense of loneliness. Representatives of this group strongly agree with the statement that being independent is a prerequisite for successful ageing.

### **2. Type 2. Presence of the family**

People in the second group assume that SA means old age spent being surrounded by a loving family. The other dimensions are considered a little less important. This way of understanding the concept of successful ageing is popular among older people. Type 2 makes up 27.7% of those surveyed and is the second largest group. This group is dominated by people with a low level of education (74%); 40% of all respondents with low education found themselves in this group. Being independent in old age is not as important for this group as it is for Type 1 or Type 4 (the difference is statistically significant, see Table 4).

### **3. Type 3. Religiousness**

People included in the third group can be characterised by the identification of positive old age with religion, a sense of communication with God and living in compliance with the precepts of religion. Other dimensions are less important. In particular, in comparison with the previously discussed groups, this group pays less attention to the importance of good family relationships and relationships

with other people. This group is dominated by people who are not currently married (64%). 86% of them are widows and widowers.

#### **4. Type 4. Mosaic of integrity, community and religious spirituality**

The subjective definition of SA Type 1 is a biomedical SA model expanded to include elements such as religiousness, life surrounded by a loving family, generativity, and relationships based on love. Group 4 is the most numerous (29.9% of the respondents). In this group SA is understood as a mosaic of all distinguished dimensions (Table 2). Each of them was rated high. The highest marks concerned *Life with a loving family*. In comparison to Type 2, where this dimension was of primary importance, the ratings are even higher (M2=5.9, SD2=0.64, M4=6.5, SD4=0.48). The Mann-Whitney U test showed that the differences between Type 4 and Type 2 are statistically significant:  $U=961$ ,  $p < 0.01$ .

In comparison to other types, this group (see Table 3 and Table 4) can be characterised by a large percentage of people who have not experienced health problems regarding their loved ones (59%) in recent 6 months, most of them have not experienced serious problems themselves in recent 6 months, including the death of a loved one (Table 3). In comparison to other types, Type 4 describes people with the lowest sense of loneliness and the highest sense of life satisfaction. More often, these are women (69%) rather than men (31%). Representatives of this group, like Group 1, strongly agree with the statement that being independent is a prerequisite for successful ageing (Table 4).

#### **5. Type 5. Lack of clearly defined definition of successful ageing**

The lack of conviction that one of the dimensions can characterise SA seems to be a typical feature for people included in Group 5 (Table 2). Type 5 are people who have experienced problems related to the health of a close family member (64%) or the death of a loved one (53%) in recent 6 months. Type 5 is represented by people with a high sense of loneliness and low quality of life.

## **DISCUSSION**

Most of the older people surveyed see the elements of the biomedical model as less (Type 2 and Type 3) or more important (Type 1 and Type 4) components of their subjective definition of SA. Generally speaking, in the perception of Polish seniors, the biomedical model which emphasizes the absence of disease and the

maintenance of physical and mental functioning as the keys to ageing successfully, needs to be supplemented with additional dimensions.

Gender was an important variable explaining how SA is defined (Table 4). The proportions of women and men in the groups differ for Type 1 and Type 4. As mentioned earlier, both groups appreciate the importance of the biomedical model but have differing opinions on additional elements supplementing it. Women are more likely to perceive SA in a multidimensional way (they predominate in the Type 4 group). Men, on the other hand (predominantly in the Type 1 group), complement the model with an element of *Relationships with others based on love*, which also includes family relationships.

The results of the analyses showed that the understanding of SA depends on the context related to the life situation of the elderly person and their life satisfaction (Table 3 and Table 4). Single people, with low life satisfaction, experiencing the death of their spouse in recent past, struggling with health problems of their relatives, are distinguished by lack of a subjective definition of SA. Age proved to be a statistically insignificant variable, as did the number of children and the financial situation.

Attention has to be drawn to three key words essential for the subjective definitions developed by the respondents: **family, activity, religion**.

According to the carried out research, for most research subjects *Living in the surrounding of a loving family* is a very important element of successful old age. The family is the most important element of the subjective definition of SA in the group which represents Type 2 (27.7% of the respondents) and Type 4 (29.9% of the respondents). The family is also highly placed by group Type 1 (9.4%). The presented research results confirmed the findings of authors dealing with the analysis of the types of social networks. The analyses clearly indicate “family nature” of social networks of Polish seniors, as well as the fact that social networks composed of unrelated members are less significant for them (Halicka, 2004; Boguszewski, 2013; Kozerska, 2015).

Based on the research I presented, two types of approach amongst persons connecting good old age with family life can be distinguished.

- The first approach underlines the significance of life surrounded by family, whilst less attention is paid to other areas covered by the analysis. For this group, a happy life is simply a life in a family (Type 1).
- The second approach involves belief that Life surrounded by a loving family is one of several elements of a subjective definition. Among other things, an important aspect is to be an active member of the community (Type 4).

**Activity** is a significant element of subjective definition of successful ageing in groups Type 1 and Type 4. The difference between these groups mainly involves their attitude to religion. Type 1, mainly composed of men and city dwellers, does not consider the factor such as being religious. All groups, for which activity is an important element of SA, also value independence (Table 4).

All distinguished groups of seniors do not differ in terms of the presence of difficult life situations in the lives of these people in recent 6 months. The exception is Type 5, which I would like to take a closer look at now. The research on the impact of experiencing difficult situations on the perception of one's own life by older people suggests that the presence of difficult, negative life events promotes the development towards space transcendence (Read et al., 2014). It may be expected that the occurrence of difficult life situations will be connected with subjective definition of successful ageing, perceiving the elements defining the spiritual character as essential for successful ageing. The study apparently does not confirm this expectation. In the group in which there is the highest percentage of people who have experienced difficult life situations in recent 6 months (Type 5), **no specific subjective definition of successful ageing** has been observed. The items of the questionnaire describing the spiritual dimension of ageing were assessed as the lowest ones in this group. However, we can attempt to explain the obtained results following the theoretical concept of floating, formulated by Bron (2006). Floating is a state in which a person feels mentally and physically suspended in the vacuum. This condition can appear when a person, as a result of personal, emotional, cognitive or physiological difficulties, is "losing one's grip", is losing one's sense of security, is standing at the crossroads feeling the helplessness associated with lack of opportunity to guide one's own life. The ways of perceiving oneself, the life plans a person had before he/she had encountered some difficulties, become outdated. New concepts of life and perspectives of looking at reality are not shaped yet. The next stage of this process is expressed by the loss of a sense of security and the suffering associated with it. Individuals must learn to build their own identity from the scratch. In this sense, floating is considered by Bron as a form of biographical learning. It seems that people classified as Type 5 are at the stage of suffering and loss of a sense of security. Most of them have experienced a difficult situation in recent months, and that is a death or illness of a loved one or problems with their own health. According to the Bron concept, they experience a sense of loneliness (this group differs statistically significantly from the others in this respect). In addition, they can be characterised by a low sense of satisfaction with their own lives (in this respect, the difference is also statistically significant). Type 5 does not differ in terms of other variables from other

differentiated types. There are no significant differences when it comes to age, number of children, education, or gender. Another confirmation of the validity of the interpretation of the results, obtained on the grounds of the concept of floating, is the analysis of data in Group 3. Type 3 also consists of people who have experienced difficult life situations. For the most part, this group consists of widows and widowers. Here, however, the percentage of people who have experienced difficult situations in recent 6 months does not significantly differ from the percentage of people who have not experienced such situations recently. It seems that those difficult experiences are associated with the distant past, so the respondents were able to cope with the state of suspension, heading themselves towards **religion**. For the Type 3 group, successful ageing is identified with the feeling of God's love, an activity focused on communication with God and living in accordance with the precepts of religion.

## CONCLUSION

None of the types of subjective definitions of SA obtained overlap with the biomedical definition, based on which SA is a combination of three components: avoiding disease and disability, high cognitive and physical function, and engagement with life. The biomedical definition is included in Type 1 and Type 4 definitions distinguished in the analysis. However, these types are further enriched with additional elements that the persons consider more important. For those who provide Type 1 definition of SA, that element was a *Life surrounded by loving people*. For those who formulate Type 4 definition, that basic element is *Religiousness, Living surrounded by a loving family, Generativity, Relationships with others based on love*. In the other types of definitions (Type 2 and 3), the biomedical model is not so important. The most stressed factors are *Life with a loving family* (Type 2) and *Religiousness* (Type 3). Thus, the biomedical model for the elderly people living in Poland turns out to be insufficient, needs to be extended, and for some groups – even redefined.

## References

- Baltes, P.B., & Baltes, M.M. (1990). Psychological Perspectives on Successful Aging: The Model of Selective Optimization with Compensation. In: P.B. Baltes, & M.M. Baltes (Eds.), *Successful Aging: Perspectives from the Behavioral Sciences* (pp. 1–34). New York, NY: Cambridge University Press. DOI: 10.1017/CBO9780511665684.003.
- Baltes, M.M., & Carstensen, L.L. (1996). The Process of Successful Ageing. *Ageing & Society*, 16(4), 397–422. DOI: 10.1017/S0144686X00003603.



- Boguszewski, R. (2013, July). *Więzi rodzinne*. Raport CBOS [Family Ties: The Report of the Centre for Public Opinion Research]. Retrieved from: [http://www.cbos.pl/SPISKOM.POL/2013/K\\_107\\_13.PDF](http://www.cbos.pl/SPISKOM.POL/2013/K_107_13.PDF).
- Bron, A. (2006). Rozumienie uczenia się w teoriach andragogicznych. *Teraźniejszość. Człowiek. Edukacja*, 4(36), 7–24.
- Carstensen, L.L., Isaacowitz, D.M., & Charles, S.T. (1999). Taking Time Seriously: A Theory of Socioemotional Selectivity. *The American Psychologist*, 54(3), 165–181. DOI: 10.1037/0003-066X.54.3.165.
- Cosco, T.D., Prina, A.M., Perales, J., Stephan, B.C., & Brayne, C. (2014). Operational Definitions of Successful Aging: A Systematic Review. *International Psychogeriatrics*, 26(3), 373–381. DOI: 10.1017/S1041610213002287.
- Cosco, T.D., Stephan, B.C., Brayne, C., & Muniz, G. (2017). Education and Successful Aging Trajectories: A Longitudinal Population-Based Latent Variable Modelling Analysis. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 36(4), 427–434. DOI: 10.1017/S0714980817000344.
- Crowther, M.R., Parker, M.W., Achenbaum, W.A., Larimore, W.L., & Koenig, H.G. (2002). Rowe and Kahn's Model of Successful Aging Revisited: Positive Spirituality – The Forgotten Factor. *The Gerontologist*, 42(5), 613–620. DOI: 10.1093/geront/42.5.613.
- De Jong Gierveld, J., van Tilburg, T., & Dykstra, P.A. (2006). Loneliness and Social Isolation. In: A.L. Vangelisti, & D. Perlman (Eds.), *The Cambridge Handbook of Personal Relationships* (pp. 485–500). Cambridge: Cambridge University Press. DOI: 10.1017/CBO9780511606632.027.
- Depp, C.A., & Jeste, D.V. (2006). Definitions and Predictors of Successful Aging: A Comprehensive Review of Larger Quantitative Studies. *American Journal of Geriatric Psychiatry*, 14(1), 6–20. DOI: 10.1097/01.jgp.0000192501.03069.bc.
- Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49(1), 71–75. DOI: 10.1207/s15327752jpa4901\_13.
- Dillaway, H.E., & Byrnes, M. (2009). Reconsidering Successful Aging: A Call for Renewed and Expanded Academic Critiques and Conceptualizations. *Journal of Applied Gerontology*, 28(6), 702–722. DOI: 10.1177/0733464809333882.
- Fabiś, A. (2015). Rozwój duchowy jako atrybut dojrzałości w starości. *EXLIBRIS Biblioteka Gerontologii Społecznej*, 1, 11–17.
- Feng, Q., & Straughan, P.T. (2017). What Does Successful Aging Mean? Lay Perception of Successful Aging among Elderly Singaporeans. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 72(2), 204–213. DOI: 10.1093/geronb/gbw151.
- Grygiel, P., Humenny, G., Rębisz, S., Świtaj, P., & Sikorska-Grygiel, J. (2013). Validating the Polish Adaptation of the 11-item De Jong Gierveld Loneliness Scale. *European Journal of Psychological Assessment*, 29(2), 129–139. DOI: 10.1027/1015-5759/a000130.
- GUS (2019, July 31). *Sytuacja demograficzna województwa śląskiego w latach 2014–2018* [Demographic Situation of Śląskie Voivodship in the Years 2014–2018]. Statistical Office in Katowice. Retrieved from: <https://katowice.stat.gov.pl/publikacje-i-foldery/ludnosc/sytuacja-demograficzna-wojewodztwa-slaskiego-w-latach-20142018,8,1.html>.
- Halicka, M. (2004). *Satysfakcja życiowa ludzi starych. Studium teoretyczno-empiryczne* [Life Satisfaction of the Elderly People]. Białystok: Wydawnictwo Akademii Medycznej.

- Halicki, J. (2008). Potoczne definicje pomyślnego starzenia się. In: J.T. Kowaleski, & P. Szukalski (Eds.), *Pomyślne starzenie się w perspektywie nauk społecznych i humanistycznych* (pp. 13–27). Łódź: Wydawnictwo Uniwersytetu Łódzkiego.
- Halicki, J. (2010). *Obrazy starości: rysowane przeżyciami seniorów*. Białystok: Wydawnictwo Uniwersytetu w Białymstoku.
- Hsu, H.C. (2007). Exploring Elderly People's Perspectives on Successful Ageing in Taiwan. *Ageing & Society*, 27(1), 87–102. DOI: 10.1017/S0144686X06005137.
- Juczyński, Z. (2001). *Narzędzia pomiaru w promocji i psychologii zdrowia*. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
- Kail, B.L., & Carr, D.C. (2017). Successful Aging in the Context of the Disablement Process: Working and Volunteering as Moderators on the Association between Chronic Conditions and Subsequent Functional Limitations. *Journals of Gerontology Series B: Social Sciences*, 72(2), 340–350. DOI: 10.1093/geronb/gbw060.
- Kozerska, A. (2015). Life Satisfaction among People Aged 60 and Over, Participating in Restricted Social Networks in Poland: Related Variables. *Problems of Education in the 21<sup>st</sup> Century*, 67, 29–39. DOI: 10.33225/pec/15.67.29.
- Kozerska, A. (2018). Międzypokoleniowe różnice w rozumieniu pojęcia pomyślnego starzenia się. *Edukacja Dorosłych*, 1, 73–93.
- Lee, P.L., Lan, W., & Yen, T.W. (2011). Aging Successfully: A Four-Factor Model. *Educational Gerontology*, 37(3), 210–227. DOI: 10.1080/03601277.2010.487759.
- Lewis, J.P. (2011). Successful Aging through the Eyes of Alaska Native Elders: What It Means to Be an Elder in Bristol Bay, AK. *The Gerontologist*, 51(4), 540–549. DOI: 10.1093/geront/gnr006.
- Li, C., Wu, W., Jin, H., Zhang, X., Xue, H., He, Y., Xiao, S., Jeste, D.V., & Zhang, M. (2006). Successful Aging in Shanghai, China: Definition, Distribution and Related Factors. *International Psychogeriatrics*, 18(3), 551–563. DOI: 10.1017/S1041610205002966.
- Moleszta, A. (2015). Duchowość a zadowolenie z życia seniorów. *EXLIBRIS Biblioteka Gerontologii Społecznej*, 1, 133–146.
- Molton, I., & Yorkston, K. (2017). Growing Older with a Physical Disability: A Special Application of the Successful Aging Paradigm. *Journals of Gerontology Series B: Social Sciences*, 72(2), 290–299. DOI: 10.1093/geronb/gbw122.
- Ng, T.P., Broekman, B.F.P., Niti, M., Gwee, X., & Kua, E.H. (2009). Determinants of Successful Aging Using a Multidimensional Definition among Chinese Elderly in Singapore. *American Journal of Geriatric Psychiatry*, 17(5), 401–416. DOI: 10.1097/JGP.0b013e31819a808e.
- Pruchno, R.A., Wilson-Genderson, M., & Cartwright, F. (2010). A Two-Factor Model of Successful Aging. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 65(6), 671–679. DOI: 10.1093/geronb/gbq051.
- Pruchno, R., Heid, A.R., & Wilson-Genderson, M. (2015). Resilience and Successful Aging: Aligning Complementary Constructs Using a Life Course Approach. *Psychological Inquiry*, 26(2), 200–207. DOI: 10.1080/1047840X.2015.1010422.
- Read, S., Braam, A.W., Lyyra, T.M., & Deeg, D.J. (2014). Do Negative Life Events Promote Gerotranscendence in the Second Half of Life? *Ageing & Mental Health*, 18(1), 117–124. DOI: 10.1080/13607863.2013.814101.
- Riley M.W. (1998). Letters to the Editor. *The Gerontologist*, 38(2), 151. DOI: 10.1093/geront/38.2.151.

- Rowe, J.W., & Kahn, R.L. (1998). *Successful Aging*. New York: Pantheon Books.
- Stowe, J.D., & Cooney, T.M. (2015). Examining Rowe and Kahn's Concept of Successful Aging: Importance of Taking a Life Course Perspective. *The Gerontologist*, 55(1), 43–50. DOI: 10.1093/geront/gnu055.
- Tesch-Römer, C., & Wahl, H.W. (2017). Toward a More Comprehensive Concept of Successful Aging: Disability and Care Needs. *Journals of Gerontology Series B: Social Sciences*, 72(2), 310–318. DOI: 10.1093/geronb/gbw162.
- Trafiałek, E. (2014). Rodzina jako obszar aktywności i źródło wsparcia w aktywnym starzeniu się. In: P. Szukalski, & B. Szatur-Jaworska (Eds.), *Aktywne starzenie się. Przeciwdziałanie barierom* (pp. 152–163). Łódź: Wydawnictwo Uniwersytetu Łódzkiego.
- Villar, F. (2012). Successful Ageing and Development: The Contribution of Generativity in Older Age. *Ageing & Society*, 32(7), 1087–1105. DOI: 10.1017/S0144686X11000973.
- Westerhof, G.J., Miche, M., Brothers, A.F., Barrett, A.E., Diehl, M., Montepare, J.M., Wahl, H.W., & Wurm, S. (2014). The Influence of Subjective Aging on Health and Longevity: A Meta-analysis of Longitudinal Data. *Psychology and Aging*, 29(4), 793–802. DOI: 10.1037/a0038016.
- Whitley, E., Popham, F., & Benzeval, M. (2016). Comparison of the Rowe–Kahn Model of Successful Aging with Self-rated Health and Life Satisfaction: The West of Scotland Twenty-07 Prospective Cohort Study. *The Gerontologist*, 56(6), 1082–1092. DOI: 10.1093/geront/gnv054.
- Wurm, S., & Benyamini, Y. (2014). Optimism Buffers the Detrimental Effect of Negative Self-Perceptions of Ageing on Physical and Mental Health. *Psychology & Health*, 29(7), 832–848. DOI: 10.1080/08870446.2014.891737.
- Zhang, W., Liu, S., & Wu, B. (2018). Defining Successful Aging: Perceptions from Elderly Chinese in Hawai'i. *Gerontology and Geriatric Medicine*, 4. DOI: 10.1177/2333721418778182.