

Original Papers

Polish Psychological Bulletin
 2016, vol. 47(3) 338–345
 DOI - 10.1515/ppb-2016-0040

Edyta Bonk*

The influence of activeness and independence on the quality of life of senior citizens

Abstract: In this study the author has focused on the impact of activeness and independence on the quality of life of seniors. Activeness is taken to mean the participation in regular everyday tasks. Functional independence is independence in everyday life. Quality of life in old age describes the level of satisfaction with life and indicators of successful ageing. The survey was conducted in October 2013 among four groups of seniors. Two variables determined the distribution of respondents: the level of activeness and the functional independence of the seniors. The study involved 99 seniors from Sopot and Gdansk.

Functional independence has a much greater impact on the quality of life of seniors than activeness in as much as independence is influenced by our state of health over which we may always have full control, whereas activeness to a large extent depends on ourselves.

Key words:

Introduction

In this era of ever increasing life expectancy, the question arises more and more frequently about the actual quality of the final period of human life. Initially, research on old age focused on dysfunctions, pathologies and the degradation of psychological, social and biological functions. Now it increasingly looks towards the development opportunities for seniors, their maturity, wisdom and experience (Brzezińska and Steuden, 2011).

The quality of life in old age is determined by many factors. Steuden considered the following: self-assessment of state of health, well-being, material comfort, quality of interpersonal relationships, physical fitness, independence and opportunities for further development (Steuden, 2009). A study of life satisfaction among the elderly in Poland was undertaken by Halicka, among others. Of all the factors determining the satisfaction of the elderly, the most important are: health, fitness, family and financial situation, activeness and social contact (Halicka, 2004).

In this article, the author has focused on two factors: activeness and the functional independence (autonomy) of seniors. The contemporary periodization of old age is also relevant. One example of this could be the tripartite concept whose first stage is described in terms of a fit and active old age, the second as one of mental and physical deterioration (dependency and less activeness), while the

third is longevity (Nowicka, 2006b; Brzezińska, 2000). In 2012, the European Commission developed a partnership strategy in the area of innovation for an ageing society, in which the first goal is precisely this: to enable EU citizens to live healthy, active lives of self-reliance to a ripe old age (Derejczyk et al., 2012).

Activeness

The level of activeness among seniors not only determines their categorisation into a particular period of old age, but it is also the basis for clarifying the mechanism of adaptation to that period. The two best-known theories are: activeness theory and the theory of withdrawal (Trempała, 2015). Activeness theory assumes the high level of involvement of a living entity. The condition for a successful old age here is long-term activeness, while its absence can cause health problems and a reduction in psychological well-being. Rembowski claimed that activeness “is a psychological and social need at every age, including the twilight years. So, elderly people feel good about themselves if their behaviour is accompanied by a substitute activity after losing the primary role” (Rembowski, 1984, p. 34).

The activeness of seniors is associated with a variety of interpersonal interactions. As Susułowska writes: “life satisfaction is higher among those who maintain extensive

* Department of Support for Human Development, University of Social Psychology, Sopot

social contacts. Contact with friends, not only with family but also neighbours seems to be of particular significance for a good adaptation to old age” (Susułowska, 1989, p. 304–305).

The need to be active is independent of age, and in seniors it influences life satisfaction, as well as a more healthy and positive disposition (Trempała, 2015).

Many elderly people, however, are willing to spend time alone without any particular qualms. **Disengagement theory**, therefore, assumes that seniors need to distance themselves from absorbing matters and slow down the pace of life. This group is dominated by their conviction of the need to give way to the younger generation. This involves saving energy resources and eliminating sources of stress. Withdrawal encourages reflection on life, helps to maintain an even keel and achieve mental balance (Trempała, 2015).

Independence

Currently, the functional independence of seniors in Western societies is often associated with a continued, active participation in social life which is, in turn, wins society’s approval. The negative stereotypes of old age are connected with, among others, poor health, disability or reliance on others (Chabiera and Tokarz-Kaminska, 2012). Dependent people (unable to satisfy their basic needs independently) are often seen as “a burden” and have a lower social status. Nowadays, there has been a steady increase in the number of dependent people and the associated need for outside help. One reason for this is the development of medicine, which more often than ever before saves people’s lives in the case of serious illness, while not always being able to restore their fitness and self-reliance (Błędowski, 2012). Therefore, a measurable indicator of the quality of life is the everyday independence, without the help of others. The gradual loss of independence is linked with a greater risk of break down, the need for institutional support and increased mortality (Wizner et al., 2012).

In 1991 the UN adopted a “Plan of Action on Ageing”, whose first recommendation is independence. Among its suggestions we may read about ensuring seniors access to nutrition or accommodation as long as possible, and about the possibility of deciding when they will withdraw from an active life. In 2002, the regional strategy for the implementation of the International Plan of Action on Ageing was signed, in which one of the ten obligations is: strive to ensure quality of life at all ages and maintain independent living including health and well-being. Other example of this is the decision – No. 940/2011/EU of 14 September 2011 – made by the European Parliament and Council to establish the European Year for Active Ageing and Solidarity between Generations in 2012 (Szatur-Jaworska, 2012).

Methods

In this study the author has focused on the impact of activeness and independence on the quality of life of

seniors. Activeness is taken to mean the participation in regular everyday tasks. Functional independence is independence in everyday life. Quality of life in old age describes the level of satisfaction with life and indicators of successful ageing.

Present Hypotheses:

1. Active seniors are more satisfied with life.
2. Active seniors meet the conditions for successful ageing.
3. Independent seniors are more satisfied with life.
4. Independent seniors age according to the model of successful ageing.

Procedure

The survey was conducted in October 2013 among four groups of seniors. Two variables determined the distribution of respondents: the level of activeness and the functional independence of the seniors. As a result, the following groups were formed:

- 1) active – independent (respondents at the University of the Third Age in Gdansk and Sopot) [UTW]
- 2) active – dependent (respondents interviewed in care homes in Gdansk and Sopot) [DPS]
- 3) inactive – independent (interviewed at their homes in Gdansk and Sopot) [DOM]
- 4) inactive – dependent (respondents under the care of the Social Welfare Centre in Sopot) [MOPS]

variable	ACTIVE	INACTIVE
INDEPENDENT	“UTW”	“DOM”
DEPENDENT	“DPS”	“MOPS”

Participants

The study involved 99 seniors from Sopot and Gdansk. Of all the respondents, 77.8% were women and 22.2% men. The average age of the respondents was 69.5 years (SD = 6,9). The largest group were people with secondary education 59.6%, 21.2% with higher, 11.1% vocational and 8.1% with primary.

Measurements

The welfare of the seniors was measured using two paper-pencil scales.

In order to measure life satisfaction, we asked a series of nine questions about different aspects of life, as used by Czapiński. The aspects studied related to satisfaction with: oneself, relations with close family members, the financial situation of their own families, their relationships with friends (group of close friends), health, the situation in the country, prospects for the future, achievements in life and leisure time activities. The reliability of the scale – a Cronbach’s alpha of 0.850 (Czapiński, 1993).

A second scale was created by the author on the basis of the theory of John Rowe and Robert Kahn in 1998 on successful ageing. It includes questions about the absence of disease and disability, coping with bereavement and

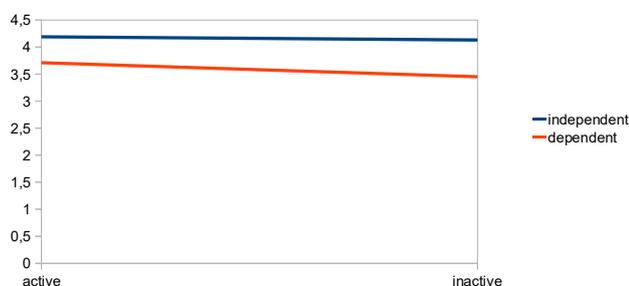
changes in monitoring (for example, the use of a computer), social support, physical and mental activeness. The scale includes 3 qualitative questions (illness, disability group and bereavement) and eight quantitative questions on a scale from 1 – definitely not – to 5 – definitely yes (technical innovations, support from family, friends or institutions, social life, hobbies, physical fitness and mental state). The reliability of the scale – a Cronbach's alpha of 0.616.

Results

The results were evaluated by using a one-way analysis of variance (ANOVA). The main interactional effects will be presented in chart form.

The results for the overall satisfaction scale (main effect, $F(1,92) = 13.741, p < 0.001$)

Chart 1. Life satisfaction

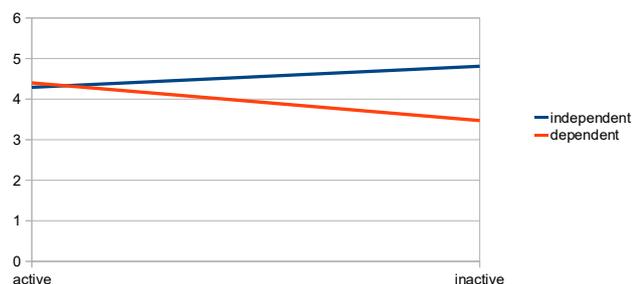


Independent seniors are significantly more satisfied with life than dependent seniors, regardless of their activity level.

Particular results of the analysis of variance for the satisfaction scale:

- satisfaction with family relations (interactive effect, $F(1,94) = 7.495, p < 0.007$)

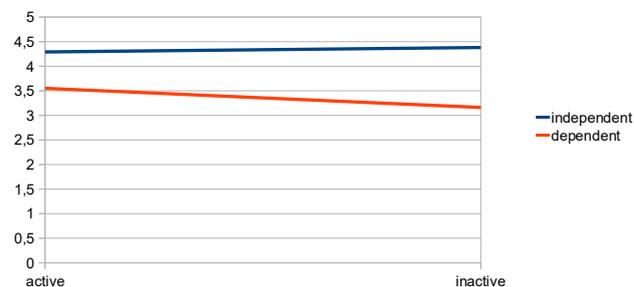
Chart 2. Satisfaction with family relation



The extent to which seniors are satisfied with their family relations varies depending on the level of their activeness. Active people are just as satisfied with their family relationships, regardless of whether they are independent or reliant on others. However, in the case of the inactive, satisfaction among those who are dependent drops (low), while it remains high among independent seniors.

- with the financial situation of their own family (main effect, $F(1,94) = 14.215, p < 0.001$)

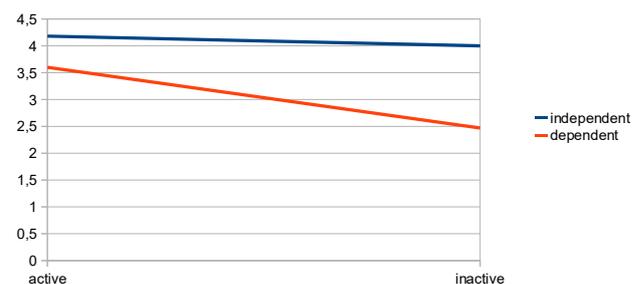
Chart 3. Satisfaction with financial situation of their own family



The group of independent seniors is more satisfied with the financial situation of their own family.

- satisfaction with health (main effects: for independence: $F(1,94) = 6.045, p < 0.016$; for the activeness: $F(1,94) = 15.679, p < 0.001$)

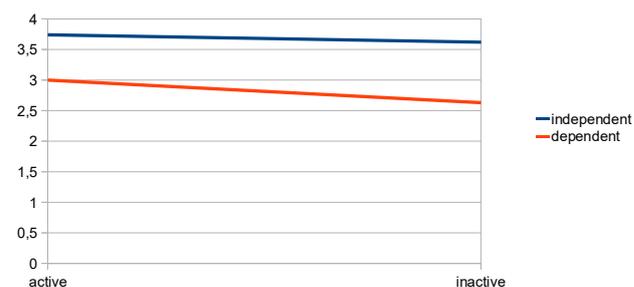
Chart 4. Satisfaction with health



Independent seniors are the most satisfied with their health (regardless of the level of activeness) while among the dependent seniors those who are active, significantly, are more satisfied with their health. The least satisfied in this aspect is the group of inactive and dependent seniors.

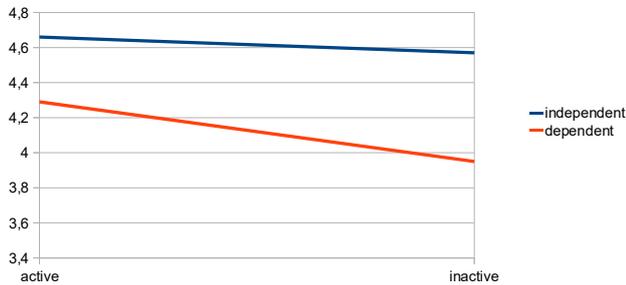
- satisfaction with prospects for the future (main effect, $F(1,95) = 11.859, p < 0.001$)

Chart 5. Satisfaction with prospects for the future



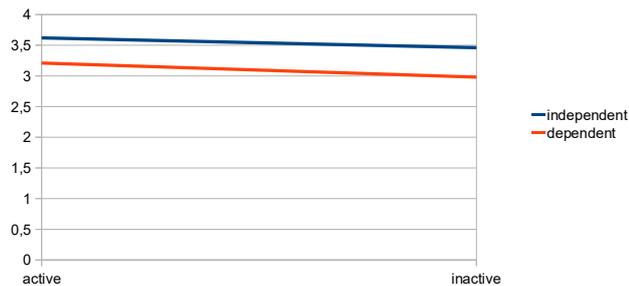
Independent seniors are more satisfied with their prospects for the future.

- satisfaction with leisure time activities (main effect, $F(1,95) = 5.702, p < 0.019$)

Chart 6. Satisfaction with leisure time activities

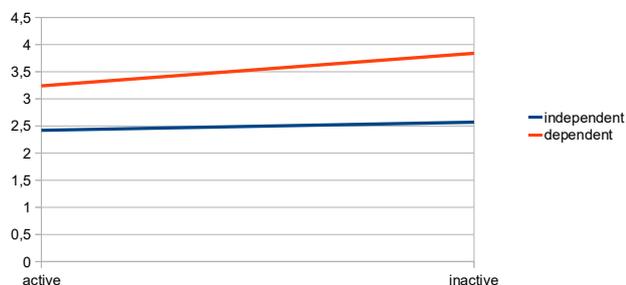
The group of independent seniors is the most satisfied with their leisure time.

The results of the analysis of variance for the overall scale of successful ageing (main effect, $F(1,93) = 17.559, p < 0.001$)

Chart 7. Scale of successful ageing

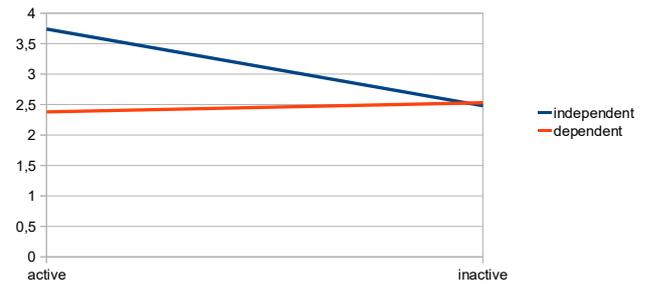
Independent seniors showed better results in the overall scale of successful ageing.

- illnesses (main effect, $F(1,95) = 10.484, p < 0.002$)

Chart 8. Illnesses

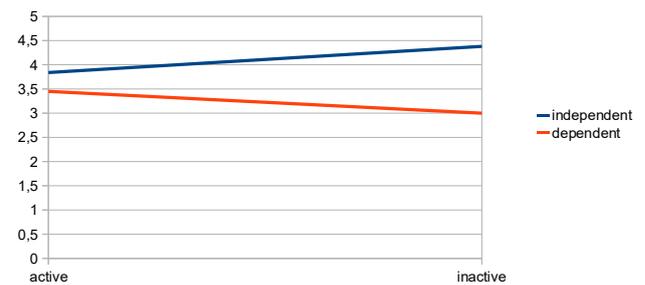
Illness is definitely more frequent among dependent seniors.

- technological innovations (interactive effect, $F(1,95) = 8.404, p < 0.005$)

Chart 9. Technological innovations

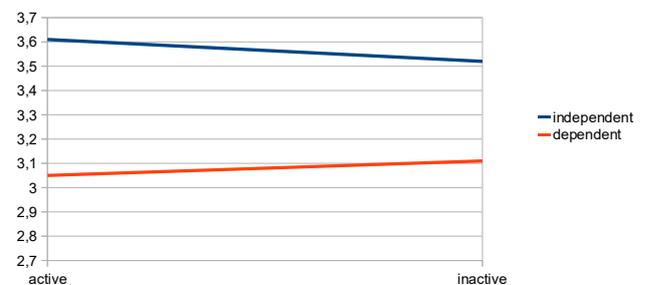
The use of technological innovations depends on a combination of the level of independence and activeness of seniors. Dependent seniors use technological innovations almost as much when they are active as when they are not active. However, in the case of independent seniors, their use of innovations varies according to their level of activity – high among active people and very low among inactive people.

- family support (interactive effect, $F(1,94) = 4.304, p < 0.041$)

Chart 10. Family support

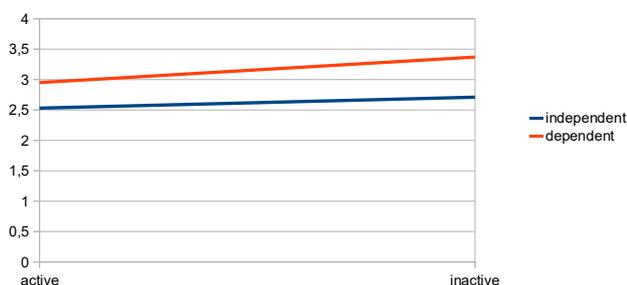
Among inactive seniors the strongest feeling of family support was found in the group of independent people (at home) and the lowest among dependent seniors (under the care of the Social Welfare Centre).

- support from friends (main effect, $F(1,94) = 5.936, p < 0.017$)

Chart 11. Support from friends

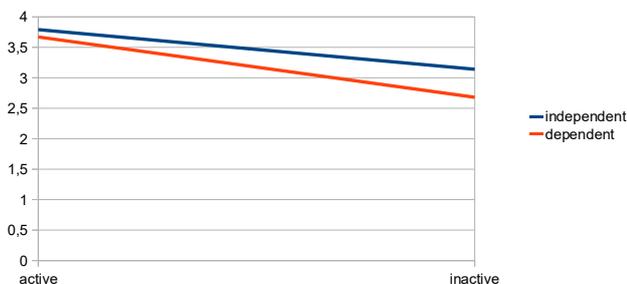
Independent seniors feel decidedly more support from friends.

- institutional support (main effect, $F(1,93) = 6.307$, $p < 0.014$)

Chart 12. Institutional support

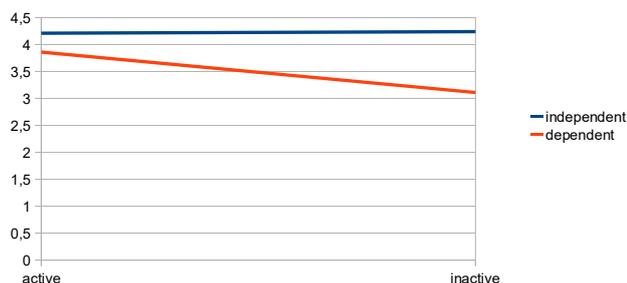
Dependent seniors feel a higher level of support from institutions.

- social life (main effect, $F(1,95) = 16.897$, $p < 0.001$)

Chart 13. Social life

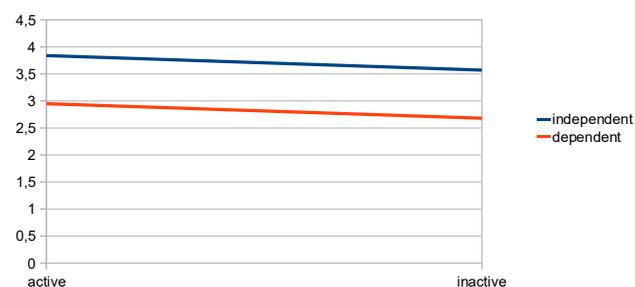
Active seniors, regardless of their degree of independence, lead a richer social life.

- hobby (interactive effect, $F(1,95) = 4.448$, $p < 0.038$)

Chart 14. Hobby

Independent seniors have more or less the same number of hobbies, regardless of their level of activeness, while among dependent seniors the number of hobbies decreases significantly in the case of inactiveness.

- physical condition (main effect, $F(1,95) = 17.008$, $p < 0.001$)

Chart 15. Physical condition

Independent seniors enjoy better physical condition.

Discussion of the results

Age and education were side variables differentiating the groups under study, although they provided an adequate overview of the social composition of the seniors (e.g. the UTW group is dominated by seniors who are younger and better educated). Any further studies would require an expansion of the number of subgroups in order to be able to successfully compare different groups in a balanced way.

The results of this study showed that independence has a greater influence on the quality of life of seniors than activeness. Functional independence has a positive impact on overall life satisfaction and many of its aspects: satisfaction with the financial situation of the family, health, prospects for the future and how to spend free time. Everyday independence is associated with physical and mental functioning, and is therefore a key determinant of health. It also requires less effort spent on the process of treatment and increases earning potential, which in turn benefits family finances. Mozhan and associates conducted international research in 23 countries related to quality of life of the elderly based on the sample of 7401 seniors. The most important factors in the opinion of the participants in the study deciding about the quality of life are ability to carry out daily activities and health (Mozhan, 2010).

Many dependent seniors during the course of the study expressed negative thoughts full of hopelessness about their future along the lines of “there’s nothing left for me,” “what do you mean ‘future’? It’s vegetation”. Dependency turned out to be the main factor in lowering the standard of living and, above all, the feeling of usefulness and dignity. Thus, the key seems to be to take preventative measures – to support a lifestyle that is conducive to maintaining the independence of seniors for as long as possible.

The author, while conducting regular classes for seniors in nursing homes, observed the tremendous value in activities that stimulate the mind (e.g. memory training) and the body (movement, dance, music). This satisfies the conditions for selective optimisation according to Baltes’ theory of successful ageing (Moritz, 2002). As demonstrated by the results of the study, the residents of nursing homes are the least likely to use new forms of

technology. It would therefore make sense for them to play memory games, or join reminiscence therapy via photos or music from their youth on IT equipment, along the lines of the “memory table” from the Netherlands (<http://waag.org/en/project/multimedia-tables-product>). It is important to adopt a benevolent approach and to positively motivate seniors in an educational situation. After some time the people who attend such activities feel part of a group (“our meetings”). Some people develop self-confidence (“it has a good influence on me”) and some kind of meaning in their life (“I wait for those Mondays”). Personal and individual treatment along with time spent showing past achievements (e.g. photos from the past) or even current successes (e.g. poems, handcrafts) restores the feeling of being a useful and valuable person.

Leisure time activities for seniors are currently undergoing numerous changes, especially among independent seniors. Moving away from stereotypical roles, they often participate in social, culture and educational life. Proof of this is the rapidly growing popularity of Universities of the Third Age. They experienced a sharp increase in enrolments following 2002, eventually reaching a peak in 2007 (Goldys et al., 2012). A variety of studies confirmed that elderly students are more optimistic and content with life, they also have a wider range of capacities (Kozieł, Trafiałek, 2007; Zielińska-Więczkowska et al., 2009).

Dependent seniors tend to spend their free time in stereotypical ways, i.e. watching TV, reading or listening to the radio. Often confined to their home or retirement facility, they have few possibilities for filling their free time. According in the CBOS report from 2012, the most popular leisure activities during retirement are watching television, going to meet friends or inviting them round, going to church, listening to the radio, music, as well as reading books, magazines and newspapers. One quarter of all retirees are classed as active seniors and they are far more likely than others to devote time to hobbies, participate in cultural life, travel, play sports, use a computer and the Internet. They tend to be younger seniors, better educated and in a more comfortable financial position, who think of themselves as healthy individuals. One quarter of retirees spend their time less actively: watching TV, going to church or listening to the radio or music. This group is comprised of the oldest pensioners, worst educated, the most financially vulnerable, who have the most negative opinion of their health. Half of retirees spend their time in a moderately active way (Omyła-Rudzka, 2012). Group under the care of the Social Welfare Centre appeared to have the least number of interests. Retirement age for many seniors is a time for hobbies, a return to the passions that once brought pleasure. Consideration should be given to how to help the elderly who are lonely or confined to their homes to become involved in a hobby or some creative activities. It would be of benefit to organizer projects that engage their interest (e.g. poetry in their homes, history of the city, etc.), allowing them the opportunity to develop knowledge or skills in a particular topic (e.g. topical newsletters,

swapping of information), or even open a local space to display their creative work (e.g. an exhibition at the library). It would be necessary to find funding for such activities and organize transport for the seniors as well as develop activities that would not provoke resistance among older less educated people (“it’s not for me”).

As demonstrated by these results, the activeness of seniors has a definite impact on a richer social life. Participants in regular classes or activities have an incentive to leave the house or the care home. They meet and get to know new people and have the opportunity to develop social relations. Błędowski describes increasing activity levels among the elderly, emphasizing rise in both physical activity and participation in family life. He also accentuates the fact that seniors are more independent in developing their own interests and achieving their own goals, without complete conformity to family needs (Błędowski, 2012).

It is important to promote social, educational and cultural activities among seniors as well as awareness among society as a whole. Often such intergenerational meetings are a source of joy and openness for the participants. The value of those relations was confirmed in the intergenerational program, during which seniors read books to children. Researches recommend to conduct those meetings especially for seniors in the risk of being lonely and socially isolated due to the greater sense of meaningfulness (Murayama et al., 2015).

The organizer of “The Meeting of Generations” noted that the benefits worked both ways. Seniors spoke of their overwhelming desire to stay young and not be confined to old-people’s enclaves. They claimed that it gave them an opportunity to take a fresh look at life and also created a space to share their passions and memories. The teenagers mostly mentioned that they were able to look beyond the negative stereotypes associated with old age.

Looking at family relationships, both in terms of relationships with and support from their family, by far the least satisfied group were those under the care of the Social Welfare Centre. This is probably due to the fact that they rely on institutional support and family support is not always what they might have hoped. Based on the research, a significant factor of life satisfaction in late adulthood is especially family. The relations between parents and children are particularly crucial. Estranged relations with kids or lack of kids can decrease life contentment among seniors (Halicka, 2004). Appropriate action here, therefore, would be to support family relationships, including those aimed at helping family careers of their elderly relatives.

Pinquarta and Soerensen meta-analysis provided results stating that positive relations and support system are a strong predictor of subjective well-being (Pinquarta et al., 2000). The outcome of the Polsenior project validates that family is the central point of social support, especially for peoples with disabilities. Additionally, the meta-analysis concludes that relations with neighbors are crucial as well in the place of living (Niezabitowski, 2010).

Dependent seniors did not assess the support of friends positively, nor did those under the care of the Social

Welfare Centre, often living alone, or residents of nursing homes. The author also recognizes that interpersonal relationships in these facilities less likely to be what might be termed 'friendly'. Seniors, "sentenced" to forced companionship in rooms, at meal-times and during leisure time, often hold grievances and animosity towards each other. Team-building activities would be recommended here to improve interpersonal communication as well as the presence of an in-house psychologist to help resolve conflicts.

In conclusion, functional independence has a much greater impact on the quality of life of seniors than activeness in as much as independence is influenced by our state of health over which we may always have full control, whereas activeness to a large extent depends on ourselves. Note, however, that both of these characteristics are interrelated. Studies made by Balzi and colleagues have shown that improved physical activity, along with diet, can significantly slow the progression of disability among the elderly, and thus dependency (Balzi, 2010). Activeness could, therefore, provide an alternative prophylactic solution, with an indirect impact on a longer period of healthy and independent living for older people.

The results of this research encourage to promote healthy and active life style that prolong seniors' independence. Those recommendations should be targeting seniors directly as a part of psychoeducation and social campaigns, as well as be aimed at local governments, senior institutions and representatives of social policy. It is important to implement multidirectional programs supporting seniors from several angles such as health (e.g. preventive medicine), physical activity (e.g. exercise), education (memory training), social skills (support of neighborly relations) and emotional capabilities (generation retreat). In follow up research it is necessary to examine the outcomes of currently administered programs dedicated to seniors, paying attention to random sampling of a much larger group of seniors.

References

- Brzezińska, M. & Steuden, S. (2011). Proaktywne radzenie sobie a satysfakcja z życia w okresie późnej dorosłości: Starzenie się z godnością (*Proactive coping and satisfaction with life in late adulthood: Ageing with dignity*), ed. Steuden S. Lublin: published by KUL.
- Balzi, D., Lauretani, F., Barchielli, A., Ferrucci, L., Bandinelli, S., Milaneschi, Y. & Guralnik, JM. (2010). Risk factors for disability in order persons over 3-year follow-up. *Age Ageing* 39: 92–98.
- Brzezińska, A. (2000). Społeczna psychologia rozwoju (*The social psychology of development*). Warsaw: published by Naukowe Scholar.
- Błądowski, P. (2012). Zaspokajanie potrzeb opiekuńczych ludzi starych: Strategie działania w starzejącym się społeczeństwie. Tezy i rekomendacje (*Meeting the care needs of older people: Strategies in an ageing society. Theses and recommendations*), ed. Lipowicz, I. Warsaw: Rzecznik Praw Obywatelskich, 55–62.
- Błądowski, P. (2012). Starzenie się jako problem społeczny. Perspektywy demograficznego starzenia się ludności Polski do roku 2035 (*Getting old as a social problem. Demographical perspectives of ageing of Polish society up to year 2035*), ed. Mossakowska M., Więcek A., Błądowski P., Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce (Medical, psychological, sociological and economical aspects of aging people in Poland), Termedia Wydawnictwa Medyczne, Poznań, 20.
- Chabiera, A. & Tokarz-Kamińska, B. (2012). Wizerunek starości i człowieka starego. Postawy wobec starzenia się społeczeństw: Strategie działania w starzejącym się społeczeństwie. Tezy i rekomendacje (*The image of old age and old people. Attitudes towards ageing societies: Strategies in an ageing society. Theses and recommendations*), ed. Lipowicz, I. Warsaw: Rzecznik Praw Obywatelskich, 124–133.
- Czapiński, J. (1993). Polski Generalny Sondaż Dobrostanu Psychicznego: Badanie panelowe 1991–1992 (*General Polish Survey of Psychological Welfare: Panel Survey 1991–1992*). Warsaw: Polskie Towarzystwo Psychologiczne.
- Derejczyk, J., Bień, B., Szczerbińska, K. & Grodzicki, T., Ochrona zdrowia osób starszych: Strategie działania w starzejącym się społeczeństwie. Tezy i rekomendacje (*Health Care for the elderly: Strategies in an ageing society. Theses and recommendations*), ed. Lipowicz, I. Warsaw: Rzecznik Praw Obywatelskich, 44–54.
- Halicka, M. (2004). Satysfakcja życiowa ludzi starych (*Life satisfaction of the elderly*). Białystok: Akademia Medyczna w Białystok, 34–40.
- Halicka, M. (2004). Rodzina – czynnik warunkujący satysfakcję życiową w starości (*Family – a factor determining life satisfaction in old age*). *Annales UMCS, Lublin, Polonia* 59:14, 148; 289–294.
- Kozieł, D., Trafiałek, E. (2007). Kształcenie na Uniwersytetach Trzeciego Wieku a jakość życia seniorów (Assessing the influence of the studying at the University of the Third Age on life satisfaction of elderly people). *Gerontologia Polska*, 15, 104–108.
- Moritz, M. (2002). Trening umysłu jako forma utrzymania aktywności intelektualnej ludzi starych: Starość i osobowość (*Training the mind as a way to maintain the intellectual activeness of the elderly: old age and personality*), ed. Obuchowski, K. Bydgoszcz: published by Akademią Bydgoskiej, 113–150.
- Mozhan, A., Skevington, S. M., Kalfoss, M. & Makaroff, K. S. (2010). The importance of facets of quality of life to older adults: an international investigation. *Quality of Life Research*, 19(2), 293–298.
- Murayama, Y., Ohba, H., Yasunaga, M., Nonaka, K., Takeuchi, R., Nishi, M., Sakuma, C., Uchida, H., Shinkai, S., Fujiwara, Y. (2015). The effect of intergenerational programs on the mental health of elderly adults. *Ageing & Mental Health*, 19(4), Apr, 2015. pp. 306–314.
- Niezabitowski, M. (2010). Relacje sąsiedzkie i wsparcie społeczne osób starszych w środowisku zamieszkania (Neighborly relations and social support in residential environment. Sociological reflections after the research carried out within polsenior project 2007–2010). *Przegląd Socjologiczny*, 59 (4), pp. 61–82. 22p.
- Nowicka, A. (2006). Starość jako faza życia człowieka: Wybrane problemy osób starszych (*Old age as a phase of human life: Selected problems faced by the elderly*). Krakow: published by Impuls, 17–52.
- Omyła-Rudzka, M. (2012). Sposoby spędzania czasu na emeryturze. Komunikat z badań CBOS (*Ways of spending time in retirement according to research by CBOS*), from: www.cbos.pl, 4–5.
- Pinquart, M., Sörensen, S. (2000). Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis. *Psychology and Aging*, 15(2), 187–224.
- Rembowski, J. (1984). Psychologiczne problemy starzenia się człowieka (*Psychological problems of human ageing*). Warsaw: Wydawnictwo Naukowe PWN, 34.
- Steuden, S. (2009). Szczęśliwi po pięćdziesiątce (*Happy as a fifty-something*). Warsaw: Przedsiębiorstwo Wydawnicze Rzeczpospolita. Storytable from: <http://waag.org/en/project/multimedia-tables-product>
- Susułowska, M. (1989). Psychologia starzenia się i starości (*The psychology of ageing and old age*). Warsaw: Wydawnictwo Naukowe PWN, 288–310.
- Szatur-Jaworska, B. (2012). Zasady polityk publicznych w starzejących się społeczeństwach: Strategie działania w starzejącym się społeczeństwie. Tezy i rekomendacje (*Principles of public policies in ageing societies: Strategies of action in an ageing society. Theses and recommendations*), ed. Lipowicz, I. Warsaw: Rzecznik Praw Obywatelskich, 12–15.

- Trempała, J. (2015). Psychologia rozwoju człowieka (*The psychologist of human development*). Warsaw: Wydawnictwo Naukowe PWN, 331.
- Wizner, B., Skalska, A., Klich-Rączka, A., Piotrowicz, K. & Grodzicki, T. (2012). Ocena stanu funkcjonalnego u osób w starszym wieku: Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce Monografia Polsenior (*Evaluation of functional state among the elderly: the medical, psychological, sociological and economic aspects of ageing people in Poland. Polish senior Monograph*), ed. Mossakowska M., Więcek A. & Błędowski P. Published by Medyczne Termedia, from: <http://polsenior.iimcb.gov.pl/monografia>.
- Zielińska-Więczkowska, H., Kędziora-Kornatowska, K. (2009). Jakość starzenia się i starości w subiektywnej ocenie słuchaczy Uniwersytetu Trzeciego Wieku (Quality of ageing and old age in personal opinions of the members of University of the Third Age). *Gerontologia Polska*, 17(3), 1–6.
- Zoom na UTW. Raport z badania (Report from a survey), from: http://zoomnautw.pl/wp-content/uplo-ads/2012/05/Zoom_na_UTW_RA-PORT_calosciowy_www.pdf, 16.