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Sense of life quality in late adulthood in the context of family relationships

Abstract

The article discusses research results concerning connections between sense of life quality in late adulthood and senior's relationships with their closest family members. For this purpose, the Sense of Life Quality Questionnaire by M. Straś-Romanowska, A. Oleszkowicz and T. Frąckowiak as well as the Questionnaire of Family Relationships (the researcher's own method) were used. Research participants were 72 people aged 65 to 103 (average age 76.39), including 36 women and 36 men. Half of the research participants live alone, half with close or more distant family. Research indicates that the frequency of contacts, emotional closeness, sense of support and mutual trust as well as living together with the closest family member have a positive influence on both the overall sense of life quality and life quality in these specific spheres: psychophysical, psychosocial, subjective and metaphysical. The strongest relationships are with the metaphysical and psychosocial spheres, the weakest with the psychophysical sphere.

Keywords: late adulthood, life quality, family relationships

Introduction

The present research concerns people in late adulthood, that is those who have reached retirement age and withdrawn from active professional life. The period of

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late adulthood systematically gets longer and is quite highly diverse (the number of long-lived seniors is increasing). Formally late adulthood begins at age 60. The World Health Organization divides it into three stages. The first, from 60 to 70 years of age, are the younger elderly; the second, between ages 75 and 85, are the older elderly; and the third period, above 85, are the oldest elderly (Janiszewska-Rain, 2005). Often more flexible age ranges are indicated in specific stages of human development (e.g. the onset of late adulthood 60–65 years old), thus emphasizing the individual pace of development resulting from multiple conditions, including biological, socio-cultural, and demographic (Straś-Romanowska, 2000). There is no full synchronicity between these factors, which makes the event marking the period of late adulthood as the moment when a person retires (actual change of social status) rather than when one reaches a certain metrical age. Also, care in setting age borders is determined by the better recognized role of such factors as well-being, lifestyle or the kind of work.

Among seniors there appear a series of problems connected with the aging process: chronic diseases, limited functional independence, cognitive deficits, depression symptoms or a general decrease in life satisfaction, each of which constitutes a barrier to positive aging (Hill, 2009). In the face of gradually increasing limitations in contacts with other people, the family becomes for the senior an important source of support and satisfaction; it is the senior's arena of everyday activity. For this reason it is very interesting to look for the connection between quality family relationships of elderly people and their sense of life quality both in a general sense and in distinguished areas.

Life quality from a personality-existential approach

The problem of life quality is discussed in psychology according to various theories and is analyzed using different criteria: objective and subjective, and general and specific (Kowalik, 2000). In our research we refer to an understanding of life quality in which the meaning of a subjective experience and its making sense are emphasized. Such an understanding of life quality is applied in positive and personality-existential psychology. In positive psychology, the equivalent of life quality is a subjectively experienced state of wellness defined as the cognitive and emotional evaluation of one's own life. The state of wellness is characterized by experiencing pleasant emotions, having a low level of negative moods, as well as enjoying high life satisfaction. This approach emphasizes first of all positive experiences as they lead to high wellness and make life worthwhile (Diener, Lucas, Oishi, 2008).

Personality-existential psychology presents man as a person who in a special way experiences and perceives existence. It also assumes that man is a com-

plex being, which means that he has a heterogeneous structure of needs and aims. In connection with this assumption, life quality should be considered as a complex, multidimensional phenomenon referring to the main spheres of human life: the psychophysical, psychosocial, subjective, and metaphysical (Straś-Romanowska, Frąckowiak, 2007). All four spheres affect man's internal integrity in the process of his development in the course of life and at the same time are relatively independent of one another.

The psychophysical sphere is broadly understood as man's bodily sphere and drive. These comprise genetic and inborn factors, i.e. physical appearance, temperament, intellectual abilities, and vitality. The function of the psychophysical sphere, maintaining life and health while experiencing pleasure, is connected mainly with living in harmony with one's body. "Quality of life in reference to the psychophysical sphere is predominantly of accidental in character, i.e. it is rather independent of the conscious activities of the individual although with age and development man gains the possibility to influence his own physical condition, health and mood" (Straś-Romanowska, Frąckowiak, 2007, p. 49).

The psychosocial sphere regards relationships of the individual with other people. Man in the process of socialization learns new social roles and tries to realize expectations surrounding him in the environment. In turn he gains a sense of belonging and safety, as well as social identity. This social adaptation of man helps him find his own place in society. That is why life quality in this respect depends first of all on one's effectiveness in coping with problems of an adaptive character, and a feeling of satisfaction is determined by life in agreement with the social environment.

Contrary to the previous spheres, the sphere of the subject is governed by the principle of autonomy, and the specific manifestations of a subject's life are his need to have identity, individuality, freedom and self-determination (realizing one's own aims), and to experience creative activity and self-realization. Human subjectivity also involves responsibility for life and for having taken decisions. Satisfying these needs and a sense of being in agreement with oneself is a source of happiness of existence, and in this way determines a sense of life quality.

Finally, the metaphysical sphere is connected with the acceptance and realization of universal, timeless values such as good, love, beauty, and truth. Development in this sphere means experiencing unity with the world as well as trust in its fundamental order and the powers directing it. Life in agreement with values gives human existence meaning and contributes to increasing life quality by achieving internal harmony.

In connection with such a multidimensional conception of human development, a sense of life quality can be defined as *experienced satisfaction resulting*

from a subjective evaluation of the degree of satisfying needs and way of life in each of the mentioned spheres. The higher the quality of a man's life, the greater his satisfaction will be with experiences gained in particular spheres of life.

Changes in family relationships of elderly people

Family connections in the period of late adulthood with children, grandchildren, the spouse or siblings acquire special meaning. French research shows that in the case of persons from the second stage of late adulthood (older elderly), family relationships should first of all develop towards support, direct help, care or simply being "available". People above the age of 75 in particular need psychological and physical familial closeness in order to be active and physically independent persons as long as possible. Research indicates that seniors living with their families (children, grandchildren etc.) in one house are more independent for a longer time than those seniors living alone, and are also more independent than those who end up in social institutions (Attias-Danfut, 1996).

Recently American research was also conducted on family relationships of elderly people. K. Fingerma and S. Charles (2010) concluded that marriages of seniors and their relationships with loved ones are friendlier and less confrontational than in the case of young people. Even though physical and cognitive limitations appear in the period of late adulthood, family relationships of seniors improve significantly. The main reason for this phenomenon is age. Older people have better relationships with those close to them as social stereotypes require that younger people behave towards them with more politeness and patience than before. Moreover, elderly people, with age, learn to regulate their emotions appropriately; they can "steer" themselves better than younger generations can. Another aspect influencing quality of seniors' relationships is the conviction of the inevitability of passing time and approaching death. Faced with such a situation, elderly people aim as best they can at taking advantage of the time they have left, not wasting it on arguments and family conflicts. Good relationships with other people do not exclude aiming at "loneliness". J. Worobey and R. Angel (1990) indicate that in Western countries many elderly people live alone by choice and are going to continue living this way of as long as they are healthy. Seniors treat it as a comfortable form of life, as an indication of their independence, and also as time to pursue a hobby (e.g. painting, making astronomical observations, reading books).

In Poland it has also been observed that contacts of seniors with their own children in a majority of cases improve in the period of late adulthood. For both parties this is the stage of life which is based on mutual service exchange. Help within

the family is of a reciprocal character. Grandparents take care of their grandchildren as long as they can. However, at the moment when they are stricken with disability or illness, then children and grandchildren take care of grandparents (Kilian, 2007). In Polish literature the role of elderly people towards grandchildren is broadly described. The function of care is most often seen (Tobiasz-Adamczyk, Brzyski, 2006; Braun-Gałkowska, 2006; Szczepaniak, 2010). Initially, in the period of infancy, relationships of grandparents with grandchildren have the character of nursing. Seniors help the young mother with advice and support building bonds with the child. Gradually, with the child's growth, the function of nursing disappears for the benefit of caring and upbringing. Grandparents become a source of knowledge about values and life exemplars as well as being the circle strengthening family bonds. They contribute to building and developing the grandchildren's identity by being deep-rooted in history and in the family tradition through numerous stories from the time of their youth. In the period of grandchildren's adolescence, grandparents play the role of supporting partners giving advice about experienced problems, and also give support in the period of transforming relationships of the adolescent with parents. As regards seniors, grandchildren often constitute the meaning of their life and contribute to better understanding the continuity of themselves in the world and continuity of their family.

Factors lowering and increasing quality of life in the senior period

At present, because many societies are aging, more attention is paid to improving the quality of life of the elderly. The concept of *optimal life potential of seniors* is helpful in analyzing this issue (Hill, 2009). The term means the average number of years which a man should live in his best health, in a good environment and under good conditions, without excessively experiencing the negative aspects of life which might potentially shorten life such as poverty, lack of healthcare or social contacts. At present it is estimated that optimal life potential is 85 years. It means that by planning carefully one's lifestyle before old age, one can enter late adulthood in good health and a sound mood, which in effect leads to longer life and greater life satisfaction.

Thus it is assumed that to some extent people are responsible for the quality of their lives in their senior years, including appropriate lifestyle, activity, relationships with other people, and even to some extent health. If they make all these factors optimal, the likelihood of disease, loneliness, or exclusion is much lower and this way the probability of a low sense of life quality decreases. Such an approach to life is connected with *positive aging* (Hill, 2009). It is experienced by a person who uses all resources available to them (mental predispositions,

individual traits, environmental conditions) in order to make the aging process optimal, yet at the same time not ignoring negative aspects of old age but rather concentrating on those activities which in spite of everything can improve well being. This thesis was confirmed, among others, in L. Wojciechowska's research (2008), in which women studying at the University of the Third Age took part. This research indicates that a good predictor of a sense of well-being can be aging style. Women presenting a mature aging style (future orientation, awareness of achievements and mistakes, optimism, responsibility for one's own actions and the like) achieved a higher level of subjective well-being in the personality and emotional dimensions. The former dimension is connected with realizing one's own potential, the latter regards general satisfaction with various life domains.

Another factor connected with high life quality is positive spirituality (Hill, 2009; Frąckowiak, 2010). It consists in developing a personal bond with something transcendent as a result of which there appears a system of beliefs. It leads to self-improvement and to developing internal motivation for doing good in the world. Thanks to positive spirituality man's way of thinking changes, stress level decreases and at the same time the feeling of meaning and purpose in life increases. In the same research T. Frąckowiak (2010) also achieved a result indicating a moderate connection of life quality to personality traits. Low neurotism and high extraversion, agreeableness, and conscientiousness are conducive to higher life quality. Participation of personality traits in explaining variance in variable of life quality increases with the age of participants (in long-lived ones this participation has a level of 56%).

In French research regarding life quality of the elderly (Gravelle and Denis-Menard, 1996) it was shown that among factors of a social, economic and demographic character, education had the greatest influence on life quality. The more educated an elderly person is the more life satisfaction they have. The second most important thing is living together with the closest family in one house. When seniors live with their families they have a greater sense of life quality than when they do not live with their close ones or live in nursing homes. In B. Show's research (2004), wellbeing in older age (74-year olds and older) turned out to be connected with the amount of family warmth and parental support they experienced in childhood. Elderly people who did not feel the closeness of their parents were more depressed and suffered from diseases of old age more often. This result confirms that the level of life quality in the senior period of life depends on how the individual functioned in their earlier life.

Life satisfaction of elderly women (60–75-year-olds) living in various cultures was also researched. The questions concentrated on perceived happiness, a sense of importance, contacts with relatives, other people's respect for elderly people

and affairs regarding the political-economic situation. The most important factors for evaluating one's own aging turned out to be physical health, mental health, perceived respect in the environment for the elderly and access to services (Tien-Hyatt, 1986, after: Denmark, 1999).

Longitudinal demographic research shows that loss of a person's social networking (family, spouse, and friends) and lack of the possibility to maintain relationships with the closest people leads to a worsened perception of one's own life, lessened satisfaction and, as a result, a lowered sense of life quality. This means that health alone or personal development does not always ensure life satisfaction (Hill, 2009).

To summarize we can state that family, as the closest social group, has a significant influence on a sense of life quality in the elderly. We can thus posit the thesis that in a majority of situations support, care, closeness, and family trust contribute to increasing life satisfaction.

Research problem

The basic research question concerns the connection between life quality of people in late adulthood and their family relationships. Since family relationships can be described taking different criteria into account, a few particular questions² were formulated:

1. Is there a difference in the sense of life quality between seniors living alone and seniors living with another person?
2. Is there a connection between the frequency of contacts seniors have with close persons and their sense of life quality?
3. Is there a connection between the sense of life quality and a subjective evaluation of quality of relationships with the closest ones, including the following:
 - subjective evaluation of received support,
 - perceived emotional climate,
 - perceived degree of openness and intimacy in relationships?

Applied methods and group selection

In order to answer the posited questions, research has been conducted using three questionnaires: Sense of Life Quality Questionnaire by M. Straś-Romanowska, A. Oleszkowicz, T. Frąckowiak; Questionnaire of Family Relationships – version I, and Questionnaire of Family Relationships – version II (the researcher's own method). *Sense of Life Quality Questionnaire* consists of 60 statements. Fifteen

² The present research is a fragment of a wider research plan.

statements regard each of the four spheres of life: psychophysical, psychosocial, subjective and metaphysical.

Statements from these particular spheres take place alternately. For each, there is a choice of four possible answers: *definitely disagree* (1) to *definitely agree* (4). The possible range of achieved results in the whole questionnaire is from 60 to 240 points, and in particular spheres from 15 to 60 points. The higher the score, the higher the sense of life quality.

Questionnaire of Family Relationships-version II regards measurement of the quality of family relationships. In this questionnaire a participant chooses from their family members the most significant person for themselves and answers the question where the person lives (whether with him or her or somewhere else). In the next part the questionnaire consists of 25 closed questions regarding emotional climate between the participant and the indicated closest person, and support and openness as well as intimacy in the relationship. "Emotional climate" is understood as evaluation of feelings shown to the participant by the closest person (from definitely negative to definitely positive), "supporting relationship" means perceived help, while "openness and intimacy" mean trust and willingness to confide.

Selected questions: emotional climate (*This person from the family is very nice to me, This person from the family shouts at me*); supporting relationship (*This person from the family hugs me, When I ask them for something, they refuse me*); and openness and intimacy (*I can tell this person everything, I have my secrets I will never tell this person*). Answers were given on a scale ranging from definitely no (1) to definitely yes (5).

Maximum number of points possible to score was for emotional climate 40 points, for support 40 points, for openness and intimacy 45 points. The more points, the more satisfying the relationships.

Applied questionnaires also allowed the gathering of data with whom a participant lived: with the most significant person, with somebody else (less important) or alone.

Selection of participants

Seventy-two persons aged 65 to 103 years (36 women and 36 men) took part in the research. The average age of participants was 76.39; standard deviation 9.16. Half the participants lived alone, half with close or distant family. Participants had relatively good health and were able to take care of themselves. Sampling was by the snowball method. Research had the character of individual conversations, took place in seniors' homes, and the interviewer did not know their interviewees beforehand. All participants were inhabitants of Wrocław.

Results

Since research concentrates on the sense of life quality of persons as seniors, it is worth presenting results concerning the average level of life quality in particular spheres. The point of reference is data obtained in research done by Frąckowiak (2010) in a group of 352 seniors aged 60–105. In the psychophysical sphere the average result in our own research was 38.8 (39.4), in the subjective sphere 46.35 (45.82) and in the metaphysical 44.61 (49.99). Results obtained, except from the metaphysical sphere, are comparable with Frąckowiak's research. The lowest sense of life quality is connected with the psychophysical sphere, which is quite obvious because of various ailments, illnesses and worsening of the psychophysical condition connected with age. In Frąckowiak's research³ the highest level of sense of life quality is connected with the metaphysical sphere. This result was not confirmed in our own research, which might be connected with its different method of group selection, and in this way its specifics can be explained.

In order to answer the questions posited in the paper, statistical analysis was conducted using the SPSS package.

A. Quality of life: living alone vs. with another person

First results were analyzed concerning which persons from the family were considered the most important for seniors to live with, whom they actually lived with, and if they regarded these persons as most important.

Table 1. Degree of kinship and number of persons indicated by seniors as the most important in the family

The most important persons in the family as indicated by all participants	Kinship of the person living with the senior	Number of seniors living with a family (including the number of seniors who indicated which persons were the most important) to them
3	husband/wife	3 (3)
27	daughter	18 (9)
22	son	9 (2)
9	sister	1 (0)
8	brother	4 (0)
3	grandson/granddaughter	1 (1)
72	total	36 (15)

³ Frąckowiak's research results are presented in brackets.

As the Table above shows, the most important persons from the family for the research seniors were children (68% of indications). The low number of indications of senior spouses is caused mainly by the deaths of the latter. Three persons indicated their spouse as the most important person and were living with them at the same time. Half of the seniors (36) lived with someone from the family, yet only 15 participants considered these persons to be the most important for them. Daughters rather than sons more often lived with and took care of their elderly parents⁴.

Comparison of persons living alone with persons living with family members indicated that there is no significant difference in the sense of life quality in the researched spheres, except for the subjective sphere. In this sphere a higher sense of life quality was indicated by those persons living with family members (Av1=44.11; Av2=48.58; t=2.12; p=.04).

In order to achieve a more complete picture of a relationship, two more analyses were conducted. Persons living alone was compared with persons living with the most important family member for them. Also, a group of persons living with some family member were compared with a group declaring that they were living together with the most important person for them. Tables 2 and 3 present the results.

Table 2. Differences in the sense of life quality between seniors living alone with those living with the closest person to them (T-Student Test)

Quality of life	persons living alone (N=36) Average result	persons living with the person most important to them (N=15) Average result	difference	t	p
Global	175.36	209.47	-34.17	-5.98	.0001*
Psychophysical sphere	40.08	42.13	-2.05	-.78	.44
Psychosocial sphere	47.92	54.67	-6.75	-5.13	.0001*
Subjective sphere	44.11	56.47	-12.35	-7.57	.0001*
Metaphysical sphere	43.25	56.20	-12.95	-6.48	.0001*

Inequality of variance was assumed.

⁴ Persons living alone also mentioned among important persons some from outside the family; however, since it did not concern the subject of the paper the data were not analyzed.

Table 3. Differences in the sense of life quality between seniors living with someone from the family and those living with the person closest to themselves

Quality of life	persons living with another person (N=21) Average result	persons living with the most important person closest to themselves (N=15) Average result	difference	t	p
Global	160.67	209.47	-48.80	-9.59	.0001*
Psychophysical sphere	34.48	42.13	-7.65	-2.82	.0009*
Psychosocial sphere	44.57	54.67	-10.10	-6.72	.0001*
Subjective sphere	42.95	56.47	-13.51	-7.04	.0001*
Metaphysical sphere	38.67	56.20	-17.53	-8.08	.0001*

Inequality of variance was assumed.

As Tables 2 and 3 show, the sense of life quality is significantly higher among persons living with the most important person in comparison with a person of less importance or living alone. The exception is the psychophysical sphere in which quality of life achieves a similar level among those living alone and those living with persons closest to themselves.

B. Connection between a senior's frequency of contacts with close persons and his sense of life quality

Analysis of connections was conducted between the average frequency of contacts with a senior's three closest persons and his sense of life quality. Results are presented in Table 4.

Table 4. Correlations between average frequency of contacts and a sense of life quality (r-Spearman correlations)

	Global life quality	Psychophysical sphere	Psychosocial sphere	Subjective sphere	Metaphysical sphere
Average frequency	.68*	.44*	.71*	.64*	.44*

The correlation coefficients indicate an average and high connection between life quality and frequency of contacts. The more frequent the contacts with the closest persons, the higher life quality in all spheres. The strongest connec-

tion concerns the psychosocial sphere ($r=.71$). This sphere, whose essence is life in harmony with the social environment and participation in social life according to norms and expectations, is important and needed; it is a self-fulfilling source of satisfaction and creates positive moods.

C. Connection between the subjective appraisal of a relationship with the closest person and a sense of life quality

In order to analyze this connection, step-by-step multiple regression analysis was applied. In the first analysis the dependent variable was the sense of life quality in particular spheres, and the independent variables were dimensions comprising the evaluation of life quality: emotional climate, subjective appraisal of support and a perceived level of openness/intimacy in the relationship with the participant's closest person.

Table 5. Regression coefficients for the variable "sense of life quality in particular spheres"

Dependent variable	R	R square	F Value	p
Psychophysical sphere	.57	.32	33.18	.0001
Psychosocial sphere	.75	.56	90.70	.0001
Subjective sphere	.72	.52	76.68	.0001
Metaphysical sphere	.91	.84	116.14	.0001

Good relationships with a close person constituted 84% of variance in the metaphysical sphere and definitely less, 32% of variance in the psychophysical sphere.

Depending on the sphere analyzed, the quality of relationship with a close person played a different part in the sense of life quality. In the psychophysical sphere, emotional contact was the most important factor. Psychosocially, it was openness/intimacy; subjectively the emotional climate again. Finally, for the metaphysical sphere it was both openness/intimacy and sense of support. Since the three dimensions of relationship with a close person highly correlate with one another, it is worth having a global look at these results, without, of course, overestimating individual relationships.

Again regression analysis was conducted for all spheres of life quality treated as dependent variables, while emotional climate (representing quality of relationship) and frequency of meetings were treated as independent variables. Both independent variables correlate at level ($r=-.66$). All regression coefficients are statistically significant. Results were obtained in two spheres: the psychophysical and metaphysical indicated significant meaning for life quality in the family and a very low, statistically insignificant relationship with frequency of contacts. In the psychosocial sphere,

an important meaning is seen in the emotional climate (BETA.50; $p=.001$). A very important result was obtained in the subjective sphere: Frequency of contacts along with positive emotional contact, changed its meaning in relationship to life quality. The higher life quality was in the subjective sphere – where frequent contacts occurred – and the higher level of positive feelings – at the same time the most important factor – was in emotional contact (BETA.84 for $p=.08$).

As can be seen, the analysis gave interesting results.

Discussion

The results confirmed our expectations. Research generally confirmed a positive connection between the quality of relationship in the family and a senior's life quality. The fact of living with the closest person from the family, its emotional closeness, sense of support, and trust as well as the possibility of frequent contacts are important factors contributing to life quality for a senior. However, it should be concluded that this relationship is mutual. Good relationships influence life quality, but also life quality determines the quality of relationships in a family as it influences the emotional climate and creates a willingness to meet and share concerns. People feeling a high life quality feel more positive emotions, are more satisfied and optimistic, and in this way are able to build better relationships with family, friends and neighbors.

When asked to indicate the closest person from their family, seniors mentioned mainly children (49 out of 72 indications). While the initial number of indications of daughters and sons was similar (27/22), results regarding living together with the closest person (significantly more frequently with a daughter than a son) was confirmed by other research results, which indicated differences between men and women regarding taking care of aging parents (Howard, Wyder, 1990, after: Straś-Romanowska, 2000). Women definitely take care of their aging parents more frequently than men do. This situation is partly conditioned by the stereotype according to which a woman should fulfill nursing functions towards people who need it, including their parents. This stereotype is passed on in the upbringing process and among others is revealed in the saying "*I am raising my daughter for home, my son for the world*". Another meaningful explanation refers to greater empathy and emotionality in women as gender qualities lying at the basis of social support. It is also worth referring at this point to C. Gilligan's (1982) conception of morality in which the fundamental moral voice is that of care and responsibility. Persons following this voice are particularly sensitive to others' needs and feel responsible for them. According to Gilligan this way of experiencing morality is more characteristic of women.

Research results also showed that living together with a close person is clearly conducive to higher life quality in at least three spheres: subjective, psychosocial and metaphysical. It is in accordance with F. Gravelle and J. Denis-Menard's results (1996). Only life quality in the psychophysical sphere remains at the same level in the group of persons living alone and in the group living with the closest person. This sameness probably results from the fact that persons living alone were both physically and mentally healthy enough to have equal reason for feeling satisfied with their psychophysical condition as did people being taken care of by their closest ones.

Further research indicated that the strongest connection of positive relationships with the closest person from the family was in the psychophysical sphere and the weakest connection in the psychophysical sphere. Having good relationships in life quality is quite obvious. Good relationships mean living in harmony with the environment, in feeling safe and in believing that social expectations will be met. Such a belief is the basis for feeling satisfaction in social contacts. Good relationships in the family in the metaphysical sphere can be explained by the the senior's feeling positive about internal integrity, belief in the sense and value of one's own life, having the conviction of completing a good mission whose indirect effect is a loving and caring family, and being shown respect.

The smallest part of life quality in family relationships is found in the psychophysical sphere. In late adulthood, the senior's biological regression gradually gets out of control. Care and support, although needed very much and often unappreciated, do not always ensure a clear improvement of the physical condition and, in turn, affects life quality. Nevertheless, that such a connection exists should be emphasized, which should strengthen nursing care towards seniors at an advanced age and when they are less and less independent.

Finally, it is worth paying attention to the connection between life quality in the subjective sphere and the frequency of a senior's contacts with significant persons as well as a positive emotional climate in those relationships. The average frequency of contacts with the closest persons was a few times per month. The subjective sphere is filled with individualistic-freedom needs. With the closest person satisfying needs for safety, love and closeness, persons in late adulthood can also get satisfaction by being independent, coping on their own, and by freely deciding about their lifestyle and realizing their own interests. Belief in their own relative independence and self-reliance serves a very important role in achieving optimal life potential, and, in this way, can favor a tendency to limit too frequent contacts with the family, which could possibly interfere with their independence. Such a conclusion is also supported by Worobey and Angel's research (1990) where living alone is treated in late adulthood as a desired state, indicating

functional independence in this difficult period of life. Also, this result can mean that the closest family, seeing that the senior is in good mental health and functions well physically, can support the senior's individualist, independent lifestyle by consciously curtailing the frequency of contacts, regarding them as excessive or limiting.

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