

## Portuguese Older and Younger Adults' Subjective Well-Being: The Influence of Social Participation

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**ABSTRACT** – This study aims to compare the Subjective Well-being (SWB) in older and younger adults and its predictors based on perceived past and current life, problems, social participation and social support activities, with a convenience sample composed of 467 older and 519 younger adults. Older adults showed lower scores of SWB and perceived good life, associated with higher past and current health and family problems. Younger adults reported more past and current love problems, negatively predicting SWB. Social participation and support activities predicted SWB only among older adults. Older and younger adults' life circumstances produce differences in SWB. Social participation and support activities can promote SWB in older adults, acting as a buffer against the constraints and self-perceptions resulting from aging.

**KEYWORDS:** subjective well-being, aging, social participation, social support

## Bem-Estar Subjetivo em Idosos e Adultos Jovens Portugueses: A Influência da Participação Social

**RESUMO** – O principal objetivo do estudo é comparar o Bem-estar Subjetivo (BES) em idosos e jovens, com base na autopercepção da vida, problemas, participação social e atividades de apoio social, com uma amostra de conveniência de 467 idosos e 519 jovens. Idosos apresentaram menores escores de BES e percepção vida, associados a maiores problemas passados e atuais. Os jovens relataram mais problemas amorosos passados e atuais, predizendo negativamente o BES. A participação social e as atividades de apoio mostraram-se preditores do BES apenas entre os idosos. As circunstâncias de vida dos idosos e jovens produziram diferenças no BES. O estudo concluiu que a participação social e as atividades de apoio podem promover o BES em idosos, atuando como um amortecedor contra as restrições e autopercepções decorrentes do envelhecimento.

**PALAVRAS-CHAVE:** bem estar-subjetivo, envelhecimento, participação social, apoio social

The average life expectancy has increased worldwide, which has led to a rapid growth in the elderly population. Portugal is no exception, as the aging population has been getting worse, especially in the last decade. For instance, according to the National Statistics Institute, in 2006, there were 100 younger adults for every 112 older adults and, in 2017, this figure increased to 154.4 (Instituto Nacional de Estatística [INE], 2015). In 2020, according to Fundação Francisco Manuel dos Santos (FFMS), the aging rate was concentrated at 165.1% (FFMS, 2020). This is a worldwide trend and has been the focus of scientific study (Farriol-Baroni et al., 2021), especially with regard to the promotion of active aging, quality of life and well-being. The increase in life expectancy has led to greater concern

about the aging process, which translates into a particular focus: contributing to the maintenance of quality of life and the increase in subjective well-being (SWB) (Mohammed & Ghebreyesus, 2018; Zaninotto & Steproe, 2019). Age and aging are constructs widely analyzed by researchers, however, there is a clear absence of robust correlation studies with SWB (Souza et al., 2018).

SWB is defined as a set of phenomena, namely emotional responses, satisfactions in the various spheres and domains of personal life. This multidimensional concept concerns the individual assessment of life experiences, in the emotional and cognitive domains (Rees et al., 2010), and can be determined by the person's subjective perception (Segabinazi et al., 2010). SWB is understood as the individual's ability

to be the only one capable of recognizing their own abilities to achieve happiness (Dahan-Oliel et al., 2008) and can be understood as the evaluative reaction of people to their own life – both in terms of satisfaction (cognitive assessment), both in terms of affectivity (stable emotional reactions) (Diener et al., 2018; Simões et al., 2006; Walker et al., 2011). In addition, SWB can be understood as overall sense of well-being, which the individual evaluates according to two dimensions: *life satisfaction* – cognitive nature, indicates psychological balance based on individual experiences; it assesses a person’s state of life concerning to life in general and specific areas of life (Lee et al., 2016; Mostafaei & Ghaderi, 2019); and *happiness* – individual evaluation of emotional experiences (Duarte et al., 2005). According to Diener and Larsen (1993), this construct is understood along three axes: 1) it is subjective – it comes from the evaluation of individual experiences; 2) it is not considered just for the absence of negative experiences; and 3) it is a broad concept of well-being. For instance, some authors state that individuals who are more satisfied with their lives are those who have better skills, better personal appreciations and a better command of their environment, in addition to the fact that adequate control of tension in the face of stressors seems to determine successful coping, directly concomitant with a state of well-being (e.g.: Figueroa et al., 2005).

In today’s highly competitive world, younger adults face the onslaught of a series of social, environmental, economic, personal and academic demands (Chen, 2017). Furthermore, younger adults experience concomitant biological, psychological and social transformations and seek to exercise their autonomy freely by turning to the social environment (da Silva & Dell’Aglio, 2018). This requires them to exceed their ability to deal with the circumstances, since at this stage of life they are not only subject to continuous evaluation at the school and academic level, but also at the personal level, and with whom they interact on a daily basis (Akseer et al., 2017; Lima & Morais, 2018). Regarding coping strategies, younger adults tend to use the emotion-focused style, while older people use the problem-focused style (Gibbs et al., 2023). That is, dealing with problems through affective strategies can be described as a protective factor among younger adults (Boumans & Dorant, 2018). SWB brings together the comprehensive past-present spectrum regarding individual perspectives, namely life satisfaction and current difficult circumstances. Hence, personal goals might play a key role in the successful development and related well-being. The well-being of the younger strata of society is also a concern of families (Buehler, 2020), schools (Arslan, 2019), policy makers and academia (Nomaguchi & Milkie, 2020). In recent years, the main concerns are related to mental health, emotional well-being, social support, participation (Aroogh & Shahboulaghi, 2020; Marino et al., 2018), bullying and inclusion.

In later life, individual development is mainly influenced by multiple situational factors, which vary according to the social environment in which the individual is inserted (Butters

et al., 2022). One of the main objectives is to identify the consequences of longevity and the factors that directly affect the SWB. In this sense, the main variables explored are: physical, social and sociodemographic aspects such as health, leisure, age, marital status, gender and socioeconomic level (Carstensen et al., 2011; Dahan-Oliel et al., 2008; Howell, 2009; Rubio et al. 2009; Steger et al., 2009). Individual perceptions of physical health, social relationships and work perspectives are important dimensions of SWB of older adults, which appear strongly associated with subjective well-being, and successful aging (Tkatch et al., 2017). The influence of age-related physical, psychological, and social changes depends on the older adults’ life context. Several studies reveal that the management of stressful events, as well as the ability to create strategies to cope with negative life events and self-confidence are positively correlated with higher levels of SWB (Bidzan-Bluma et al., 2020).

Some literature also shows a positive association between SWB and social participation (Latham & Clarke, 2018), like recreation activities, community life, and spiritual/religious activities. Social participation is an “(...) organized process in which individuals are characterized by specific, collective, conscious and voluntary actions, which ultimately leads to self-actualization and achievement of goals” (Barros, 2008, p. 55). Active and recurrent roles and participation in social, like volunteering (Appau & Churchull, 2018), and interpersonal activities are highly recognized as decision-making factors for successful aging (Latham & Clarke, 2018; Ryan & Deci, 2001; Zhang & Zhang, 2014). The World Health Organization (WHO, 2002) has defined active aging as the process of optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age, which predicts participation in social, economic, cultural, spiritual and civic affairs (Bidzan-Bluma et al., 2020; Zhang & Zhang, 2014).

Different types of social support have been associated with a more favorable self-perception of social experience (Ayalon, 2023; Lee et al., 2016), SWB (Lee et al., 2016; Li & Fung, 2014). For instance, in China, Zhang and Zhang (2014) inquired more than 22,000 retirees, and realized that older adults with more participation in social activities, and more active roles reported higher SWB, after controlling for health, income, and other socio-demographic variables. Lee et al. (2016) found a positive association between social support and well-being outcomes, and emphasized the relevance of social support in promoting positive psychological health. Also, Bidzan-Bluma and collaborators (2020) found that the older adults rated life satisfaction and well-being during the pandemic higher than young adults. The literature points out that the participation of the older adults in religious activities in the community can promote social support, proving to be one of the best ways to develop social relationships and optimism, in addition to combating isolation (Appau et al., 2018; Haase et al., 2012). Some authors (e.g.: Momtaz, 2011) identified in regular churchgoers a significantly wider social network compared to individuals who did not integrate

religious practices, maintaining more frequent contacts and with a greater number of people.

There are some studies on SWB in Portuguese older adults (e.g.: Batista et al., 2021; Martins et al., 2017; Parente et al., 2018; Simões et al., 2006). However, there is lack of research on SWB of younger adults (Casas et al., 2013) and comparing SWB between younger and older adults, and the influence of important life events, including difficult past and current situations, and the involvement in helping others. What are the main differences concerning the evaluative reaction of younger and older adults to their own life? What is the influence of experiencing negative and positive events on current well-being? Will social support activities have any positive impact on younger and older adults' SWB? The present study aims to compare these two generations regarding the SWB and its predictors, based on self-perceptions of past

and current life and participation in social support activities. In the last two decades, according to the National Statistics Institute, Portugal, a country with ten million inhabitants, has seen a reduction from three to two million younger adults up to 14 years and, simultaneously, the number of people over 80 years old has doubled (Bourke & Geldens, 2007). Considering these real and alarming data, this work uses two age groups – younger and older adults – and aims to analyze the magnitude of the impact on SWB, the attribution of personal successes and failures and expectations for the future. Specifically, the main objective of this article is to analyze the SWB of younger and older adults, considering these five dimensions: 1. the self-perception of life satisfaction; 2. the attribution of successes and failures throughout life; 3. the estimate future events occurrences; 4. the desire for positive future life events; and 5. the fear of negative events.

## METHOD

This is a quantitative and cross-sectional study, and data collection took place before the pandemic. Using the sample calculation based on a finite population (Portuguese younger adults 16 to 24 years-old and Portuguese older adults > 65 years-old), for a confidence level of 95% and  $\alpha = 0.05$ , at least a sample of 385 older adults and 385 younger adults would be necessary (Meysamie et al., 2014). The inclusion criterion for participating in the study was age: 16 to 25 years old for younger adults and 65 or more for older adults. Furthermore, it should be noted that we relied on the voluntary collaboration of students to fill in the questionnaire, as well as for its dissemination (which was made available on an online platform for self-completion). The sample of older adults came from several senior universities, day centers and the dissemination of the questionnaire within the community. All of them had good cognitive abilities to answer the survey.

### Participants

The sample was composed by 986 Portuguese individuals: 467 older adults (47.4%,  $M_{age} = 75.13$  years-old,  $SD = 6.75$ , age range: 65-94) and 519 younger adults (52.6% of the sample,  $M_{age} = 21.16$  years-old,  $SD = 1.85$ , age range: 16-24). Most of the sample was resident in Portugal ( $n = 951$ , 96.1%): 220 (22.3%) lived in the north of the country, 631 (63.8%) in the Central region, 64 (6.5%) in Lisbon e Tagus Valley, 18 (1.8%) in Alentejo, and 17 (1.7%) in Algarve. Only 36 (3.7%) participants from the autonomous regions (Madeira and Azores) were verified, and 2 (0.2%) missing values. Regarding younger adults, 245 (47.2%) are male and 276 (52.8%) are female, while the subsample of older adults includes 173 (37.0%) males and 294 (63.0%) females.

When analyzing the educational level, only older adults have a primary level of education ( $n = 305$ , 64.9% of the older sample). For the next level of education, there are only 54 younger adults (10.4% of the youth's sample) and 46

(9.9%) older adults. A total of 327 (63.0%) younger adults and 29 older adults (6.2%) with secondary education are identified. And, finally, 138 (26.6%) younger adults and 89 (19%) older adults have university degrees.

Regarding older adults, the majority is married ( $n = 184$ , 39.4%) or widower ( $n = 176$ , 37.7%). The majority of the younger adults is single ( $n = 505$ , 97.3%). The majority of older adults live in urban areas – 198 (42.4%), 148 (31.7%) live in countryside and 118 (25.3%) in sub-urban areas. The majority of younger adults live in urban ( $n = 290$ , 55.9%) and sub-urban areas ( $n = 134$ , 25.8%).

### Measures

The *Crenças Religiosas e Satisfação com a Vida Questionnaire (CRSV)* (Ramos et al., 2017) was used. The CRSV is composed of three indicators: 1) Religiosity, 2) Self-perceptions, self-attributions, attitudes and behaviors and 3) Optimism and Pessimism, which are subdivided into 21 measuring instruments. The scale that measures *SWB* consists of 17 items that measure the degree of self-perception of daily life ( $\alpha = .92$ ). The scale uses diametrically opposed concepts (e.g., hope and despair; sociability and loneliness) and participants have to place themselves between 1 (does not apply to me) to 7 (applies completely to me). *Social participation* was measured by the number of social activities carried out in the last six months (6 items). *Current good living* and *Past good living* were evaluated through two questions, with a Likert-type response option (1 = very bad to 5 = very good). *Current Problems* and *Past Problems* were assessed by two questions: a dichotomous response selection (0 = no, 1 = yes) about having problems in the past or currently. In the second question, participants had to indicate in which sphere of life they have or had problems (e.g., physical and mental health, love/relationships, finances, occupation, studies and family). Difficult life situations were assessed

using a multiple-choice question, with five response options (“rarely” – 0 to 20% of the time – to “almost always” – 80 to 100% of the time). All these constructs are part of indicator 2, making a total of 28 items in this measurement protocol. A questionnaire was also used to assess the following demographic variables: age group, gender, type and area of residence, education and marital status.

## Procedures and ethical aspects

The contact with participants was carried out by electronic mail, telephone and in person by the two researchers, who have extensive experience in data collection, so no training was required. At first, all ethical questions were assured, guaranteeing the anonymity of the answers – avoiding bias – and the confidentiality. The objective of the study was explained, clear instructions, anonymity and confidentiality issues, voluntary nature of participation and informed consent were given. Regarding older adults, the questionnaire was mostly applied in a structured interview format. The study was conducted in accordance with the Declaration of Helsinki, and the entire protocol was approved by the Ethics Committee of Faculty of Psychology and Educational Sciences, University of Coimbra.

## Data Analysis

We used the SPSS 23.0 for statistical data analysis. A probability of .05 for the Type I error was considered for all the analysis. Spearman correlations were used

with ordinal variables. For the Multivariate Analysis Of Variance (MANOVA), the assumptions of independence of observations and homogeneity of variance/covariance were checked; we used the Pillai’s Trace due to its robustness to modest violations of normality and equality of the covariance and variance matrix, Box’s  $M = 840.28$ ,  $F(153, 2914567.03) = 5.39$ ,  $p < .001$ , and error variance of the dependent variable different across groups for the majority of items, Levene’s tests with  $F(1, 984) > 8.31$ ,  $p < .004$ .

A Multi-group Multivariate Multiple Regression Analysis (MMMRA) was performed to estimate the predictors of SWB. The significance of the regression coefficients was assessed after the parameters’ estimation through the maximum likelihood method implemented with software AMOS (Arbuckle, 2009). The outliers were assessed by the square distance of Mahalanobis ( $DM2$ ,  $p1$ ,  $p2 = .000$ ) and the variables’ normality was assessed by the asymmetry coefficient ( $Sk$ ) and kurtosis ( $Ku$ ) uni- and multivariate. No variable had  $Sk$  and  $Ku$  values indicating severe violations of the Normal Distribution ( $|Sk| < 2.1$  and  $|Ku| < 4.1$ ,  $Ku$  multivariate = 9.7). There were not found values of  $DM2$  which indicate the existence of severe outliers, neither were found sufficiently strong correlations between the exogenous variables which could indicate possible multicollinearity problems. No variable showed VIF indicators of multicollinearity ( $VIF < 1.5$ ). Effect sizes were classified according to Cohen (Cohen, 1988).

Multi-group analysis was performed with AMOS software, testing the assumptions of model unconstrained, structural weights, and structural covariances to be correct (Fox, 1985).

## RESULTS

### Perceived current and past good life and problems

In the present, older adults feel they are living a significantly less satisfying life, both currently [ $M = 3.04$ ;  $SD = 0.82$ ,  $t(976.17) = 9.17$ ,  $p < .001$ ] as in the past [ $M = 3.29$ ;  $SD = 0.85$ ,  $t(984) = 5.65$ ,  $p < .001$ ], when compared with younger adults ( $M = 3.52$ ;  $SD = 0.82$  currently;  $M = 3.58$ ;  $SD = 0.78$  in the past). However, the effect size of the differences is small, Cohen’s  $d = -0.59$  for currently and  $d = -0.35$  for past difficult situations. At the time of data collection, 53.7% ( $n = 251$ ) of older adults were experiencing some difficult situation, whereas only 29.1% of the younger adults also reported experiencing a difficult time in their lives,  $\chi^2(1) = 61.87$ ,  $p < .001$ .

The classification of the current problems in health, love, financial, family, and academic shows differences between older and younger adults. Younger adults show more academic problems than the older adults [6.1% versus 0.0% of the total sample,  $\chi^2(1) = 57.48$ ,  $p < .001$ ], and also love [4.5% vs. 0.5%,  $\chi^2(1) = 28.56$ ,  $p < .001$ ] and professional

problems [2.3% vs. 0.6%,  $\chi^2(1) = 8.53$ ,  $p = .003$ ]. Older adults indicated significantly more physical [20.7% vs. 2.9%,  $\chi^2(1) = 197.68$ ,  $p < .001$ ] and mental [4.0% vs. 2.5%,  $\chi^2(1) = 5.06$ ,  $p = .025$ ] health problems, family problems [6.1% vs. 4.2%,  $\chi^2(1) = 6.55$ ,  $p = .011$ ], and also some financial problems [4.9% vs. 3.5%,  $\chi^2(1) = 3.98$ ,  $p = .046$ ].

The results were as expected concerning to the question: “in your life you’ve been through very difficult situations”: older adults showed higher scores ( $M_{\text{rank}} = 585.15$ ) compared to younger adults ( $M_{\text{rank}} = 411.03$ ), Mann-Whitney  $U = 78384.5$ ,  $p < .001$ . The classification of problems occurred in the past, showed that the older adults indicated significantly more physical health problems [33.2% vs. 14.1% of the total sample,  $\chi^2(1) = 184.39$ ,  $p < .001$ ], financial problems [18.6% vs. 11.0%,  $\chi^2(1) = 39.91$ ,  $p < .001$ ], professional problems [6.5% vs. 4.1%,  $\chi^2(1) = 9.37$ ,  $p = .002$ ]. Younger adults reported having more psychological problems in the past [8.8% vs. 3.2%,  $\chi^2(1) = 22.75$ ,  $p < .001$ ], love problems [17.7% vs. 3.9%,  $\chi^2(1) = 94.99$ ,  $p < .001$ ], family problems [30.4% vs. 22.4%,  $\chi^2(1) = 10.83$ ,  $p < .001$ ], and also academic problems [17.7% versus 0.8%,  $\chi^2(1) = 166.59$ ,  $p < .001$ ].

## SWB

In order to ascertain differences in the way participants perceive their daily lives, a MANOVA was carried out. The results show that younger clearly score higher compared to the older adults, Pillai's Trace = 0.345,  $F(17, 968) = 29.99$ ,  $p < .001$ ,  $\eta_p^2 = .345$ ,  $(1 - \beta) > .999$ : younger adults perceive their everyday life with more optimism, happiness, hope, positivity, joy, rewards, sociability, adventure, feeling of being useful, solutions, and facilities. Older adults only scored higher in inner peace, quietness, and feeling that they are giving their best (Table 1).

Correlation between age and SWB was negative although weak,  $r = -.16$ ,  $p < .001$ . Inside each group age, differences of SWB between male and female were weak, varying from  $\eta_p^2 = 0.0\%$  to 2.4% in young adults and from  $\eta_p^2 = 0.0\%$  to 3.3% in older adults.

## Social participation and social support

Table 2 shows the average participation in social activities and the association with life satisfaction and SWB (global score) for older and younger adults. Significant differences were found between these two age groups, being older adults more participative in all activities (excluding the organization

of activities for humanitarian causes and participation in demonstrations), however with a small effect size. Positive correlations between these activities and life satisfaction and SWB were found only in the older adults.

## Multi-group Comparisons

Multi-group comparisons across the two groups are shown in Table 3, testing the fitting of the path models for older and younger adults in a single comparison. The CMIN stands for the Chi-square value and is used to compare if observed variables and expected results are statistically significant. The CMIN value indicates the minimum discrepancy for each model, associated with the corresponding upper-tail probability for testing each model. This indicates significant differences between models, despite of the assumption of model unconstrained, structural weights, or structural covariances to be correct ( $p < .05$ ).

## Predictive model of SWB

An MMMRA was performed in order to ascertain the predictors of SWB in older and younger adults. For older adults, the adjusted model explained  $R^2 = .52$  of SWB (Figure 1). Attending to predictors, explained  $R^2 = .31$  of the

Table 1

SWB of older and younger adults: descriptive statistics (*M*; *SD*), Univariate tests (*F*), effect size ( $\eta_p^2$ ) and observed power ( $1-\beta$ ).

<i>I currently live my life with...</i>	Older Adults (n = 467)		Younger Adults (n = 519)		F (1, 171)	$\eta_p^2$	1- $\beta$
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Optimism	4.60	1.86	5.11	1.45	23.44***	.023	1.00
Happiness	4.67	1.64	5.15	1.36	25.36***	.025	1.00
Hope	5.33	1.65	5.57	1.29	6.15*	.006	.70
Being positive	4.97	1.75	5.34	1.52	12.03**	.012	.93
Joy	4.56	1.72	5.33	1.44	58.35***	.056	1.00
Rewards	4.48	1.58	4.69	1.28	5.19*	.005	.62
Inner peace	<b>4.93</b>	1.76	4.27	1.56	38.03***	.037	1.00
Giving his/her best	<b>5.13</b>	1.57	4.86	1.32	8.28**	.008	.82
Sociability	4.42	1.91	5.01	1.50	29.32***	.029	1.00
Luck	4.39	1.53	4.52	1.25	2.31	.002	.33
Quietness	<b>4.97</b>	1.77	4.78	1.49	3.24	.003	.44
Adventure	3.00	1.66	4.64	1.64	243.55***	.198	1.00
Security	4.69	1.79	4.57	1.49	1.26	.001	.20
Without concern	3.15	1.69	3.59	1.44	19.73***	.020	.99
Feeling of being useful	4.88	1.91	5.02	1.47	1.70	.002	.26
Solutions	3.97	1.62	4.47	1.37	27.61***	.027	1.00
Facilities	3.58	1.62	4.10	1.24	32.26***	.032	1.00

Note: \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

Table 2

Social participation of older and younger adults: descriptive statistics (*M*, *SD*, *M<sub>rank</sub>*), Mann-Whitney *U*, effect size (Cohen's *d*), correlations (Spearman's *rho*) with life situation (*LS*) and SWB (global score).

How many times did you perform each of the following activities, in the last 6 months?	Older Adults (n = 467)					Younger Adults (n = 519)					Older vs Younger	
	<i>M</i>	<i>SD</i>	<i>M<sub>rank</sub></i>	<i>Rho</i>		<i>M</i>	<i>SD</i>	<i>M<sub>rank</sub></i>	<i>Rho</i>		<i>U</i>	Cohen's <i>d</i>
				<i>LS</i>	<i>SWB</i>				<i>LS</i>	<i>SWB</i>		
Gave money to a cause, religious organization, or charity.	6.31	14.19	586.19	.26***	.18***	1.93	6.48	410.10	.01	.06	77900***	0.40
Defended humanitarian causes by organizing activities, participating in demonstrations, using symbols, etc.	2.56	15.72	481.19	.26***	.17**	1.47	7.98	504.57	-.01	-.01	115439	0.08
Donated food, clothing, or other goods to a community project to help people in need.	6.89	22.52	539.77	.25***	.22***	2.02	9.56	451.87	-.02	-.02	99578***	0.28
Helped a person who was in serious trouble.	8.57	29.12	534.96	.23***	.19***	2.48	9.91	456.19	-.04	.03	101823***	0.28
Prayed for other people or for world problems.	146.32	843.71	665.13	.16**	.24***	11.90	57.38	339.07	.04	.09*	41035**	0.22
Encouraged someone to accept their religious beliefs.	11.56	53.54	574.07	.22***	.29***	2.57	17.08	421.00	.02	0.04	83558***	0.23

Table 3

Multi-group Comparisons.

	DF	CMIN	P	NFI Delta-1	IFI Delta-2	RFI rho-1	TLI rho2	CFI
Assuming model Unconstrained to be correct:								
Structural weights	16	40,396	,001	,031	,031	-,509	-,526	.893
Structural covariances	22	205,257	,000	,155	,156	-,369	-,381	.877
Structural residuals	26	221,871	,000	,168	,168	-,401	-,414	.759
Assuming model Structural weights to be correct:								
Structural covariances	6	164,861	,000	,125	,127	,141	,145	
Structural residuals	10	181,475	,000	,137	,139	,109	,112	
Assuming model Structural covariances to be correct:								
Structural residuals	4	16,614	,002	,013	,013	-,032	-,033	

current good living variance the sum of problems (health, love, financial, family, and academic) in the present ( $\beta = -.46$ ) and in the past associated to the self-perception of a past good living ( $r = -.22$ ,  $\beta = .10$ ), the social participation ( $\beta = .19$ ), and also being male ( $\beta = -.10$  male/female). The explained variance of the social participation ( $R^2 = .06$ ) was positively predicted a past good living ( $\beta = .11$ ) and being female ( $\beta = .22$ ). For older adults, SWB was positively predicted by current good living ( $\beta = .50$ ) and social participation ( $\beta = .15$ ), and negatively predicted by current problems ( $\beta = -.23$ ).

For younger adults, the model explained  $R^2 = .46$  of SWB (Figure 2). Self-perception of current good living ( $R^2 = .31$ ) was predicted by current problems ( $\beta = -.46$ ) and the self-perception of a past good living ( $\beta = .24$ ). Social participation was only predicted by sex (female,  $\beta = .28$ ) and did not explain the self-perception of current good living, having only a small predictive effect of SWB ( $\beta = .10$ ). Problems in the past ( $\beta = -.23$ ) and being female ( $\beta = -.18$ ) were negatively associated with SWB. Current good living was the main predictor of SWB ( $\beta = .47$ ).

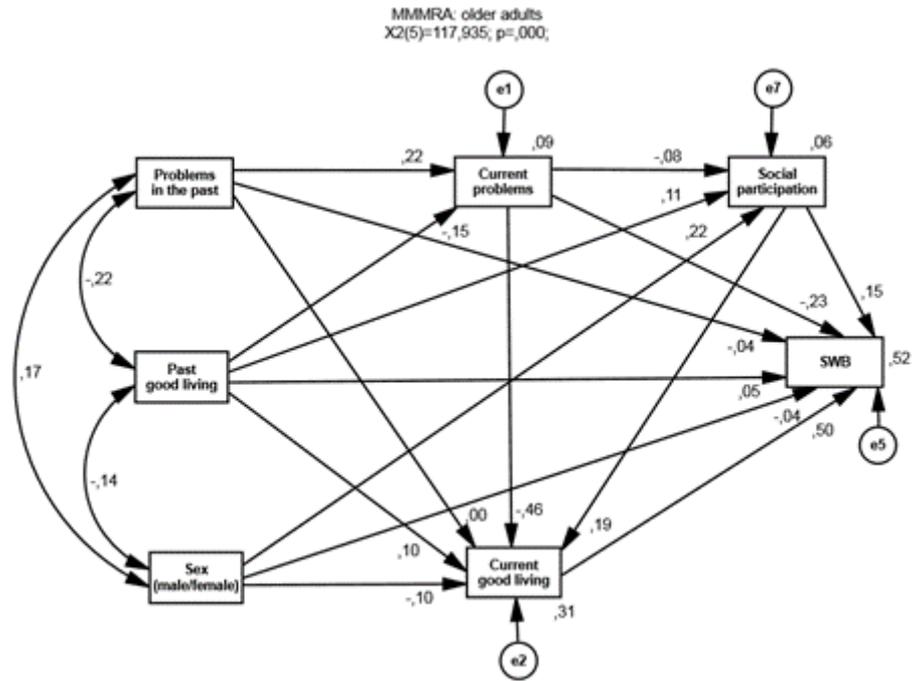


Figure 1. Path analysis of SWB in older adults predicted by current and past problems, perceived good life, and social participation and social support activities: Standardized regression weights ( $\beta$ ) and squared multiple correlations ( $R^2$ ).

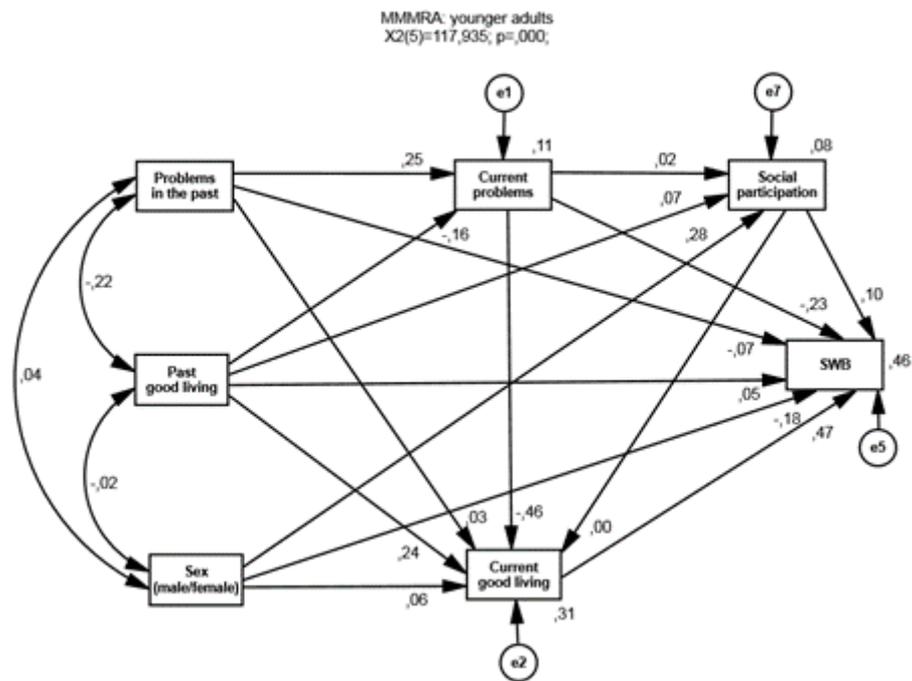


Figure 2. Path analysis of SWB in younger adults predicted by current and past problems, perceived good life, and social participation and social support activities: Standardized regression weights ( $\beta$ ) and squared multiple correlations ( $R^2$ ).

## DISCUSSION AND CONCLUSIONS

This study compares two groups, younger and older adults, on measures of subjective well-being and social participation. The literature states that life satisfaction, the subjective experience of positive affect, and the absence of negative affect are the main characteristics of SWB (Morganti et al., 1988; Walker et al., 2011). Therefore, this construct is seen as fundamental precursor to the proper functioning of development throughout the life cycle and, above all, the core of active and successful aging (Narushima et al., 2018).

The results obtained allowed the detailed verification that the age group studied is a determining and influence factor of individual attributions and perceptions. Compared to older adults, younger adults showed better levels of life satisfaction; older adults also showed lower results with regard to the present moment. This finding is the opposite of that found by Meléndez et al. (2018), who pointed out that the older adults achieved higher scores in life satisfaction when compared to younger adults. In turn and in line with the results found, Lima and de Morais (2016) concluded that young people have high levels of life satisfaction. This gap between younger and older adults can be mainly attributed to the degradation of biological and physical health, considering the association between disease condition and life satisfaction was negative. Hence, health promotion is evident among older adults, because it helps to maintain and improve life quality, SWB and, also, successful aging (Sposito et al., 2010; Mansfield et al., 2018). Contrary to this result, in a study carried out with Spanish younger and older adults (Herero & Extremera, 2010), differences in subjective well-being with higher scores in the older group with regard to positive affect scales were highlighted. However, a current good living was associated with higher levels of SWB, result in line with research that emphasizes in advanced adulthood a positive association of SWB and life satisfaction (Stock et al., 1986), life meaning (Charles et al., 2001), and a reduction of negative affect (Carstensen et al., 2011; Chida & Steptoe, 2008; Mroczek & Almeida, 2004; Twenge et al., 2016). For instance, a study conducted in the United States (Brajša-Žganec et al., 2011) found that younger adults reported greater happiness and life satisfaction than their predecessors. In addition, among older adults, there was a previously established positive correlation between age and decreased happiness.

Social involvement, psychological well-being, independence and proactivity, and physical health are determining factors for a holistic perspective and for quality aging (Rubio et al., 2009). For this reason, it is important to compare both variables in older and younger adults. Furthermore, differences between age groups, in addition to representing generational differences, may also be due to cultural differences. The aging process is influenced by self-perceptions and self-attributions regarding success and failure. If we think that the older adults may represent the *baby*

*boomer* generation (born between 1945 and 1964), this group lived through the consequences of the post-Second World War, and reached adulthood in the 1970s, accompanying and participating in several social, political, economic and cultural changes. Currently around 70 years old, this generation has the following characteristics: search for personal fulfillment, focus on work in search of prosperity, appreciation of family and financial stability and aversion to big changes. In Portugal, older adults lived through the Estado Novo of Salazar and Marcello Caetano (1933–1974), the longest authoritarian regime in Western Europe during the 19th century. XX, extending over a period of 48 years. This period markedly influenced the way of being and thinking of this generation, through the democratic process and, consequently, their social participation. Contrary to older adults, younger adults tend to face daily life and the inherent challenges with more positivity, joy, hope, sociability, adventure, a sense of being useful, solutions and facilities (Tov & Diener, 2007). In addition, social and affective interactions also reinforce the ability of young people to overcome obstacles (Lima & Morais, 2018). This generation was born during the digital revolution process, dominates technologies, social networks and all new forms of communication, so their aspirations, goals and life models are different, and this can have a direct relationship with the results found. The findings obtained are corroborated by the literature, namely with regard to the fact that Portuguese older adults have a low SWB values (Ramos et al., 2017), as well as studies that indicate that positive affect decreases throughout middle age, especially until 60 years old (Carstensen et al., 2011; Momtaz et al., 2011; Wills & Filer, 2001).

Older adults scored higher only in the feeling of inner peace. There were no differences in the older and younger adults in terms of luck, quietness, security, and feeling of being useful. This is an important result, showing that the feeling of being useful can occur in all ages. However, despite the fact that “the feeling of inner peace” is one of the dimensions of the SWB, there are no studies that significantly corroborate the relationship between age group and the variable under study, especially when variables such as health or education are controlled (Diener & Larsen, 1993; Duarte et al., 2005; Twenge et al., 2016). Furthermore, these results could also be due to the fact that older adults have the ability to select situations that require less negative emotional response and prioritize emotional experiences (Sims et al., 2015).

The positive association between social participation and life satisfaction/SWB only in older adults showed the importance of promoting social participation activities at this age group. With aging issues related to isolation, loneliness (Yang & Moorman, 2021), depression, feelings of inferiority, among others (Mansfield et al., 2018) emerge, and social participation activities (face-to-face or virtual, through technologies) can act as buffering effect. Our results are

supported by the literature that states a positive association with well-being (Ramos et al., 2017), health (both physical and mental), and also survival (Diener et al., 2018). The correlates found between social participation and SWB and life satisfaction can be explained by these social activities that provide an internal resource for the management and understanding of critical existential situations such as suffering, losses, and death. Thus, social participation is seen as an individual and community psychosocial resource (Dahan-Oliel et al., 2008), and promotes individual well-being and happiness (Scharlach & Lehning, 2016). In this sense, the older adults tend to maintain positive activities and social relationships, which are associated with subjective well-being (Carstensen et al., 2011) and positive self-perception of healthy aging (Mantovani et al., 2016).

### Limitations and future directions

In this section, it is pertinent to highlight not only the future directions for the deepening of this theme, but also the

limitations that must be addressed. This is a cross-sectional study, which limits the possibility of determining causal relationships between age and subjective well-being. In addition, introducing the qualitative method can also be of added value, because it allows a better understanding of the way people act and manage their lives in the social environment where they are inserted. In order to verify whether the differences identified are due to developmental changes and/or cohort effects, in the future, it is necessary to evaluate these variables longitudinally. It will also be important to understand whether there are gender differences in perceptions of well-being, as this was not prioritized in our research. The generalization of the results regarding the perception of SWB cannot be done with regard to socioeconomic status, educational level and also regarding the group of young adults, since most of them are university students. In order to better determine the causes of the perceptual patterns of well-being and hope for the future in the elderly group, it is pertinent to compare healthy elderly people and elderly people with associated health problems.

## REFERENCES

- Akseer, N., Al-Gashm, S., Mehta, S., Mokdad, A., & Bhutta, Z. (2017). Global and regional trends in the nutritional status of young people: a critical and neglected age group. *Annals of the New York Academy of Sciences*, 1393(1), 3-20. <https://doi.org/10.1111/nyas.13336>
- Appau, S., & Churchill, S. (2018). Charity, Volunteering Type and Subjective Wellbeing. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 30, 1118-1132. <http://doi.org/10.1007/s11266-018-0009-8>
- Appau, S., Churchill, S., & Farrel, L. (2018). Social integration and subjective wellbeing. *Applied Econimcs*, 51(16), 1748-1761. <https://doi.org/10.1080/00036846.2018.1528340>
- Arbuckle, J.L. (2009). *Amos 18 User's Guide*. SPSS Incorporated.
- Aroogh, M.D., & Shahboulaghi, F.M. (2020). Social participation of older adults: A concept analysis. *International Journal of Community Based Nursing and Midwifery*, 8(29), 55-72. <http://doi.org/10.30476/IJCBNM.2019.82222.1055>
- Arslan, G. (2019). School belongingness, well-being, and mental health among adolescents: exploring the role of loneliness. *Australian Journal of Psychology*, 73(1), 70-80. <https://doi.org/10.1080/00049530.2021.1904499>
- Ayalon, L. (2023). Perceived neighborhood characteristics and wellbeing: exploring mediational pathways. *Journal of Environmental Psychology*, 88. <https://doi.org/10.1016/j.jenvp.2023.102020>
- Barros, J.H. (2008). *Psicologia do idoso: Temas complementares*. Legis Editora.
- Batista, M., Santos, J., Honório, S., Mesquita, H., Serrano, J., & Petrica, J. (2021). Bem-estar subjetivo em atletas veteranos: um teste prospectivo baseado na teoria da autodeterminação. *Cuadernos de Psicología del Deporte*, 31(3), 99-109.
- Bidzan-Bluma, I., Bidzan, M., Jurek, P., Bidzan, L., Knietzsch, J., Stueck, M., & Bidzan, M. (2020). A Polish and German population study of quality of life, well-being, and life satisfaction in older adults during the COVID-19 pandemic. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.585813>
- Bouman, N., & Dorant, E. (2018). A cross-sectional study on experiences of young adult carers compared to young adult noncarers: parentification, coping and resilience. *Scandinavian Journal of Caring Sciences*, 32(4), 1409-1417. <https://doi.org/10.1111/scs.12586>
- Bourke, L. & Geldens, P.M. (2007). Subjective wellbeing and its meaning for young people in a rural Australian center. *Social Indicators Research*, 82, 165-187. <http://doi.org/10.1007/s11205-006-9031-0>
- Brajsa-Žganec, A., Merkaš, M., & Šverko, I. (2011). Quality of life and leisure activities: How do leisure activities contribute to subjective well-being? *Social Indicators Research*, 102, 81-91. <http://doi.org/10.1007/s11205-010-9724-2>
- Buehler, C. (2020). Family processes and children's and adolescents' well-being. *Journal of Marriage and Family*, 82(1), 145-174. <https://doi.org/10.1111/jomf.12637>
- Butters, M., Young, J., Lopez, O., Aizenstein, H., Mulsant, B., Reynolds III, C., DeKosky, S., & Becker, J. (2022). Pathways linking late-life depression to persistent cognitive impairment and dementia. *Dialogues in Clinical Neuroscience*, 10(3), 345-357. <https://doi.org/10.31887/DCNS.2008.10.3/mabutters>
- Carstensen, L., Turan, B., Scheibe, S., Ram, N., Ersner-Hershfield, H., Samanez-Larkin, G., Brooks, K., & Nesselroade, J. (2011). Emotional experience improves with age: Evidence based on over 10 years of experience sampling. *Psychology and Aging*, 26(1), 21-33. <http://doi.org/10.1037/a0021285>
- Casas, F., Fernández-Artamendi, S., Monserrat, C., Bravo, A., Bertrán, A., & del Valle, J. (2013). El bienestar subjetivo en la adolescência: estudio comparativo de dos Comunidades Autónomas em España. *Anales de Psicología*, 29(1), 148-158. <http://dx.doi.org/10.6018/analesps.29.1.145281>
- Charles, S., Reynolds, C., & Gatz, M. (2001). Age-related differences and change in positive and negative affect over 23 years. *Journal of personality and social psychology*, 80(1), 136-151.
- Chen, J. (2017). Nontraditional adult learners: the neglected diversity in postsecondary education. *Sage Open*, 7(1), 1-12. <http://doi.org/10.1177/2158244017697161>
- Chida, Y., & Steptoe, A. (2008). Positive psychological well-being and mortality: A quantitative review of prospective observational studies. *Psychosomatic Medicine*, 70(7), 741-756. <http://doi.org/10.1097/PSY.0b013e31818105ba>

- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Lawrence Erlbaum Associates.
- da Silva, D., & Dell'Aglio, D. (2018). Avaliação do bem-estar subjetivo em adolescentes: relações com sexo e faixa etária. *Análise Psicológica*, 2(36), 133-143. <http://dx.doi.org/10.14417/ap.1218>
- Dahan-Oliel, N., Gélinas, I., & Mazer, B. (2008). Social participation in the elderly: What does the literature tell us? *Critical Reviews in Psychology and Rehabilitation Medicine*, 20, 159-176. <http://doi.org/10.30476/IJCBNM.2019.82222.1055>
- Diener, E., & Larsen, R.J. (1993). The subjective experience of emotional well-being. In Lewis, M., Haviland, J.M., & Barrett, L. (Eds.), *Handbook of emotions* (405-415). Guilford Press.
- Diener, E., Lucas, R., & Oishi, S. (2018). Advances and open questions in the science of subjective well-being. *Collabra: Psychology*, 4(1). <https://doi.org/10.1525/collabra.115>
- Duarte, V.B., Santana, M. da G., Soares, M.C., Dias, D.G., & Thofern, M. B. (2005). A perspectiva do envelhecer para o ser idoso e sua família. *Família, Saúde e Desenvolvimento*, 7(1), 42-50. <http://doi.org/10.5380/fsd.v7i1.8052>
- Farriol-Baroni, V., González-García, L., Luque-García, A., Postigo-Zegarra, S., & Pérez-Ruiz, S. (2021). Influence of social support and subjective well-being on the perceived overall health of the elderly. *International Journal of Environmental Research and Public Health*, 18. <https://doi.org/10.3390/ijerph18105438>
- Figueroa, M.I., Contini, N., Lacunza, A., Levín, M., & Estévez, A. (2005). Las estrategias de afrontamiento y su relación con el bienestar psicológico. Um estudio com adolescentes de nível socioeconômico baixo de Tucumán, Argentina. *Anales de Psicología*, 21(1), 66-72.
- FFMS. (2020). Indicadores de envelhecimento em Portugal. Available online: <https://www.pordata.pt/Portugal/Indicadores+de+envelhecimento-526-3741> (accessed on 26 May 2022)
- Fox, J. (1985). Effect analysis in structural equation models II: calculation of specific indirect effects. *Sociological Methods and Research*, 14(1), 81-95.
- Gibbs, K., Jones, J., LaMark, W., Abdulmooti, S., Bretz, L., Kearny, K., Narendorf, S., & Santa Maria, D. (2023). Coping during the COVID-19 pandemic among young adults experiencing homelessness and unstable housing: a qualitative study. *Public Health Nursing*, 40(1), 17-27. <https://doi.org/10.1111/phn.13136>
- Haase, C.M., Seider, B.H., Shiota, M.N., & Levenson, R.W. (2012). Anger and sadness in response to an emotionally neutral film: Evidence for age-specific associations with well-being. *Psychology and Aging*, 27(2), 305-317. <http://doi.org/10.1037/a0024959>
- Herero, V.G., & Extremera, N. (2010). Daily life activities as mediators of the relationship between personality variables and subjective well-being among older adults. *Personality and Individual Differences*, 49(2), 124-129. <http://doi.org/10.1016/j.paid.2010.03.019>
- Howell, R. (2009). Review: Positive psychological well-being reduces the risk of mortality in both ill and healthy. *BMJ Journals Evidence Based Mental Health*, 12(2), 41-44. <http://doi.org/10.1136/ebmh.12.2.41>
- Instituto Nacional de Estatística. (2015). *Projeções de população residente 2012-2060*. Destaque INE. Available online: [https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine\\_destaque&DESTAQUESdest\\_boui=208819970&DESTAQUEsmodo=2&xlang=pt](https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaque&DESTAQUESdest_boui=208819970&DESTAQUEsmodo=2&xlang=pt) (accessed on 26 May 2022)
- Latham, K& Clarke, P. J. (2018). Neighborhood disorder, perceived social cohesion, and social participation among older Americans: Findings from the National Health & Aging Trends Study. *Journal of Aging and Health*, 30(1), 3-26. <https://doi.org/10.1177/0898264316665933>
- Lee, S., Chung, J.E., & Park, N. (2016). Network environments and well-being: An examination of personal network structure, social capital, and perceived social support. *Health Communications*, 33(1), 22-31. <http://doi.org/10.1080/10410236.2016.1242032>
- Li, T., & Fung, H.H. (2014). How avoidant attachment influences subjective well-being: An investigation about the age and gender differences. *Aging & Mental Health*, 18(1), 4-10. <http://doi.org/10.1080/13607863.2013.775639>
- Lima, R., & de Moraes, N. (2018). Subjective well-being of children and adolescents: integrative review. *Ciencias Psicológicas*, 12(2), 249-260. <https://doi.org/10.22235/cp.v12i2.1689>
- Mansfield, L., Kay, T., Meads, C., Gigsby-Duffy, L., Lane, J., John, A., Daykin, N., Dolan, P., Testoni, S., Julier, G., Payne, A., Tomlinson, A., & Victor, C. (2018). Sport and dance interventions for healthy young people (15-24 years) to promote subjective well-being: a systematic review. *BMJ Open*, 8(7). <http://doi.org/10.1136/bmjopen-2017-020959>
- Mantovani, E., de Lucca, S., & Neri, A. (2016). Associações entre significados de velhice e bem-estar subjetivo indicado por satisfação em idosos. *Revista Brasileira de Geriatria e Gerontologia*, 19(2), 203-222. <http://dx.doi.org/10.1590/1809-98232016019.150041>
- Marino, C., Gini, G., Vieno, A., & Spada, M. (2018). The associations between problematic Facebook use, psychological distress and well-being among adolescents and young adults: a systematic review and meta-analysis. *Journal of Affective Disorders*, 226, 274-281. <http://dx.doi.org/10.1016/j.jad.2017.10.007>
- Martins, E., Fernandes, R., & Mendes, F. (2017). Bem-estar subjetivo e atividade física em pessoas idosas. *Millenium*, 2(2), 65-72.
- McCullough, M.E., & Boker, S.M. (2007). Dynamical modeling for studying self-regulatory processes: An example from the study of religious development over the life span. In Ong, A.D., & van Dulmen, M. (eds.), *Handbook of methods in positive psychology* (pp. 380-394). Oxford University Press.
- Meléndez, J., Agustí, A., Delhom, I., Rodríguez, M.F., & Satorres, E. (2018). Bienestar subjetivo y psicológico: comparación de jóvenes y adultos mayores. *Summa Psicológica UST*, 5(1), 18-24. <https://doi.org/10.18774/448x.2018.15.335>
- Meysamie, A., Taeel, F., Mohammadi-Vajari, Yoosefi-Khanghah, S.Emamzadeh-Fard, S. & Abbassi, M. (2014). Sample size calculation on web, can we rely on the results? *Journal of Medical Statistics and Informatics*, 1-8. 10.7243/2053-7662-2-3
- Mohammed, A., & Ghebreyesus, T. (2018). Healthy living, well-being and the sustainable development goals. *Bulletion of World Health Organization*, 96(9). <https://doi.org/10.2471%2FBLT.18.222042>
- Momtaz, Y.A., Ibrahim, R., Hamid, T.A., & Yahaya, N. (2011). Sociodemographic predictors of elderly's psychological well-being in Malaysia. *Aging & Mental Health*, 15(4), 437-445. <http://doi.org/10.1080/13607863.2010.536141>
- Morganti, J., Nehrke, M., Hulicka, I., & Cataldo, J. (1988). Life-span differences in life satisfaction, self-concept, and locus of control. *The International Journal of Aging and Human Development*, 26(1), 45-56. <http://doi.org/10.2190/HDAD-XT0C-W8JB-63DR>
- Mostafaei, A., & Ghaderi, D. (2019). Relationship between emotional intelligence and psychological capital with life satisfaction in elderly. *Journal of Gerontology*, 3(4), 51-58. <http://doi.org/10.29252/joge.3.3.51>
- Mroczek, D., & Almeida, D. (2004). The effect of daily stress, personality, and age on daily negative affect. *Journal of Personality*, 72(2), 355-378. <http://doi.org/10.1111/j.0022-3506.2004.00265.x>
- Narushima, M., Liu, J., & Diestelkamp, N. (2018). Lifelong learning in active ageing discourse: its conserving effect on wellbeing,

- health and vulnerability. *Ageing and Society*, 38(4), 651-675. <https://doi.org/10.1017%2FS0144686X16001136>
- Nomaguchi, K., & Milkie, M. (2020). Parenthood and well-being: a decade in review. *Journal of Marriage and Family*, 82(1), 198-223. <https://doi.org/10.1111/jomf.12646>
- Parente, L., Cunha, M., Galhardo, A., & Couto, M. (2018). Autocompaixão, bem-estar subjetivo e estado de saúde na idade avançada. *Revista Portuguesa De Investigação Comportamental E Social*, 4(1), 3-13. <https://doi.org/10.31211/rpics.2018.4.1.57>
- Ramos, T.M., Mónico, L.S., Parreira, P.M., Fonseca, C., & Dixe, M.A. (2017). Efeito de um programa de estimulação cognitiva na manutenção ou melhoria da função cognitiva de idosos institucionalizados. *Revista Ibero-Americana de Saúde e Envelhecimento*, 3(1), 917-934.
- Rees, G., Goswami, H., & Bradshaw, J. (2010). *Developing an index of children's subjective well-being*. The Children's Society.
- Rubio, E., Lázaro, A., & Sánchez-Sánchez, A. (2009). Social participation and independence in activities of daily living: A cross sectional study. *BMC Geriatrics*, 9. <http://doi.org/10.1186/1471-2318-9-26>
- Ryan, R.M., & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141-166. <http://doi.org/10.1146/annurev.psych.52.1.141>
- Segabinazi, J.D., Giacomoni, C.H., Dias, A.C., Teixeira, M.A., & Moraes, D.A. (2010). Desenvolvimento e validação preliminar de uma escala multidimensional de satisfação de vida para adolescentes. *Psicologia: Teoria e Pesquisa*, 26(4), 653-659. <https://doi.org/10.1590/S0102-37722010000400009>
- Sims, T., Hogan, C. & Carstensen, L. (2015). Selectivity as an emotion regulation strategy: Lessons from older adults. *Current Opinion in Psychology*, 3, 80-84. <http://doi.org/10.1016/j.copsyc.2015.02.012>
- Simões, A., Lima, M., Vieira, C., Ferreira, J., Oliveira, A., Alcoforado, L., & Sousa, L. (2006). Promover o bem-estar dos idosos: Um estudo experimental. *Psychologica*, 42, 115-131.
- Souza, L., Carvalho, P., & Ferreira, M. (2018). Quality of life and subjective well-being of physically active elderly people: a systematic review. *Journal of Physical Education and Sport*, 18(3), 1615-1623. <http://doi.org/10.7752/jpes.2018.03237>
- Sposito, G., Diogo, M., Cintra, F., Neri, A., Guariento, M., & Sousa, M. (2010). Relações entre bem-estar subjetivo e a funcionalidade em idosos em seguimento ambulatório. *Revista Brasileira de Fisioterapia*, 14, 81-83.
- Steger, M.F., Oishi, S., & Kashdan, T. B. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *Journal of Positive Psychology*, 4, 43-52. <http://doi.org/10.1080/17439760802303127>
- Stock, W.A., Okun, M.A., & Benin, M. (1986). Structure of subjective well-being among the elderly. *Psychology and Aging*, 1(2), 91-102. <http://doi.org/10.1037/0882-7974.1.2.91>
- Tkatch, R., Musich, S., MacLeod, S., Kraemer, S., Hawkins, K., Wicker, E., & Armstrong, D. (2017). A qualitative study to examine older adults' perceptions of health: keys to aging successfully. *Geriatric Nursing*, 38(6), 485-490. <https://doi.org/10.1016/j.gerinurse.2017.02.009>
- Twenge, J.M., Sherman, R.A., & Lyubomirsky, S. (2016). More Happiness for Young People and Less for Mature Adults: Time Period Differences in Subjective Well-Being in the United States, 1972-2014. *Social Psychological and Personality Science*, 7(2), 131-141. <https://doi.org/10.1177/1948550615602933>
- Velásquez, C., Montgomery, W., Montero, V., Pomalaya, R., Dioses, A., Araki, R., & Reynoso, D. (2008). Bienestar psicológico, asertividad y rendimiento académico em estudantes universitários sanmarquinos. *Revista de Investigación em Psicologia*, 11(2), 139-152. <https://doi.org/10.15381/rinpv.v11i2.3845>
- Tov, W., & Diener, E. (2007). Culture and subjective well-being. In Kitayama, S., & Cohen, D. (eds.), *Handbook of cultural psychology* (pp. 691-713). Guilford Press.
- Walker, R., Luszcz, M., Gestorf, D., & Hoppmann, C. (2011). Subjective well-being dynamics in couples from the Australian longitudinal study of aging. *Gerontology*, 57(2), 153-160. <http://doi.org/10.1159/000318633>
- Weisbuch-Remington, M., Mendes, W.B., Seery, M.D., & Blascovich, J. (2005). The nonconscious influence of religious symbols in motivated performance situations. *Personality and Social Psychology Bulletin*, 31(9), 1203-1216. <http://doi.org/10.1177/0146167205274448>
- Wills, T.A., & Filer, M. (2001). Social networks and social support. In Baum, A., Revenson, T.A., & Singer, J.E. (Eds.), *Handbook of health psychology* (pp. 209-234). Erlbaum.
- World Health Organization. (2002). *Active ageing: A policy framework*. WHO/NMH/NPH 02.8. World Health Organization.
- Yang, J., & Moorman, S. (2021). Beyond the individual: evidence linking neighborhood trust and social isolation among community-dwelling older adults. *International Journal of Aging and Human Development*, 92(1), 22-39. <https://doi.org/10.1177/0091415019871201>
- Zaninotto, P., & Steptoe, A. (2019). Association between subjective well-being and living longer without disability or illness. *JAMA Network Open*, 2(7). <https://doi.org/10.1001/jamanetworkopen.2019.6870>
- Zhang, Z., & Zhang, J. (2014). Social participation and subjective well-being among retirees in China. *Social Indicators Research*, 123, 143-160. <http://doi.org/10.1007/s11205-014-0728-1>

**Data availability statement**

Research data is available on request from the corresponding author.

**Responsible editor**

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