Self-esteem of Elderly People

Old age is a special new period of human life when not only destructive but also constructive processes in mental development occur. The first stage of old age is the elderly age. This is the age of adaptation to changes in the body, to changes in the environment, and to changes in the system of life in general. There are significant changes in the system of an old person's psyche, in particular on its cognitive, affective, communicative levels. Self-awareness and personal self-esteem are important components of this system. The state of human health, the level of activity, participation in social events, the social and economic situation, the quantity and quality of social relationships, the orientation to the future, and hobbies affect the self-esteem of an elderly person. There are different results on the dynamics of self-esteem in old age. Some foreign researchers indicate that a person’s self-esteem is up to 70 years old; self-esteem is gradually increasing at the age of 60 to 70 years. However, most Ukrainian researchers revealed that elderly person’s self-esteem (at least its components) is declining. Therefore, it is important to study the features of self-esteem in the elderly.

Mental development of an elderly person is determined by certain patterns, in particular heterochronicity and is guided by some mechanisms, in particular compensation, avoidance, estrangement, aggression, self-design, etc. There are some changes in the social situation of an old person`s development and in the system of his or her relationships with environment (L. I. Antsiferova, O. I. Bondarchuk, N. S. Pryazhnikov). Old person`s leading activity is associated with communication and tutoring (V. F. Morhun), with preservation of personality (M. V. Ermolaeva), with adoption of his or her way of life (A. G. Leaders), with self-development (M. L. Smulson), with positive development in later life, with interpersonal communication, etc. Scientists suppose different phenomena are new personality formations in late adulthood. M. L. Smulson (2012) supposes the new personality formation at old age are an updated (wise, integrative, restructured) mental model of the world, reflection of their own problems that have arisen with old age, responsible elections making, and self-regulation and counteraction to dementia processes. L. I. Antsiferova (2006) supposes the new personality formation in old age (at 65-75 year old) are immoderate desire for risk, which leads to lifestyle changes; high sensitivity to addressed to him or her “social orders” and readiness to execute it as soon as possible; high level of person`s intuitive development.

N. S. Pryazhnikov (1999) learned the dynamics of the new personality formation in different periods of old age. When a person expects to retire in old pre-retirement age his or her value orientations change, and the existential issues become more important. The person is looking for meanings
in a new future life (in the life of a pensioner), which was not taken seriously previously. Time for the person seems to be expanding – he or she thinks inevitably about the near future, and is trying not to lose time in the present at the same time, and as well as – increasingly reflects on his or her past. In the first years after retirement, a person realizes himself or herself in his or her new capacity (mainly as a “former expert”). The person may have a sense of the integrity and harmony of his or her life, or the feeling of “incompleteness”, and life disharmony as a result of its comprehension. He or she gets senses of “unrealized” his best thoughts, and “abandonment” by recent colleagues and friends. A few years after his or her retirement, either a person’s sense of dignity is strengthened when he or she finds the meaning of life for herself despite all the circumstances, or there is a sense of frustration when he or she does not find the meaning and spends his or her powers in trifles fading in the eyes. The reason for the last situation often is the feelings of older people’s “lack of demand” and “needlessness”. An ageing human tends to compare “his or her” time and “the new” time when he or she is not an active person.

The problem of finding and updating the meaning of life is important in old age. The meaning of life is regarded as a life goal, a conscious and generalized life principle, a vital task, a person’s need, a deed, and a direction of life. The content of this phenomenon is specified in the life purport. The meaning of life is an important determinant of personal development in the elderly (I. D. Bekh, B. M. Yemaletdinov, O. V. Krasnova, M. L. Smulson et al.). It is important for an elderly person to analyze and evaluate his or her own life, and keep the meaning of life presently. Problems of human demand as his or her significance for others, life activity that provides person’s self-realization, social activity, well-being, life satisfaction, self-attitude, and self-esteem of an elderly person are related to the meaning of life (Kоваленко, 2015).

Self-attitude is a stable system of emotional and value-oriented attitude towards oneself. Scientists focus on various aspects of self-attitude. N. I. Sardzhveladze (1989) considers self-attitude as a special part of an attitude. Its specificity is due to not the ways of the attitude, but to their referents, that is, by a person is directed to. V. V. Stolin analyzes self-attitude as an affective component of self-consciousness and a person`s specific activity on oneself. The activity appears in certain internal actions that are described by the emotional specificity and the objective content of actions. S. R. Pantileev (1991) considers self-attitude as an expression of the meaning of “self” for a person. He distinguishes the phenomenon of sympathy, respect, intimacy in emotional self-attitude and analyzes in terms of such appearances all kinds of human relationships. K. V. Karpinskiy (2010) describes self-attitude as a semantic structure that reflects the personal meaning of individual and personal human properties that are more or less conscious.
O. V. Krapivina (2011) studied women’s self-attitude during their experience of the crisis of the elderly. She relived that problematic elderly women’s self-attitude may provoke a crisis. They have low self-esteem and self-perception. They doubt the value of their own personality, feel themselves isolated, and are closed to others. These women have such personal problems as separation in intimate relationships, helplessness, and loneliness. They underestimate the quality of own lives; it is difficult for them to assess their future and their capabilities. L. N. Kuleshova, & O. Yu. Strizhskaya (2008) studied a system of self-attitude of employment women aged 55-60 years. They revealed that the women are inherent in self-sufficiency and minimize conflict experiences. The strategy of “seeking social approval” is predominant in their strategy of keeping a positive attitude towards themselves.

In our earlier research we have proved that elderly people have selective self-attitude; it depends on the situation. The self-attitude is positive and favorable under normal conditions, which the elderly is seeking. It means they are hard-working, and confident, control their own emotional reactions, expect support from others, appreciate their own individuality, emphasize their dignity, have a positive attitude to themselves. If difficulties arise the situation that is common for an ageing person changes, then negative attitude toward themselves, problems, anxiety, uncertainty, underestimation and non-acceptance of oneself, unwillingness to change, internal conflict inclination, self-blaming are (Kovalenko, 2015).

Self-attitude has some components. N. I. Sardzhveladze (1989) analyses a structure of self-attitude that consists of three parts, such as cognitive, emotional, and conative. The cognitive component contains the entire set of cognitive processes, as well as self-esteem, and characterize the gnostic person’s attitude toward oneself (the processes of self-knowledge). The emotional component contains such phenomena as love or contempt for oneself, sympathy – antipathy, respect – disrespect, closeness – apartness. The conative component contains internal actions concerning oneself and readiness for such actions. The components of self-attitude in the I. S. Kon theory (1984) are cognitive (understanding of one’s own nature and quality), emotional-affective (love for oneself), evaluative-volitional (self-esteem and self-respect).

S. R. Pantileev (1991), and V. V. Stolin distinguish self-respect, sympathy, self-acceptance, love for oneself, self-esteem, self-confidence, self-accusation, dissatisfaction with oneself in the structure of self-attitude. Thus, a person’s self-esteem can be considered in the context of a personality’s self-attitude components.

Self-esteem is a personal phenomenon that directly affects the regulation of human behavior and activities. It is an autonomous personality trait, his or her core trait, which is formed with the active participation of a personality and reflects the originality of his or her inner world. Personality’s self-esteem is an element of self-consciousness, and is associated with the positive or
negative personality`s feelings toward himself or herself. M. Rosenberg stated that self-esteem refers to an individual overall positive evaluation to the self; high self-esteem consists of an individual respecting himself or herself and considering himself or herself worthy (Abdel-Khalek, 2016). Self-esteem is a core component of the personality`s Self-concept; it is a self-assessment and personality`s assessment of his or her capabilities, qualities, and places among other people (Belkh, 2012).

The term “self-esteem” can be used in some ways. Firstly, as global or trait self-esteem that is most commonly used to refer to the way people characteristically feel about themselves and is a feelings of affection for oneself. Secondly, as self-evaluation that is used to refer to the way people evaluate or appraise their various abilities and personality characteristics. Thirdly, as feeling of self-worth that is used to refer to rather momentary emotional states, particularly those that arise from a positive or negative outcome (Brown, Dutton, &Cook, 2001)

Self-esteem is considered in the context of such construct as the Self-concept, which includes as R. Bens thinks all sets of individual ideas about oneself, and is associated with assessment (Borozdina, 2011). R. Bens considers self-esteem as an integral part of the Self-concept related to attitude toward oneself or one's own qualities. This is an affective assessment of a self-image, which may have a different intensity. This is due to the fact that the specific features of such a presentation can cause more or less strong emotions associated with their acceptance or condemnation.

Cognitive and emotional components are important parts of self-esteem and include person`s knowledge about himself or herself and his or her attitude to himself or herself (Zaharova, 1989).

By its nature, self-esteem is a social phenomenon that is subject to contradictory changes because it depends on various personal and social factors. The factors are person`s values and the level of achievement of these values, his or her personal essence, attitude towards oneself, orientation towards socially developed requirements for behavior and activity, physical well-being, assessments by others, etc.

Dynamics of self-esteem are determined by the mutual influence of its two forms – general and partial (specific, local). The first one is related to persons` self-respect; reflects his or her general knowledge about himself or herself, and a holistic attitude toward himself or herself. The second one reflects the assessment of persons` features and qualities (Mednikova, 2001).

The main functions of self-esteem are regulatory and protective. Regulatory function is the decision tasks in personal choice; the organization of a person`s behavior, activities, and relations. The protective function provides the relative stability and independence of individuals. As an element of self-consciousness, self-esteem leads to personal comfort or discomfort that is expressed in the level of a person`s self-perception and his or her satisfaction with himself or herself. It is a source of replenishment of a
person’s knowledge about himself or herself and the knowledge subject to value expertise, and therefore the knowledge is significant for a person (Borozdina, 2011).

There are different approaches to determining the types of self-esteem. Self-esteem can be actual and potential, general (global) and concrete (specific), high and low, adequate and inadequate. It can vary in degree of stability, independence, and criticality (Kon, 1984).

Adequate self-esteem allows a person to properly correlate his or her strengths with tasks of varying complexity and requirements to these tasks. A person with adequate self-esteem correctly relates his or her capabilities and abilities, is very critical of him or her, seeks to really look at their failures and achievements in some activities, and knows how to set realistic goals for himself or herself. A person with adequate self-esteem tries to predict the reaction of others to his or her achievements.

Inadequate self-esteem deforms a person’s inner world, distorts his or her motivational and emotional-volitional sphere, and thereby prevents the harmonious development. Inadequate self-esteem makes life difficult not only for those who have it but also for those who are around such persons. Inadequate self-esteem may be too high or too low. Too low self-esteem is demonstrated in increased demanding of themselves, constant fear of a negative opinion of themselves, increased vulnerability. This encourages reducing contacts with other people. Low self-esteem destroys a person’s hope for a good attitude toward him or her. The person perceives his or her real achievements and positive assessment as temporary and occasional. Underestimating his or her usefulness reduces social activity and initiative. Persons with low self-esteem have worse physical and mental health, are prone to aggressive and anti-social behavior (Trzesniewski et al, 2006). Too high self-esteem is demonstrated in the fact that a person is guided just by his or her principles regardless of others. A person takes up work arrogantly that exceeds his or her potential.

There are big changes in self-esteem in the elderly. This is the beginning of old age when a person’s social, professional, personal life changes. Some people leave work, others continue to work. Children become more independent and leave their elder parents’ family. Ageing spouses can spend more time together. Such changes depend on the state of human health, activity level, participation in public life, socio-economic situation, breadth and quality of relationships, orientation towards the future, hobbies at al. All of these determine the dynamics of self-esteem in the elderly. Many scientists found that self-esteem tends to decrease in old age. But this decrease is compensated, in particular, by meaningful activities. Otherwise, some person’s disadaptation and deterioration of his or her physical and mental condition are possible.

When describing themselves in old age men usually use categories of the business sphere and women use personal qualities. Interests and hobbies
sphere has an important place in the self-description (Borozdina, & Molchanova, 2003).

T. Z. Kozlova (2003) compared self-esteem of men and women and did not found significant differences. Most of the elderly people who have been researched have high and average self-esteem. She found the most prosperous age group is people age 60-64, the least prosperous age group are women aged 55-59. If a person had high self-esteem at a younger age, such self-esteem usually remains in old age. Elderly people with disadvantaged old age mostly have low self-esteem. Self-esteem can also be reduced under the influence of tragic life circumstances (illness, senile disease, loss of relatives, loneliness, et al.). The relation between biological and calendar age affects the low self-esteem in the elderly: the higher biological age is then the calendar age, the lower self-esteem elderly person has (Demin, Krivetskiy, & Fesenko, 2012).

Compensation factors and methods of declining self-esteem in old age (Molchanova, 1997):
1. High real self-esteem of character, business qualities, and relationships with others compensates for low self-esteem on other indicators. This causes an average level of the elderly`s global self-esteem.
2. Fixation on the positive traits of his or her character and attribution the positive qualities (business, social). People of this age are decline to narrate their preferences in the past than shortcomings in the present.
3. Reduction of ideal and achievable self-esteem. Reducing the gap between the real and the ideal “Self” allows a person to avoid reduction self-esteem and dissatisfaction with him or her. Real self-esteem (and not ideal, as in previous age stages) becomes the leading one.
4. Relatively high level of self-attitude.
5. Orientation to the lives of children and grandchildren. Their successes and achievements predetermine the perspective of the development of an elderly person, which contributes to the awareness of the value of his or her “Self”.
6. Retrospective self-esteem, focus on the past life that has a great value. Focusing on the value of one’s past life and oneself in it, assessing one’s past achievements and status allow an elder person to compensate for negative changes that grow with age.

Person`s self-esteem is an integral part of the Self-concept as a dynamic system of his or her perceptions of oneself. It contains information about the set of Self-images that arise as a result of perception and self-representation throughout life. An elderly person`s imagine about oneself is connected with selective memory. An elderly person mainly focuses on the positive aspects of his or her own personality and environment. In this age the role of the Self-concept in keeping the strategy of life and behavior decreases because this strategy has been defined a long time ago and has been implemented, that is, it is not an active source of new life expectations. One of the components of an
elderly person’s Self-concept is faith in God and in the transcendental, with which a person understands the problems of suffering, death, eternity, life, love (Kovalenko, 2015).

In the context of stabilization and compensation of the Self-concept in the elderly, scientists (Frolkis, & Muradyan, 1988) consider the phenomenon of psychological vitauct. Vitauct is a holistic process and its task is to stabilize the viability of the whole organism, to prevent and eliminate aging signs. Its mechanisms, firstly can be genetically programmed, and secondly can actualize during the period of an organism’s existence through self-regulation processes.

The psychological vitauct is the processes that stabilize a person’s activity, compensate for the growth of negative features, and prevent the destruction of the “Self” system (Molchanova, 1997). E. S. Ermakova, & I. V. Olhovaya (2013) have revealed the environmental and personal factors of the psychological vitauct of non-working pensioners and studied their influence on social and psychological adaptation. The critical factors of psychological vitauct that determine / do not determine the success of socio-psychological adaptation of pensioners are the state of health, the level of self-attitude, the level of self-acceptance in a new role, time integration and the presence / absence of short-term goals for the future, level of frustration, desire for dominance, internality, and features of value orientations.

So, the self-esteem of the elderly is a complex phenomenon that is determined by the influence of various factors. Self-esteem in this age may be different. Diagnostics was performed to detect features of the self-esteem.

**Research object.** Elder persons’ personality.

**Research subject.** Self-esteem of elder persons.

**Research aim.** To identify specificity of self-esteem in elderly. To compare the features of self-esteem of elderly people with different social and psychological features.

**Procedure and research method.** The study consisted of two separate stages. The first one was in October-December 2010; the second one was in March-May 2018. The sample of the study was different at each stage. Research region was Poltava region (Ukraine).

In the study was used personal differential technique V. B. Shapar. The method was developed on the basis of the modern Russian language. It reflects the ideas of the personality structure formed in our culture too. It can identify the features of self-esteem (Evaluation factor), its volitional qualities (Force factor) and extraversion (Activity Factor). The technique consists of 21 pairs of personality traits. Respondents should evaluate themselves according to these features indicating their level by score. In our study the results are based on the Evaluation factor. High scores (17-21 points) for this factor indicate that a person perceives oneself as a personality; he or she evaluates oneself as an individual with positive and socially desirable features; he or she is happy with oneself. Average scores (8-16 points) for this factor indicates a
critical person’s attitude toward himself or herself; his or her dissatisfaction with his or her own behavior, and achievement level; low levels of aspiration and self-acceptance. Low scores (7 points or fewer) for this factor indicates possible neurotic and other problems associated with a sense of low self-esteem.

In the study also was collected information about some elder people’s socio-demographic and psychological characteristics. In 2010 we got know about participants’ age, sex, place and living conditions, education level, current employment, and satisfaction with their health status. This information was needed to compare the features of self-esteem of younger and elder people (less than 69 years and over 70 years), men and women, those who live in cities and in villages, those who live single and with family, those who have secondary and higher education, those who work and do not work, those who are satisfied and dissatisfied with the state of their health. In 2018 we got know about participants’ age, sex, place and living conditions, education level, and current employment too. We also received information about the features of social activity in public life, actual opportunity to communicate with friends, a sense of loneliness, desire to change something in his or her life, and satisfaction with his or her life in general. We compared the features of self-esteem of elder people who are and are not social activity in public life, who have enough and not enough opportunities to communicate with friends, who have and do not have a sense of loneliness, who desire and do not desire to change something in his or her life, and who is satisfied and dissatisfied with his or her life.

Research data were processed with the help of mathematical statistics: descriptive statistics (mean, std. deviation) and Student's t-test. All calculations had been done in Exell.

Research participants. Study of the 2010 year covers 310 people aged 57 to 88 years, average age is 68.31 years. Age of 191 participants (61.61%) was less than 69 years and age of 119 participants (38.39%) was more than 70 years. There were 106 men (34.19%) and 204 women (65.81%) among the participants. 156 participants (50.32%) lived in cities, 140 participants (45.16%) lived in villages, and 14 participants did not mention their living place. Some participants were single and lived without families (68 persons – 21.94%); 242 participants (78.06%) lived with their relatives (wife or husband, children, grandchildren, sisters, parents). 101 participants (64.83%) had secondary education, 93 participants (30.00%) had higher education, and 93 participants did not mention about the level of their education. 57 participants (18.39%) worked, 253 participants (81.61%) did not work at the time of the study. 203 participants (65.48%) were relatively satisfied with the state of their health, 73 participants (23.55%) were dissatisfied with it, and 30 participants did not appreciate the level of their health status.

Study of the 2018 year covers 339 people aged 60 to 91 years, average age is 67.65 years. Age of 230 participants (67.85%) was less than 69 years and
age of 109 participants (32.15%) was more than 70 years. There were 115 men (33.92%) and 224 women (66.08%) among the participants. 237 participants (69.91%) lived in cities, 97 participants (28.61%) lived in villages, 5 participants did not mention their living place. Some participants were single and lived without families (60 persons – 17.70%); 234 participants (69.03%) lived with their relatives (wife or husband, children, grandchildren, sisters, parents); 45 participants did not indicate whether they live alone. 173 participants (51.33%) had secondary education, 162 participants (47.79%) had higher education, and 4 participants did not mention about the level of their education. 116 participants (34.22%) worked, 220 participants (69.03%) did not work at the time of the study, and 3 participants did not mention if they work. 132 people (38.93%) took a part in social life. They were active; voted in elections; helped people, communicated and cooperated with them; engaged in charity and volunteering (including organized charity fairs, knitted socks for warriors); took part in politics and in rural government; sang in the choirs; attended church, various workshops, seminars, meetings, local events, as well as various groups of territorial social service centers; organized evening holidays in their neighborhood; organized rallies and went to paid political rallies; collected funds for the development of a population of royal penguins; defended the city’s honor in chess competitions; organized cleaning and repairs in houses and surrounding areas; published poems in the local newspaper, etc. 182 participants (53.69%) were not active in social life, 25 participants did not mention about their social activity. Inactivity in the social life of the elderly is determined by the lack of desire to show it, lack of time, inability to see opportunities for such activity. The level of their loneliness participants estimated on average at 0.94 (from -2 to +2). Among the participants 84 persons (24.78%) assessed the level of their own loneliness in negative values, 254 participants (74.93%) assessed it in the positive values, and 1 person did not appreciate the level of his own loneliness. The level of the actual opportunity to communicate with friends was on average 0.59 (from -2 to +2). Not enough of the opportunities had 102 participants (30.09%), enough of them had 235 participants (69.32%), 2 participants did not mention about this aspect. The most pleasant thing in the life of elderly people is mainly related to their family (communication with grandchildren and children and helping them, achievements of grandchildren at school, the arrival of a son from the war, a healthy mother, etc.). In this aspect elderly people mention about communication with other people (including friends, acquaintances, and like-minded people), job, pension, money, relaxation, sleep, calmness, free time, feeling of being healthy and active (when nothing hurts), walks, TV, own garden, dacha, fishing, creativity, reading, painting courses, visiting by themselves concerts, doing your favorite things, etc. They appreciate the opportunity to plan their day by themselves, ability to work and move. The most pleasant for them is life itself. Analyzing their life 199 people (58.70%) would change something in it, 122 persons (35.99%) would
change nothing, and 14 people did not mention about this aspect. 256 participants (75.52%) were relatively satisfied with their life, 82 participants (24.19%) were dissatisfied with it, and 1 person did not mention about this aspect.

Results of the research. We revealed elder participants’ self-esteem levels in the 2010 sample and 2018 sample separately. The data are presented in Table 1.

Table 1. Elder people’s self-esteem levels (n=649)

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<th>Level</th>
<th>2010 (n=310)</th>
<th>2018 (n=339)</th>
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<td>quantity</td>
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<td>High</td>
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<td>Average</td>
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<td>Low</td>
<td>67</td>
<td>21.61</td>
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The results in the table allow us to confirm that 50.97% (2010) and 58.41% (2018) of elder respondents have an average level of self-esteem; 27.42% (2010) and 25.66% (2018) of elder respondents have a low level of self-esteem; 21.61% (2010) and 15.93% (2018) of elder respondents have a high level of self-esteem. The least amount of elder people have high self-esteem. There were more people with average self-esteem and fewer people with high and low self-esteem in the 2018 sample compared with the 2010 sample.

We compared the means for the self-esteem in elderly people in 2010 and 2018. Research data were processed with the help of Student’s t-test. We found that $X_{10}=11.123$, $X_{18}=10.997$, $t=0.654$ ($\alpha=0.05$, crit. value=1.97). This confirms the similarity of these data series. The results indicate that there is no significant difference in self-esteem of elderly people in 2010 and 2018.

We compared the means for the self-esteem in elderly people with different age, sex, place and living conditions, education level, current employment, and satisfaction with their health status (2010), social activity in public life (2018), a sense of loneliness (2018), actual opportunity to communicate with friends (2018), desire to change something in their life (2018), and satisfaction with his or her life in general (2018). Research data were processed with the help of Student’s t-test $\alpha=0.05$, crit. value=1.97). The data are presented in Table 2.

The results in the table indicate that there is no significant difference in self-esteem of elder people who are less than 69 years old and who are more than 70 years old ($t_{10}=0.31$, $t_{18}=0.50$); who are satisfied and who are dissatisfied with the state of their health ($t_{10}=1.64$); who desire and who do not desire to change something in their life ($t_{18}=0.72$). It has been found that higher level of self-esteem has elderly have women ($X_{10}=11.56$, $X_{18}=11.81$) than men ($X_{10}=10.28$, $X_{18}=9.41$); those who are active in public life ($X_{18}=11.57$) than those who are not active ($X_{18}=10.51$); those who do not feel
themselves lonely ($X_{18} = 11.37$) than those who feel themselves lonely ($X_{18} = 10.01$); those who have enough opportunities to communicate with friends ($X_{18} = 11.41$) than those who do not have enough the opportunities ($X_{18} = 10.17$); those who are satisfied with their life ($X_{18} = 11.61$) than those who are not satisfied with it ($X_{18} = 9.22$). We got different results in 2010 and 2018 years on the self-esteem of elderly people of different place and living conditions, education level, and current employment. In 2010 the higher level of elderly people's self-esteem in those who lived in cities ($X_{10} = 12.42$) and those who lived with relatives ($X_{10} = 11.34$) than those who lived in villages ($X_{10} = 9.81$) and those who lived single ($X_{10} = 10.28$). In 2018 there were no significant differences in self-esteem of elderly people with different place and living conditions ($t_{18} = 0.33$, $t_{18} = 0.35$).

<table>
<thead>
<tr>
<th>Table 2. Features of self-esteem of the people elderly (n=649)</th>
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<td><strong>Factor</strong></td>
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<td>Satisfaction with life</td>
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Discussion on the results of the research. The results of our research allow us to make a conclusion that most elderly people are positive towards
themselves in ordinary situations. But they become passive, too critical of themselves, dissatisfied with their behavior, and withdraw into themselves when misunderstandings and problems arise. Underestimate their own personality significantly fewer elderly people. We revealed even fewer elderly people who are completely satisfied with themselves and emphasize the importance of their personality.

Younger and older elder people have the same self-esteem level. These results of our research differ from the results of studies by foreign researchers who suppose that person’s self-esteem is the highest in between the ages of 60 and 70 and further gradually decreases in later age (Helwig, & Ruprecht, 2017; Orth, Erol, & Luciano, 2018). The same level of self-esteem among younger and older elderly people may be due to the facts that the elderly people's crisis has already passed; they are retiree (although some may work); there are no other events in the life of the elderly people which influence the dynamics of their attitude towards themselves. But it is necessary to study the features of a person’s self-esteem in the pre-retirement period too for more substantive conclusions.

A higher level of self-esteem of elderly women compared to elderly men may be due to the fact that women are better adapted to retirement life; they realize themselves in home affairs. Men do not always find a business after retirement and this can lead to their lower self-esteem.

The difference in the results of self-esteem studies in 2010 and 2018 based on indicators of place and living conditions, education level, and current employment may be primarily caused by the features of the samples in 2010 and 2018. Various results could have been influenced by other factors that predetermined lower self-esteem of people living in villages and alone in 2010, as well as those who had secondary education and those who did not work in 2018. Elderly people with higher self-esteem could be involved in various activities (doing housework, communication outside of their home, interesting society events in, etc.) that caused their feeling the value of their personality. In 2010 only one-sixth of the research participants worked and it means that the samples that were compared in 2010 and 2018 differed by almost five times that could affect the result of the research. The situation is similar in terms of living conditions with the sample of 2018: those who live single are almost six times less than those who live with relatives. Most of the elderly living alone (2018) are socially active, work, do not stay at home everyday, used to communicate with other people.

Elderly people who feel positive in life, who have enough relationships with loved ones and with acquaintances, who are interested in what is happening in public life focus on their positive qualities.

The same self-esteem level those elder people who desire and who do not desire to change something in their life may be due to the fact that the last ones are different. Some of them are happy with their lives in general; others dissatisfied with it and believe that it is too late to change something. They
also noted if they had the opportunity they would like to work, to open a family business, to rest in the country, to travel (including abroad), to grow flowers, to fish, to build rockets, to read, to spend more time with their families and help them, to do sports, to sing etc. That is, they also testify of desire for certain changes in their lives.

Conclusion. So, self-esteem is an element of an individual’s self-consciousness, which involves self-assessment, and personality’s assessment of his or her capabilities, qualities, and places among other people. It is an important behavior regulator. As a social phenomenon, it may undergo contradictory changes because it depends on a variety of personal and social factors. In ordinary and familiar situations elderly people’s self-esteem is positive; they focus on their positive qualities. Changes in elderly persons’ life often cause difficulties and problems in adapting to a new situation. It negatively affects their attitude towards themselves and their self-assessment. Women, those who live with relatives, those who have higher education, those who work, those who are socially active and have a lot of opportunities to communicate, those who do not feel lonely, those who are satisfied with their health status and life more appreciate their positive qualities in old age.

The research does not limit all aspects of the problem. Prospects for further research can be the next: comparison the features of self-esteem of younger and older people (at middle and late adulthood); increase in the number of indicators that need to be taken into account when studying the self-esteem of the elderly (for example, satisfaction with their lives, presence of life goals); making of recommendations for optimization of self-esteem in old age et al.

References

§ 5.2. Association Agreement: Driving Integrational Changes