

## **PERCEIVED SOCIAL SUPPORT AND TIME PERSPECTIVES AS PREDICTORS OF SUBJECTIVE WELL-BEING IN OLDER ADULTS**

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### **Abstract**

This study explored how perceived social support and individual time perspectives contribute to subjective well-being in older adults, while also accounting for demographic factors such as age, gender, education, marital status, living conditions, and self-rated health. The sample included 225 older individuals (aged 65 to 88) from southeastern Serbia. Participants completed standardized questionnaires assessing life satisfaction, positive and negative affect, individual time perspectives, and perceived social support. Regression analyses were conducted to evaluate predictors of life satisfaction and positive affect, controlling for demographic factors. On their own demographic factors were not significant predictors of subjective well being outcomes. Including time perspectives significantly improved the models: Future time perspective predicted higher life satisfaction and more positive affect. A Past Positive time perspective was also associated with higher positive affect, while a Hedonistic Present time perspective was negatively associated. When perceived social support was added, it further enhanced the models, with support from family and partners emerging as significant predictors of both life satisfaction and positive affect. These findings underscore the importance of adaptive time orientations and supportive close relationships in improving well-being of older adults.

**Keywords:** subjective well-being, older adults, time perspective, perceived social support

## **PERCIPIRANA SOCIJALNA PODRŠKA I DIMENZIJE VREMENSKE PERSPEKTIVE KAO PREDIKTORI SUBJEKTIVNOG BLAGOSTANJA STARIH OSOBA**

### **Apstrakt**

Cilj ovog istraživanja bilo je ispitati na koji način percipirana socijalna podrška i vremenske perspektive doprinose subjektivnom blagostanju kod starijih osoba, uzimajući u obzir i demografske faktore starosti, pola, obrazovanja, bračnog statusa, sa kim žive i samoprocene zdravstvenog stanja. Uzorak je činilo 225 starijih osoba (starosti od 65 do 88 godina) iz jugoistočne Srbije. Ispitanici su popunili standardizovane upitnike za procenu životnog zadovoljstva, pozitivnog i negativnog afekta, vremenskih perspektiva, i percipirane socijalne podrške. Sprovedene su regresione analize kako bi se procenili prediktori zadovoljstva životom i pozitivnog afekta, uz kontrolu demografskih faktora. Demografski faktori su sami



po sebi nis bili značajni prediktori subjektivnog blagostanja. Uključivanje vremenskih perspektiva značajno je unapredilo modele, pri čemu je vremenska perspektiva budućnost predvidela veće zadovoljstvo životom i pozitivan afekt. Takođe, vremenska perspektiva pozitivna orijentacija ka prošlosti predvidela je viši nivo pozitivnog afekta, a vremenska perspektiva hedonistička orijentacija ka sadašnjosti negativno. Uključivanje percipirane socijalne podrške dodatno je unapredilo modele, pri čemu su se podrška porodice i partnera pokazali kao značajni prediktori i zadovoljstva životom i pozitivnog afekta. Ovi rezultati ističu važnost adaptivnih vremenskih orijentacija i emotivno podržavajućih bliskih odnosa za unapređenje blagostanja kod starijih osoba.

**Ključne reči:** subjektivno blagostanje, starije osobe, vremenske perspektive, socijalna podrška

## INTRODUCTION

In today's global landscape of population aging, enhancing the subjective well-being of older individuals, particularly in efforts to improve their life satisfaction, presents a significant challenge (Román et al., 2017). Subjective well-being (SWB), as described by Diener and colleagues (2009), involves an individual's internal assessment of their life as desirable, regardless of others' perspectives. This concept includes two main elements: the emotional and the cognitive aspect. Life satisfaction represents the cognitive dimension of SWB, referring to a person's reflective judgment of their overall life (Andrews & Withey, 1976; Pavot & Diener, 2008). The emotional or affective side includes both positive and negative emotions (Diener et al., 1999; Lucas et al., 1996).

Research on subjective well-being has shown that older adults tend to experience similar or even higher levels of positive emotions compared to younger individuals, along with lower levels of negative emotions (Carstensen et al., 2000; Mroczek & Kolarz, 1998). Several studies also show that life satisfaction tends to remain stable or may even improve with age (Diener et al., 1999). Nonetheless, Isaacowitz and Smith (2003) found that those in the oldest age bracket (70 to 100 years old) reported lower levels of subjective well-being.

Numerous factors can influence how older adults view and evaluate their well-being, including demographic and social aspects like age, gender, level of education, among others (Herrera et al., 2014; Silva, 2014). Research indicates notable gender differences in the subjective well-being (SWB) of older adults. Some studies report that older women exhibit higher levels of SWB (e.g., Feng & Zheng, 2024), whereas others find that older women have lower SWB compared to their male counterparts (e.g., Patel et al., 2021; Román et al., 2017). Conversely, certain research suggests that gender does not significantly influence overall SWB, irrespective of the measurement approach (e.g., Geng & Calasanti, 2023). Lower levels of educational attainment are generally associated with reduced subjective well-being (SWB). In contrast, higher levels of education are positively correlated with better health, higher income, and increased social participation, all of which contribute to enhanced SWB (e.g., Román et al., 2017; Zhao et al., 2024). However, some studies report an inverse relationship, where higher education correlates with lower SWB scores (e.g., Jiayue et al., 2022). Multiple studies have shown that both physical health and how individuals perceive their own health play key roles in determining

subjective well-being among older adults. Notably, self-rated health has been found to be a stronger predictor of well-being than objective medical diagnoses, highlighting the significance of personal health perceptions (Pinquart & Sörensen, 2000; Jylhä, 2009). Furthermore, higher SWB among older adults is associated with being married (e.g., Abe et al., 2023; Zhao et al., 2022) and living with family members or a partner, as opposed to living alone (e.g., Román et al., 2017). Nevertheless, other research suggests that living alone does not inherently lead to lower subjective well-being in older adults (e.g., Litwin & Shiovitz-Ezra, 2011).

Social relationships are widely recognized as essential to the well-being of older adults. In one study, 81 percent of older participants identified positive social connections as a major contributor to their quality of life (Bowling et al., 2003). Socioemotional Selectivity Theory (SST), introduced by Carstensen (1992, 1995), offers a valuable framework for exploring how people's social goals and motivations change as they age, largely influenced by how they perceive their remaining time. The theory emphasizes the important role of perceived future time in shaping the goals that guide social behavior across the lifespan. Specifically, when people perceive their future as lengthy and open-ended, which is more typical during youth and early adulthood, they tend to prioritize goals related to knowledge acquisition, exploration, and expanding their social networks. As people grow older and begin to see their remaining time as limited, their motivations tend to shift. A more limited time perspective leads to a stronger preference for emotionally fulfilling experiences and close, meaningful relationships, rather than seeking out novelty or expanding their social circles. Older adults are therefore more inclined to invest their time and energy into deepening connections with family and close friends, rather than forming new relationships. This shift reflects a natural adaptation aimed at enhancing emotional well-being and social satisfaction in later life.

Socioemotional Selectivity Theory (SST) also explains changes in social behavior that aren't solely tied to chronological age. Instead, it emphasizes that an individual's perception of time plays a key role in shaping their motivations. Regardless of age, when a person views their future as limited, whether due to health issues or significant life events, they tend to prioritize emotionally meaningful goals in a way similar to older adults. By the same logic, we can expect that older individuals who perceive their time as more open-ended, for instance, due to good health or a renewed sense of purpose, may show motivational patterns more typical of younger adults.

In this light, two elements that could be especially important for understanding the well-being of older adults are time perspective and perceived social support. These aspects offer valuable insights into how people experience aging and play a significant role in shaping their overall sense of well-being.

Perceived social support refers to an individual's sense of confidence and satisfaction in the support they believe is available to them and can count on in the future. Some researchers argue that this type of support is essential for maintaining subjective well-being (Diener & Oishi, 2005; Diener & Seligman, 2002). There is a consensus among researchers that social support and subjective well-being are positively correlated (Austin et al., 2005; Pinquart & Sorensen, 2000).

In the context of aging, perceived social support holds significant importance. Given the increased risk of social isolation and health challenges in later life, the perception of accessible social resources plays a vital role in maintaining subjective well-being (Pinquart & Sörensen, 2000). Bowling (2011) found that individuals over 65 reported having significantly fewer people to turn to for comfort and support during crises, as well as fewer contacts for practical help, compared to those under 65. However, it is unclear whether this decline in social connections is due to personal choice or external circumstances. Studies show that perceived social support positively affects both the emotional and cognitive aspects of subjective well-being among older adults. Older adults who report higher levels of perceived support tend to experience better mental health, greater life satisfaction, and improved physical health outcomes (Antonucci et al, 2010).

Furthermore, perceived social support tends to have a more significant impact on well-being in older individuals than actual received support. Although receiving support is important, the belief that help is available if needed offers ongoing reassurance, which is particularly important during periods when direct support may be limited or less frequent (Uchino, 2009).

Another significant variable examined as a predictor of subjective well-being is time perspective. According to Zimbardo and Boyd (1999), time is not only a physical category but also possesses a psychological dimension. This psychological dimension gives personal and social experiences a sense of meaning, order, and coherence. These authors distinguish five primary time perspectives: Positive Past, Negative Past, Hedonistic Present, Fatalistic Present and Future. These time perspectives shape how individuals interpret their experiences and make decisions, and they have been linked to various aspects of well-being and behavior.

Although chronological age is typically associated with a decreased perception of remaining time, leading to expected age-related patterns, these patterns could change if a person holds a time perspective that doesn't align with their actual age. In this sense, time perspective may be a key factor in shaping subjective well-being in older adults, potentially influencing how they experience aging beyond what age alone would predict. Research indicates that a Positive Past time perspective is consistently associated with greater life satisfaction, while a Negative Past is associated with lower levels of well-being and increased symptoms of depression (Kazakina, 1999; Desmyter & De Raedt, 2012). Similar findings were observed in a study involving participants aged 16 to 83, where a Past Positive time perspective was positively associated with well-being, while a Past Negative perspective was linked to lower levels of well-being (Drake et al., 2008).

When it comes to perspectives focused on the present, the studies show mixed outcomes. A Hedonistic Present time perspective is positively associated to subjective well-being (Drake et al., 2008; Diener et al., 1985; Lennings, 2000), whereas a Fatalistic Present time perspective is associated with increased anxiety and depression, both of which negatively affect subjective well-being (Boniwell & Zimbardo, 2004). According to Lennings (2000), older adults tend to emphasize the present moment and often avoid ruminating on past experiences.

A future-oriented time perspective is generally linked with improved well-being in later life (Kahana & Kahana, 1983; Kahana, Kahana, & Zhang, 2006; Kazakina,

1999). Those who adopt a future focus are typically better prepared to manage the challenges of aging (Spence, 1968). Zimbardo and Boyd (2008) also suggest that older adults frequently develop a transcendental view, directing attention toward a future that extends beyond their own lifespan.

In summary, maintaining a balanced time perspective, characterized by positive views of the past and future alongside a flexible and adaptive focus on the present, is essential for preserving subjective well-being in older adulthood.

Building on the existing literature highlighting the complex nature of subjective well-being among older adults, the present study aims to deepen understanding of how cognitive and emotional components of subjective well-being, specifically life satisfaction, negative affect, and positive affect, are shaped by perceived social support and individual time perspectives. While previous research has established the importance of social support and time perspective independently, their combined effects on subjective well-being remain underexplored. This study seeks to clarify these relationships by examining a sample of older individuals, considering both demographic variables and psychosocial factors. By integrating these variables, the present research aims to contribute to a more comprehensive understanding of subjective well-being in aging populations and inform interventions designed to enhance quality of life among older adults through social and temporal cognitive pathways.

Therefore, the aim of the present study is to examine the extent to which perceived social support (Friends, Family, Significant Other) and time perspectives (Past Negative, Past Positive, Present Fatalistic, Present Hedonistic, and Future) serve as predictors of subjective well-being, specifically life satisfaction, positive affect, and negative affect. In addition, this study explores how demographic factors such as age, gender, education, marital status, living arrangements, and self-rated health, alongside time perspectives and perceived social support, contribute to individual differences in subjective well-being among older adults.

The hypotheses were that the higher levels of perceived social support would significantly predict greater life satisfaction and positive affect, as well as lower negative affect. When it comes to time perspectives, positive time perspectives, such as Past-Positive and Future orientation, would be associated with higher levels of subjective well-being, while negative or fatalistic time perspectives, such as Past-Negative and Present-Fatalistic, would be associated with lower levels of subjective well-being. In addition, demographic characteristics such as higher education, better self-rated health, being married, and not living alone would significantly predict higher levels of subjective well-being.

## **METHOD**

### **Sample and procedure**

The sample consisted of 225 participants, with 58.7% ( $n = 132$ ) being female and 41.3% ( $n = 93$ ) being male participants. Their ages ranged from 65 to 88 years, with a mean age of 70 ( $SD = 3.76$ ). When it comes to their marital status, 67.6% ( $n = 152$ ) were married, while 32.4% ( $n = 73$ ) were unmarried, divorced, or widowed.

Regarding living arrangements, 24% ( $n = 54$ ) of participants lived alone, whereas the majority didn't 76% ( $n = 171$ ). When it comes to educational attainment, the majority had completed only elementary school ( $n = 76$ , 33.8%), followed closely by those with a high school education ( $n = 72$ , 32%). In addition, 35 participants (15.6%) had attended vocational or higher secondary education, while 38 (16.9%) held a college degree. Only a small minority ( $n = 4$ , 1.8%) had attained a master's degree or higher. The distribution of self-rated health responses was as follows: 33.8% of participants ( $n = 76$ ) reported being completely satisfied, 18.2% ( $n = 41$ ) indicated they were more satisfied than not, 27.6% ( $n = 62$ ) were neither satisfied nor unsatisfied, 17.3% ( $n = 39$ ) reported being more unsatisfied than satisfied, and 3.1% ( $n = 7$ ) were completely unsatisfied with their health. Data collection was conducted during May and June 2025 in the southeastern region of Serbia, specifically within the cities of Niš, Leskovac, and Vranje. The process spanned approximately two months, with testing sessions administered in participants' homes. Participation was entirely voluntary, and no compensation was offered. Prior to participation, all individuals provided informed consent. The study was conducted anonymously, and completing the test battery took approximately 30 minutes.

## Instruments

**Multidimensional Scale of Perceived Social Support - MSPSS (Zimet et al., 1988; Sebian adaptation by Miloševa, 2015).** The instrument consists of 12 items aimed at measuring individuals' perceptions of social support. Respondents indicate their agreement with each statement using a 7-point Likert scale, ranging from *1 - strongly disagree* to *7 - strongly agree*. The scale is divided into three subscales assessing support from friends, family, and a significant other. Examples of items from each subscale include: for significant other support, "There is a special person who is around when I am in need"; for family support, "My family really tries to help me"; and for friend support, "I can count on my friends when things go wrong." The original validation of the scale demonstrated good internal consistency, with an overall Cronbach's alpha of .88 and subscale alphas of .91 (significant other), .87 (family), and .85 (friends). In the current study, reliability analyses further supported strong internal consistency for all subscales, with Cronbach's alpha coefficients of .90 for significant other support, .89 for family support, and .91 for friend support.

**Zimbardo Time Perspective Inventory - ZTPI (Zimbardo & Boyd, 1999; Serbian adaptation by Kostić & Nedeljković, 2013).** It is a 56-item questionnaire designed to measure five distinct time perspective dimensions. Participants rate each item on a 5-point Likert scale reflecting their level of agreement. The five subscales include: Past Negative, Past Positive, Present Fatalistic, Present Hedonistic, and Future. Example items for each subscale are as follows: Past Negative — "I often think about the bad things that have happened to me in the past"; Past Positive — "Happy memories of good times spring readily to mind"; Present Hedonistic — "I do things impulsively"; Present Fatalistic — "Fate determines much in my life"; and Future — "I believe that a person's day should be planned ahead each morning." Higher scores indicate a stronger predominance of the respective time perspective.

The original validation by the authors reported Cronbach's alpha coefficients ranging from .74 to .82. In the current study, reliability analyses confirmed good internal consistency across all subscales, with Cronbach's alpha values of .73 for Past Negative, .71 for Present Hedonistic, .77 for Future, .73 for Past Positive, and .74 for Present Fatalistic.

**Satisfaction With Life Scale – SWLS (Diener et al., 1985; Serbian adaptation by Vukojević, 2016).** It is a 5-item unidimensional scale assessing global life satisfaction. Participants responded using a 7-point Likert scale (*1 - strongly disagree* to *7 - strongly agree*). An example item is “In most ways my life is close to my ideal.” The scale showed good internal consistency in the present sample (Cronbach's alpha = .89).

**Positive and Negative Affect Schedule – PANAS (Watson et al., 1988; Serbian adaptation by Vukojević, 2016).** It consists of 12 items divided into two dimensions: Positive Affect and Negative Affect. Participants rated how often they experienced each emotion on a 5-point Likert scale (*1 - never* to *5 - most of the time*). Positive Affect includes 6 items (e.g., “energetic”), and Negative Affect includes 6 items (e.g., “upset”). Reliability analyses yielded Cronbach's alpha values of .86 for Positive Affect and .88 for Negative Affect in this sample.

**A General Data Questionnaire.** This questionnaire was created for the purposes of this research and contains questions designed to register control variables (gender, age, marital status, education level (elementary school, high school, higher or secondary vocational education, college degree, masters degree or higher), living arrangements (alone or with cohabitants such as a partner or family) and self-assessed health status ranging from *1 – completely unsatisfied* to *5 – completely satisfied*).

### Data Analysis

The collected data were analyzed using the statistical software SPSS. Descriptive statistics were employed to examine the distribution and levels of the research variables. Pearson's correlation coefficient was used to explore the relationships between variables, while regression analyses were conducted to evaluate the extent to which selected variables could predict the outcomes.

## RESULTS

**Table 1**  
*Descriptive Measures of All Variables Used in the Study*

	<i>N</i>	min - max	<i>M</i>	<i>SD</i>	<i>Sk</i>	<i>Ku</i>
Negative Past	225	1.4 – 5	3.14	.68	.41	-.09
Positive Past	225	2.4 – 5	3.99	.60	-.46	-.32
Fatalistic Present	225	1.4 – 5	2.97	.73	.46	-.06
Hedonistic Present	225	2.2 – 5	3.47	.54	.23	-.10
Future	225	2.2 – 5	3.47	.53	-.01	.22

Family Support	225	1 – 7	5.62	1.52	-1.45	1.69
Friends Support	225	1 – 7	5.54	1.50	-1.11	.42
Partner Support	225	1 – 7	6.01	1.29	-1.47	1.64
Life Satisfaction	225	1.4 – 6.2	5.06	1.08	-1.50	1.95
Negative Affect	225	1.3 – 5	3.87	.73	-.78	.77
Positive Affect	225	1 – 4.3	2.19	.82	.67	.07

Note. *Sk* – Skewness; *Ku* – Kurtosis.

Descriptive statistics for all study variables were examined to assess normality (Table 1). Most variables demonstrated acceptable skewness and kurtosis values within the range of -2 to +2, indicating approximately normal distributions (Hair et al., 2022).

**Table 2**  
*Correlation Analysis*

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1.										
2.	.18**									
3.	.76**	.27**								
4.	.70**	.49**	.74**							
5.	.14*	.21**	.13*	.23**						
6.	-.11	.24**	-.01	.05	.27**					
7.	-.18**	.02	-.11*	-.12	.17*	.42**				
8.	-.04	.24**	-.02	.05	.15*	.61**	.53**			
9.	-.16*	.19**	-.12	-.05	.28**	.56**	.39**	.48**		
10.	.01	.03	.07	.07	.09	.05	.08	-.04	-.03	
11.	-.14*	.25**	-.08	-.04	.34**	.50**	.36**	.44**	.83**	-.02

Note: 1. Negative Past; 2. Positive Past; 3. Fatalistic Present; 4. Hedonistic Present; 5. Future; 6. Family Support; 7. Friends Support; 8. Partner Support; 9. Life Satisfaction; 10. Negative Affect; 11. Positive Affect; \* $p < .05$ , \*\* $p < .01$

A correlation analysis was conducted to explore the associations between time perspectives, perceived social support, and subjective well-being indicators (Table 2). As anticipated, the Negative Past was strongly and positively correlated with Fatalistic Present and Hedonistic Present, reflecting a maladaptive temporal pattern. Positive Past was positively associated with Hedonistic Present, Future orientation, and all sources of perceived social support. Future orientation also showed small to moderate positive correlations with all sources of perceived social support, as well as Life Satisfaction and Positive Affect. Perceived social support variables were generally associated with higher Life Satisfaction and Positive Affect. Negative Affect was not significantly related to most other variables.

Initially, a hierarchical multiple regression analyses were carried out to examine the predictors of life satisfaction across three sequential blocks. In the first block, age, gender, education, marital status, living arrangements and self-rated health were entered, accounting for a non-significant 2% of the variance in life satisfaction ( $R = .14$ ,  $R^2 = .02$ ,  $F(6,218) = .82$ ,  $p = .55$ ). None of the individual predictors in this block reached statistical significance. The addition of time perspectives in the second



block significantly improved the model fit, explaining an additional 14% of variance ( $\Delta R^2 = .14$ ,  $F(11,213) = 3.99$ ,  $p < .001$ ). Within this block, a future-oriented time perspective emerged as a significant positive predictor of life satisfaction ( $\beta = .28$ ,  $p = .00$ ), while other time perspective dimensions and demographic variables remained non-significant. In the final block, perceived social support from partners, family, and friends was included, leading to a significant increase in explained variance ( $\Delta R^2 = .22$ ), with the overall model accounting for 40% of the variance in life satisfaction ( $R = .63$ ,  $R^2 = .40$ ,  $F(14,210) = 9.98$ ,  $p < .001$ ). In this full model, future time perspective ( $\beta = .15$ ,  $p = .00$ ), partner support ( $\beta = .16$ ,  $p = .03$ ), and family support ( $\beta = .37$ ,  $p = .00$ ) were significant positive predictors of life satisfaction. Other predictors did not significantly contribute to the model.

Hierarchical regression analyses were performed to examine the predictors of positive affect across three blocks. In the first block, demographic variables (age, gender, education, marital status, living arrangements) and self-rated health accounted for only 1% of the variance in positive affect, a non-significant effect ( $R = .13$ ,  $R^2 = .01$ ,  $F(6,218) = .72$ ,  $p = .63$ ). None of these predictors were individually significant. With the inclusion of time perspectives in the second block, the model significantly improved, explaining an additional 18% of the variance in positive affect ( $\Delta R^2 = .18$ ,  $F(11,213) = 5.64$ ,  $p < .001$ ). Notably, future orientation ( $\beta = .33$ ,  $p = .00$ ) and past positive perspective ( $\beta = .28$ ,  $p = .00$ ) emerged as significant positive predictors, whereas a hedonistic present perspective was a significant negative predictor ( $\beta = -.23$ ,  $p = .03$ ). Other variables, including demographic factors and self-rated health, remained non-significant. The addition of perceived social support in the final block further enhanced the model, accounting for an additional 16% of variance ( $\Delta R^2 = .16$ ), with the full model explaining 38% of the variance in positive affect ( $R = .62$ ,  $R^2 = .38$ ,  $F(14,210) = 9.47$ ,  $p < .001$ ). In this comprehensive model, future time perspective ( $\beta = .23$ ,  $p = .00$ ), past positive time perspective ( $\beta = .19$ ,  $p = .00$ ), and hedonistic present perspective ( $\beta = -.24$ ,  $p = .01$ ) remained significant predictors. Additionally, partner support ( $\beta = .15$ ,  $p = .04$ ) and family support ( $\beta = .27$ ,  $p = .00$ ) significantly predicted positive affect. Other predictors did not significantly contribute to the model.

## DISCUSSION

The aim of the present study was to investigate the extent to which time perspectives and perceived social support serve as predictors of subjective well-being, specifically life satisfaction, positive affect and negative affect, while controlling for age, gender, education, marital status, living arrangements, and self-rated health.

The findings indicate that demographic factors, such as age, gender, education, marital status, living arrangements, and self-rated health, account for only a small and statistically insignificant portion of the variance in life satisfaction and positive affect when examined individually. This aligns with previous research suggesting that while demographic variables may have a background influence on well-being, they often fail to explain individual differences in subjective experiences (Diener et al., 1999). Consequently, these traditional predictors may be less significant in

understanding subjective well-being when more psychologically relevant variables, such as time perspectives and social support, are taken into account.

The analysis revealed that a future-oriented time perspective consistently emerged as a significant positive predictor of both life satisfaction and positive affect across various regression models. Such a prospective focus likely bolsters subjective well-being by fostering a sense of purpose and agency, which can buffer against stress and dissatisfaction. This finding aligns with theoretical frameworks suggesting that focusing on the future facilitates goal setting and motivation, thereby enhancing well-being (Zimbardo & Boyd, 1999; Stolarski et al., 2016).

Moreover, a Past Positive time perspective was positively associated with positive affect, suggesting that viewing ones past through a nostalgic and affirming lens may enhance current emotional experiences. The ability to recall past successes and joyful memories may contribute to sustaining positive mood states in the present. This orientation involves a nostalgic, optimistic appraisal of past experiences and has been linked to emotional resilience and identity coherence (Boniwell & Zimbardo, 2004).

Conversely, a Present Hedonistic time perspective was negatively associated with positive affect, underscoring the potential maladaptive consequences of an excessive focus on immediate pleasure without regard for future consequences. This aligns with prior research indicating that an excessive focus on immediate pleasure can lead to impulsivity and negative emotional outcomes (Keough et al., 1999).

The inclusion of perceived social support substantially improved the predictive models, underscoring the critical role of interpersonal resources in fostering well-being. Notably, support from family and partners, but not friends, significantly predicted higher life satisfaction and positive affect. This pattern may reflect the central role of familial and intimate relationships in providing emotional security and stability, which are key for sustained well-being, especially in older adult populations. These results support previous findings that intimate and familial social bonds exert a stronger influence on well-being than broader social connections (Antonucci et al, 2010; Uchino, 2009).

Importantly, the combined model explained a substantial proportion of variance in both life satisfaction and positive affect, indicating that integrating psychological time perspectives with social contextual factors provides a comprehensive understanding of subjective well-being beyond sociodemographic variables. These results emphasize that subjective well-being is multifaceted, shaped by how individuals cognitively frame their temporal experiences and the quality of their social connections.

Interestingly, the results indicated that negative affect was not significantly associated with any of the time perspective dimensions nor with perceived social support. This lack of association may reflect the distinct psychological processes underlying negative affect compared to positive well-being outcomes. Whereas life satisfaction and positive affect are more strongly influenced by proactive cognitive orientations (e.g., future planning, nostalgic reflection) and supportive interpersonal contexts, negative affect may be more reactive and context-dependent. Furthermore, older adults, who comprised the study sample, may exhibit enhanced emotional regulation capacities and positivity biases, which are well-documented in lifespan

development research (Carstensen et al., 2003). This outcome indicates that although fostering adaptive time perspectives and strengthening social ties can enhance positive aspects of well-being, they may be insufficient for effectively addressing negative affect.

Several limitations should be acknowledged. The cross-sectional design precludes conclusions about causal directionality between time perspectives, social support, and well-being. It remains possible that higher well-being fosters a more positive future outlook and stronger social bonds, rather than the reverse. Longitudinal or experimental designs are needed to clarify these temporal relationships. Additionally, relying solely on self-report questionnaires may introduce biases, such as the tendency to respond in socially desirable ways or distortions related to using a single method. Including multiple methods of assessment, like reports from others who know the participants or direct behavioral observations, would improve the accuracy and validity of the measurements. Moreover, some variables such as self-rated health did not significantly predict well-being in the models, which may reflect measurement limitations or the relatively good health of the sample. Future research could explore objective health indicators and their interaction with psychological factors. Importantly, the sample was composed exclusively of older adults, which restricts the generalizability of the results to other age groups. In addition, the sample may not fully reflect the diversity of socioeconomic or cultural backgrounds. Future research should explore whether these patterns hold across different age cohorts and cultural contexts, especially given that perceptions of time and social support structures may vary significantly across populations.

In summary, this study highlights the significant and distinct contributions of time perspectives and perceived social support from close relationships in fostering life satisfaction and positive affect. These findings suggest that interventions aimed at fostering adaptive time perspectives and strengthening close social bonds may be effective pathways to enhance subjective well-being among older adults.

## CONCLUSION

This study enhances our understanding of subjective well-being in older adults by examining how perceived social support and individual time perspectives jointly contribute to well-being, beyond the effects of demographic variables. The results reveal that demographic factors alone offer limited insight into differences in life satisfaction and positive emotions. Instead, a past-positive and future time perspective, and perceived support from family and partners are strong predictors of well-being in later life.

The results show that demographic factors alone offer a limited explanation for individual differences in life satisfaction and positive emotions. Instead, future-oriented variables, as well as perceived support from family and partners, emerge as strong predictors of life satisfaction in older age. Future orientation, in line with theories emphasizing goal-setting and personal initiative, significantly contributes to both life satisfaction and positive affect. Additionally, a positive and nostalgic view of the past helps maintain positive emotions, while an excessive focus on the

hedonistic present can have negative consequences for positive affect. It is also important to note that support from family and partners, unlike that from friends, has a stronger connection to both life satisfaction and positive affect, highlighting the particular importance of intimate social relationships in later life. These findings underscore the crucial role of adaptive time perspectives and the stabilizing effect of close relationships in preserving emotional well-being and life satisfaction among older adults

While the cross-sectional design limits the ability to draw causal inferences and the use of self-report measures may introduce potential bias, this study provides a comprehensive framework that integrates temporal and social factors to better understand subjective well-being in older adults. Future research employing longitudinal or experimental designs, utilizing varied assessment methods, and including more diverse participant samples could help clarify these relationships and improve the generalizability of the findings, but also help verify whether observed associations, such as the non-significance of certain predictors like self-reported health, reflect true relationships or are influenced by self-report bias and measurement limitations.

In conclusion, the findings suggest that promoting positive time perspectives and strengthening close relationships could be effective strategies to enhance subjective well-being in aging populations. Encouraging constructive cognitive-emotional approaches and bolstering vital social connections may equip older adults to face aging with greater resilience and satisfaction.

## REFERENCES

1. Abe, N., Oe, N., Tadaka, E., & Ojima, T. (2023). Factors related to subjective well-being among community-dwelling older adults living alone: A stratified analysis by sex and marital status from the JAGES. *PLOS ONE*, 18(8), e0289571. <https://doi.org/10.1371/journal.pone.0289571>
2. Andrews, F. M., & Withey, S. B. (1976). *Social Indicators of Well-Being*. Plenum Press. <https://doi.org/10.1007/978-1-4684-2253-5>
3. Antonucci, T. C., Birditt, K. S., & Webster, N. J. (2010). Social relations and health: A flashpoint for health policy. *Journal of Health and Social Behavior*, 51(S), S54–S66. <https://doi.org/10.1177/0022146510383501>
4. Austin, E., Saklofske, D., & Egan, V. (2005). Personality, well-being and health correlates of trait emotional intelligence. *Personality and Individual Differences*, 38(3), 547–558. <https://doi.org/10.1016/j.paid.2004.05.009>
5. Boniwell, I., & Zimbardo, P. G. (2004). Balancing time perspective in pursuit of optimal functioning. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 165–178). John Wiley & Sons.
6. Bowling, A. (2011). Do older and younger people differ in their reported well-being? A national survey of adults in Britain. *Family Practice*, 28(2), 145–155. <https://doi.org/10.1093/fampra/cmq082>
7. Bowling, A., Gabriel, Z., Dykes, J., Dowding, L. M., Evans, O., Fleissig, A., Banister, D. (2003). Let's ask them: A national survey of definitions of quality of life and its enhancement among people aged 65 and over. *International Journal of*

- Aging and Human Development, 56(4), 269–306. <https://doi.org/10.2190/bf8g-5j8l-ytrf-6404>
8. Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging*, 7(3), 331–338. <https://doi.org/10.1037/0882-7974.7.3.331>
9. Carstensen, L. L. (1995). Evidence for a life-span theory of socioemotional selectivity. *Current Directions in Psychological Science*, 4(5), 151–156. <https://doi.org/10.1111/1467-8721.ep11512261>
10. Carstensen, L. L., Pasupathi, M., Mayr, U., & Nesselroade, J. R. (2000). Emotional experience in everyday life across the adult life span. *Journal of Personality and Social Psychology*, 79(4), 644–655. <https://doi.org/10.1037/0022-3514.79.4.644>
11. Desmyter, F., & De Raedt, R. (2012). The relationship between time perspective and subjective well-being of older adults. *Psychologica Belgica*, 52(1), 19–38. <https://psychologicabelgica.com/articles/39/files/submission/proof/39-1-75-1-10-20131211.pdf>
12. Diener, E., & Oishi, S. (2005). The nonobvious social psychology of happiness. *Psychological Inquiry*, 16(4), 162–167. [https://doi.org/10.1207/s15327965pli1604\\_04](https://doi.org/10.1207/s15327965pli1604_04)
13. Diener, E., & Seligman, M. E. P. (2002). Very happy people. *Psychological Science*, 13(1), 81–84. <https://doi.org/10.1111/1467-9280.00415>
14. Diener, E., Emmons, R. A., Larson, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, 49, 71–75. [https://doi.org/10.1207/s15327752jpa4901\\_13](https://doi.org/10.1207/s15327752jpa4901_13)
15. Diener, E., Sandvik, E., & Pavot, W. (2009). Happiness is the frequency, not the intensity, of positive versus negative affect. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 213–231). Springer. [https://doi.org/10.1007/978-90-481-2354-4\\_10](https://doi.org/10.1007/978-90-481-2354-4_10)
16. Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276–302. <https://doi.org/10.1037/0033-2909.125.2.276>
17. Drake, L., Duncan, E., Sutherland, F., Abernethy, C., & Henry, C. (2008). Time perspective and correlates of well-being. *Time & Society*, 17(1), 46–61. <https://doi.org/10.1177/0961463X08087601>
18. Feng, J., & Zheng, M. (2024). Gender differences in the subjective wellbeing of the older adults and the determinant factors: a case study of Nanjing. *Frontiers in public health*, 12, 1447777. <https://doi.org/10.3389/fpubh.2024.1447777>
19. Geng, J., & Calasanti, T. M. (2023). Gender and the Subjective Well-Being of Older Widows and Widowers. *International journal of aging & human development*, 96(4), 399–419. <https://doi.org/10.1177/00914150221092990>
20. Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2022). *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)* (3rd ed.). Thousand Oaks, CA: Sage.
21. Herrera, M. S. P., Elgueta, E. P. R., & Fernández, M. B. L. (2014). Social capital, social participation and life satisfaction among Chilean older adults. *Revista de Saúde Pública*, 48(5), 739–749.

- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4211572/pdf/0034-8910-rsp-48-5-0739.pdf>
22. Isaacowitz, D. M., & Smith, J. (2003). Positive and negative affect in very old age. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 58(3), P143–P152. <https://doi.org/10.1093/geronb/58.3.P143>
  23. Jiayue, X., Changsheng, Y., Lixin, S., Xiao, Y., Wenjun, Z., & Chuanyong, L. (2022). Urban-Rural Differences in Subjective Well-Being of Older Adult Learners in China. *Frontiers in psychology*, 13, 901969. <https://doi.org/10.3389/fpsyg.2022.901969>
  24. Jylhä, M. (2009). What is self-rated health and why does it predict mortality? Towards a unified conceptual model. *Social Science & Medicine*, 69(3), 307-316. <https://doi.org/10.1016/j.socscimed.2009.05.013>
  25. Kahana, E., Kahana, B., & Zhang, J. (2006). Motivational antecedents of preventive proactivity in late life: linking future orientation and exercise. *Motivation and Emotion*, 29, 443-464. <https://psycnet.apa.org/doi/10.1007/s11031-006-9012-2>
  26. Kazakina, E. (1999). Time perspective of older adults: Relationships to attachment style, psychological well-being and psychological distress (Unpublished doctoral dissertation). Columbia University. [https://www.academia.edu/65703217/Time\\_perspective\\_of\\_older\\_adults\\_research\\_and\\_clinical\\_practice](https://www.academia.edu/65703217/Time_perspective_of_older_adults_research_and_clinical_practice)
  27. Keough, K. A., Zimbardo, P. G., & Boyd, J. N. (1999). "When the present is the only time that matters: Time perspective and decision-making." *Journal of Personality and Social Psychology*, 77(5), 1261–1272. <https://doi.org/10.1037/0022-3514.77.5.1261>
  28. Kostić, A., & Nedeljković, J. (2013). Studije vremenskih perspektiva u Srbiji [Studies of time perspectives in Serbia]. Niš: PUNTA. ISBN 978-86-7990-106-4.
  29. Litwin, H., & Shiovitz-Ezra, S. (2011). Social network type and subjective well-being in a national sample of older Americans. *The Gerontologist*, 51(3), 379–388. <https://doi.org/10.1093/geront/gnr027>
  30. Lopez, S. J., Pedrotti, J. T., & Snyder, C. R. (2018). *Positive psychology: The scientific and practical explorations of human strengths* (3rd ed.). Sage Publications.
  31. Lucas, R. E., Diener, E., & Suh, E. (1996). Discriminant validity of well-being measures. *Journal of Personality and Social Psychology*, 71(3), 616 -628. <https://doi.org/10.1037/0022-3514.71.3.616>
  32. Miloševa, Z. (2015). Multidimensional Scale of Perceived Social Support – MSPSS [Measurement instrument]. REPOPSI – Repository of Psychological Instruments in Serbian. <https://doi.org/10.17605/OSF.IO/RHF53>
  33. Mroczek, D. K., & Kolarz, C. M. (1998). The effect of age on positive and negative affect: A developmental perspective on happiness. *Journal of Personality and Social Psychology*, 75(5), 1333–1349. <https://doi.org/10.1037/0022-3514.75.5.1333>
  34. Patel, R., Marbaniang, S. P., Srivastava, S., Kumar, P., Chauhan, S., & Simon, D. J. (2021). Gender differential in low psychological health and low subjective well-being among older adults in India: With special focus on childless older adults. *PloS one*, 16(3), e0247943. <https://doi.org/10.1371/journal.pone.0247943>
  35. Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology*, 3(2), 137–152. <https://doi.org/10.1080/17439760701756946>

36. Pinquart, M., & Sörensen, S. (2000). Influences of socioeconomic status, social network, and health on subjective well-being in later life: A meta-analysis. *Psychology and Aging*, 15(2), 187–212. <https://doi.org/10.1037/0882-7974.15.2.187>
37. Román, X. A. S., Toffoletto, M. C., Sepúlveda, J. C. O., Salfate, S. V., & Grandón, K. L. R. (2017). Factors associated to subjective wellbeing in older adults. *Texto & Contexto-Enfermagem*, 26(02), e5460015. <https://doi.org/10.1590/0104-07072017005460015>
38. Siedlecki, K. L., Salthouse, T. A., Oishi, S., & Jeswani, S. (2014). The relationship between social support and subjective well-being across age. *Social Indicators Research*, 117(2), 561–576. <https://doi.org/10.1007/s11205-013-0361-4>
39. Silva, P. A. (2014). Individual and social determinants of self-rated health and well-being in the elderly population of Portugal. *Cadernos de Saúde Pública*, 30(11), 1–15. <http://www.scielo.br/pdf/csp/v30n11/0102-311X-csp-30-11-2387.pdf>
40. Spence, D. L. (1968). The role of futurity in aging adaptation. *The Gerontologist*, 8(3, Part 1), 180–183. [https://doi.org/10.1093/geront/8.3\\_Part\\_1.180](https://doi.org/10.1093/geront/8.3_Part_1.180)
41. Stolarski, M., Matthews, G., & Zajenkowski, M. (2016). "Time perspectives predict mood states and satisfaction with life over and above personality." *Current Psychology*, 35(4), 516–526. <https://doi.org/10.1007/s12144-016-9515-2>
42. Taylor, S. E. (2011). Social support: A review. In H. S. Friedman (Ed.), *The Oxford handbook of health psychology* (pp. 189–214). Oxford University Press.
43. Uchino, B. N. (2009). Understanding the links between social support and physical health: A lifespan perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science*, 4(3), 236–255. <https://doi.org/10.1111/j.1745-6924.2009.01122.x>
44. Vukojević, V. (2016). Positive and Negative Affect Schedule – PANAS [Measurement instrument]. REPOPSI. <https://doi.org/10.17605/OSF.IO/YP3D6>
45. Vukojević, V. (2016). Satisfaction With Life Scale – SWLS [Measurement instrument]. REPOPSI. <https://doi.org/10.17605/OSF.IO/GEWTC>
46. Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063–1070. <https://doi.org/10.1037/0022-3514.54.6.1063>
47. Zhao, R., Wang, J., Lou, J., Liu, M., Deng, J., Huang, D., & Fang, H. (2024). The effect of education level on depressive symptoms in Chinese older adults: Parallel mediating effects of economic security level and subjective memory ability. *BMC Geriatrics*, 24, 635. <https://doi.org/10.1186/s12877-024-05233-5>
48. Zhao, Y., Zhang, X., Gao, Y., Jia, X., & Han, Z. (2022). The relationship between gender, marital status and depression among Chinese middle-aged and older people: Mediation by subjective well-being and moderation by degree of digitization. *Frontiers in Psychology*, 13, Article 923597. <https://doi.org/10.3389/fpsyg.2022.923597>
49. Zimbardo, P. G., & Boyd, J. N. (1999). Putting time in perspective: A valid, reliable individual-differences metric. *Journal of Personality and Social Psychology*, 77(6), 1271–1288. <https://doi.org/10.1037/0022-3514.77.6.1271>
50. Zimbardo, P. G., & Boyd, J. N. (2008). *The time paradox: The new psychology of time that will change your life*. Free Press.

51. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41. [https://doi.org/10.1207/s15327752jpa5201\\_2](https://doi.org/10.1207/s15327752jpa5201_2)

## SUMMARY

Cilj ove studije je bio bolje razumevanje subjektivnog blagostanja kod starijih osoba ispitujući kako percipirana socijalna podrška i individualne vremenske perspektive zajednički doprinose subjektivnom blagostanju, nezavisno od uticaja demografskih faktora. Rezultati pokazuju da demografski faktori sami po sebi nude skroman statistički neznajajan doprinos objašnjenju individualnih razlika u subjektivnom blagostanju. S druge strane, orijentacija ka budućnosti, kao i percipirana podrška porodice i partnera, predstavljaju značajne prediktore zadovoljstva životom u starijem dobu. Orijentacija ka budućnosti, u skladu sa teorijama koje naglašavaju njenu povezanost sa postavljanjem ciljeva i ličnom inicijativom, značajno doprinosi i zadovoljstvu životom i pozitivnom afektu. Pored toga, pozitivan i nostalgican pogled na prošlost predstavlja prediktor pozitivnog afekta, i to u pozitivnom smeru, dok usmerenost na hedonističku sadašnjost predstavlja negativni prediktor pozitivnog afekta. Takođe, podrška porodice i partnera - ali ne i podrška prijatelja - predstavljaju prediktore i zadovoljstva životom i pozitivnog afekta, što naglašava poseban značaj intimnih socijalnih veza u starijem dobu. Ovi rezultati ukazuju na ključnu ulogu adaptivnih vremenskih perspektiva i stabilizujućeg efekta bliskih odnosa u očuvanju emocionalnog blagostanja i životnog zadovoljstva kod starijih osoba. Uprkos ograničenjima istraživanja među kojima su sam dizajn koji sprečava donošenje uzročno-posledičnih zaključaka i oslanjanje na samoprocenu ispitanika, rezultati pružaju sveobuhvatan okvir koji integriše različite faktore u cilju boljeg razumevanja subjektivnog blagostanja starijih osoba. Buduća istraživanja mogla bi pomoći u daljem razjašnjavanju ovih odnosa i poboljšanju opšte primenljivosti nalaza, ali i u proveru da li opažene veze zaista odražavaju stvarne odnose. Zaključno, rezultati sugerišu da bi podsticanje pozitivnih vremenskih perspektiva i jačanje bliskih odnosa mogle biti efikasne strategije za unapređenje kvaliteta života i subjektivnog blagostanja u starijoj populaciji, što bi moglo doprineti kvalitetnijem suočavanju sa starenjem i višem nivou životnog zadovoljstva u kasnijim fazama života.