



## New Perspective in Elderly Care

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### Abstract

The aging of European societies requires new perspectives on old adults care that move beyond traditional medical approaches. This paper examines multidimensional frameworks supporting the well-being of older adults, based on comparative demographic data from Poland, Hungary, and the European Union. The analysis highlights both similarities and differences in life expectancy, health, and living conditions among people aged 65 and over. Empirical studies demonstrate that physical, psychological, social, and environmental dimensions of well-being are strongly interrelated. Psychological resources such as optimism, resilience, and positive beliefs about aging have measurable biological and behavioral effects. Equally vital are social participation and age-friendly environments that promote autonomy and dignity.

The paper as a conceptual paper argues for a holistic, interdisciplinary, and participatory model of care in late adulthood that integrates medical, psychological, and social perspectives. Such an approach offers a sustainable path toward healthy, meaningful, and dignified aging in contemporary European societies.

## **Introduction**

The aging of societies across the continent is a widespread phenomenon affecting almost all European countries. Data from Eurostat and the European Commission indicate that, as of January 1, 2024, the share of the population aged 65 and over in the European Union was 21.6% of the total population (Eurostat, 2025). This means that more than one-fifth of the EU population belongs to the senior age group.

The health condition and well-being of older adults are not solely the result of individual choices. Their formation also depends on systemic factors — including health policy, the availability of care services, housing policy, transportation systems, and the labor market, as well as initiatives aimed at social integration and the prevention of exclusion.

This paper examines the multidimensional concept of well-being among older adults and identifies factors that may support or threaten its maintenance. In the context of an aging society, the issue of quality of life in later adulthood is gaining increasing importance — not only from an individual perspective but also as a challenge for social policy, the healthcare system, and local communities. The purpose of this paper is to present the significance of the multidimensional concept of well-being among older adults and to identify factors that may either support or threaten its maintenance. To this end, the literature review was conducted. Furthermore, the article introduces an original model, called 4A, for studying changes and interventions among older adults, their families, and caregivers.

To illustrate that the quality of old age is not solely an outcome of individual choices, a comparative analysis was conducted between two countries—Poland and Hungary—focusing on the number of people under the age of 66, median age, life expectancy, and the living conditions of individuals aged 65 and over.

## **A Brief Comparison of Poland and Hungary in the Context of the European Union Key Indicators and Trends**

The demographic structures of Poland and Hungary show both similarities and distinctive national characteristics, which have important policy implications. Both Poland and Hungary are aging at a pace comparable to the EU average, yet life expectancy in both countries remains below the EU average, particularly in Hungary.

In Poland, the share of people aged 65+ at the end of 2024 was close to 20.5% of the total population, while in Hungary it stood at approximately 20.7% (Eurostat, 2024). Both populations are aging at a rate comparable to the European average. However, specific details

(e.g., the rate of change in median age, migration patterns, and differences in life expectancy) give the demographic challenges in each country a distinct national character (Trading Economics, 2025).

In Poland, this share was slightly lower - around 20.5% of the population at the end of 2024 -while in Hungary it reached approximately 20.7% (Trading Economics, 2025). These differences are relatively small, which allows both countries to be considered representative of the Central European model of demographic aging. Both Poland and Hungary remain close to the EU average; however, in both cases, a clear upward trend in the proportion of people aged 65+ is visible over the decade 2014–2024 (European Commission, 2024).

Indicators of median age also confirm the advancing aging of population structures. In 2024, the median age in the European Union reached 44.7 years, an increase of more than two years compared with 2014 (European Commission, 2024). In Poland, a significant rise in median age has been observed, comparable to the pace recorded in the Czech Republic and Slovakia. This indicates that the country's demographic structure is rapidly shifting toward an aging population. A similar, though slightly slower, trend can be seen in Hungary (European Commission, 2024).

Life expectancy indicators show that both Poland and Hungary remain below the EU average. In 2023, life expectancy at birth in the EU averaged 81.4 years (European Commission, 2024). In Poland, it stood at approximately 78.5 years (World Bank, 2024), while in Hungary it was around 76.8 years (OECD, 2023). This means that although the share of people aged 65+ is similar, citizens of Poland and Hungary live on average shorter lives than those in Western Europe, with important implications for the planning of health and social care policies for older adults (European Commission, 2024; OECD, 2023).

To highlight the most relevant indicators and facilitate comparison with the European Union average, Table 1 consolidates key demographic data for 2024 (Eurostat, 2024; Trading Economics, 2025; European Commission, 2024; OECD, 2023).

**Table 1: Key Demographic Indicators for Poland, Hungary, and the European Union in 2024**

Indicator	Poland	Hungary	EU Average
Population aged 65+ (%)	20.5	20.7	20.6
Median age (years)	43.9	43.1	44.7
Life expectancy at birth (years)	78.5	76.8	81.4

Differences in demographic trends are also shaped by socio-economic and health-related factors. First, migration plays a significant role in shaping age structures. Between 2010 and 2020, Poland experienced substantial migration flows both labor emigration and, after 2014, increasing immigration which contributed to a reduction in the working-age population and accelerated the aging process. Second, the population's health status remains an important differentiating factor. According to the OECD (2023), Hungary faces higher rates of chronic diseases and lower life expectancy than the EU average. Poland, despite slightly better indicators, also struggles with public health challenges typical of the region (e.g., high mortality due to cardiovascular diseases).

Both Poland and Hungary are aging at a rate close to the EU average but are characterized by poorer health indicators than the EU as a whole. These differences highlight the need for differentiated policy interventions in the areas of health, social care, and active aging, taking into account regional contexts.

### **Late Adulthood as a Stage in Life Span**

The process of aging represents a complex and multidimensional phenomenon encompassing biological, psychological, and social changes that occur continuously and dynamically throughout the entire life cycle (Baltes & Baltes, 1990; Rowe & Kahn, 1997). In gerontological literature, three major stages of this process are distinguished: early old age (60–74 years), late old age (75–84 years), and advanced old age (85+), each characterized by a distinct range of needs and developmental tasks (WHO, 2015). During early old age, individuals typically face the need to adapt to new social roles, redefine their identity after retirement, and maintain physical and cognitive activity (Baltes & Smith, 2003). Late old age involves striving to preserve autonomy, accept health limitations, and strengthen psychological resilience in the face of loss and change (Ryff & Singer, 1998). In advanced old age, social relationships, interdisciplinary care, and the preservation of dignity and meaning in life gain particular importance (Tornstam, 2005).

According to the World Health Organization (2015), *healthy aging* refers to maintaining functional abilities that enable individuals to do what they value in life.

### **Multidimensional definition of well-being in late adulthood**

The analysis of older adults' well-being is grounded in Urie Bronfenbrenner's ecological model of human development (1979), which posits that an individual's functioning results from the dynamic interaction between the person and their environment. From this perspective, an individual's well-being is shaped by reciprocal influences across different levels of social systems — from the immediate environment (family, neighborhood, interpersonal relationships) to broader institutional and cultural structures (social policy, cultural norms, health care systems). In that understanding, well-being concerns four dimensions and areas of functioning: the body, relationships, achievements, meaning, imagination, and intuition. Thus, well-being in late adulthood is not solely the outcome of individual traits or choices but largely depends on the quality of interactions with the social and physical environment. For example, limited access to public transport (a physical constraint) — for instance, when travelling to a library that hosts senior meetings — may lead to social isolation (by restricting social contacts) and to reduced opportunities for achievement (lack of new stimuli and tasks offered by the library). Consequently, this can lower psychological and physical well-being across other dimensions.

When considered this way, areas of support or risk form an ecological model (analogous to Bronfenbrenner's model, 1979) and emphasize the multi-level nature of well-being, which encompasses both the individual level (e.g., health, competencies, motivation) and the environmental level (e.g., infrastructure, social norms, public policies). Within this framework, the psychological dimension of well-being acquires particular importance as a buffer against stress and developmental losses. The research shows that older adults who maintain positive social relationships, a sense of autonomy, and a sense of meaning in life report higher life satisfaction and better mental health (Diener, Lucas, & Oishi, 2009; Ryff & Keyes, 1995). Scholars also note that a high level in one dimension does not compensate for serious deficits in others — a holistic approach is necessary for a reliable assessment of functioning and for planning therapeutic or counselling interventions.

## Framework of Well-Being Dimensions in Older Adults

In the framework proposed in this article, following the World Health Organization (WHO, 2015, 2021), well-being in older adults is understood as a complex construct encompassing three interrelated dimensions:

- Physical well-being, related to somatic health, functional fitness, and the ability to live independently;
- Psychological well-being, including emotional balance, a sense of meaning in life, autonomy, and self-esteem, social relationships;
- Environmental well-being refers to living conditions, access to social support, health care, infrastructure, and a culture that promotes dignified ageing.

## Interrelations and Synergy Between Domains of Well-Being

In exploring the transformations associated with aging and the concept of well-being, a comprehensive literature review was undertaken. The literature was identified and selected according to key words: well - being and aging. The source of articles were in the databases: Google and Medfile.

The analysis focused on understanding how changes in old age relate to the influence and activity of individuals experiencing illness, as well as the role played by their surrounding social environment.

### 1. The Physical Domain of well-being

Epel et al. (2004) demonstrated that chronic psychological stress leads to the shortening of telomeres the terminal segments of chromosomes responsible for protecting DNA integrity. Women caring for chronically ill children were found to have shorter telomeres and lower telomerase activity, which biologically corresponded to an “accelerated cellular age” of approximately 10 years. Shorter telomeres are associated with an increased risk of heart disease, diabetes, osteoporosis, and cancer.

According to Fredrickson’s (2000) *broaden-and-build theory*, positive emotions expand the repertoire of adaptive behaviors and foster the development of psychological and physical resources, thereby enhancing resilience to stress and disease. Positive emotions contribute to lower cortisol levels, reduced inflammation, and improved immune functioning (Steptoe et al., 2009). As noted by Taylor et al. (2000), a positive psychological attitude is associated with greater physical activity, healthier eating habits, and fewer risky behaviors. Individuals with

higher levels of psychological well-being are more likely to engage in preventive, educational, and activating activities, which promote both longevity and improved quality of life.

According to the study in United Kingdom (McPhee, and all., 2016) the evidence shows that regular physical activity is safe for healthy and for frail older people and the risks of developing major cardiovascular and metabolic diseases, obesity, falls, cognitive impairments, osteoporosis and muscular weakness are decreased by regularly completing activities ranging from low intensity walking through to more vigorous sports and resistance exercises.

## **2. The psychological domain of well-being**

The process of aging is often accompanied by greater emotional variability as well as enhanced ability to cope with negative affect, particularly when older adults maintain strong social ties (Carstensen et al., 2011). However, the loss of loved ones or deteriorating health may increase feelings of loneliness and sadness. Depression constitutes one of the key risk factors for accelerated aging. Kiecolt-Glaser et al. (2003) found that depression is associated with elevated inflammatory markers (CRP, IL-6), impaired immunity, and accelerated biological aging.

Social relationships are among the strongest predictors of both longevity and quality of life. Holt-Lunstad et al. (2010), in a meta-analysis including over 300,000 participants, demonstrated that strong social bonds reduce the risk of mortality by as much as 50%. Conversely, loneliness and social isolation increase the likelihood of depression, cardiovascular disease, weakened immunity, and premature death.

Levy et al. (2002) showed that positive beliefs about ageing can extend life expectancy by an average of 7.5 years. Similarly, Hill and Turiano (2014) found that a strong sense of purpose in life reduces mortality risk, regardless of age or health status.

Importantly, most studies indicate the existence of interactions and both positive and negative synergies among the different domains of well-being. For instance, research conducted by Hertzog and colleagues demonstrates that maintaining mental and physical activity, as well as a healthy lifestyle, can slow the processes of cognitive ageing (Hertzog et al., 2008). Other studies show that psychological factors such as a sense of meaning and social engagement support neuroplasticity and cognitive processes in later life (Wilson et al., 2007).

Research by Ryff and Singer (1998) reveals that individuals with a strong sense of purpose and autonomy exhibit better physical health, lower cortisol levels, and higher immune resilience. Similarly, Wilson et al. (2007) report that a strong sense of purpose serves as a protective factor against the development of Alzheimer's disease.

Windle (2011) emphasizes that psychological resilience is one of the key predictors of quality of life and healthy aging. Individuals with high resilience are more likely to engage in social and physical activities, which helps prevent isolation. Likewise, optimism and a positive self-concept are associated with a lower risk of cardiovascular disease (Kubzansky et al., 2001) and a higher likelihood of adopting health-promoting behaviors (Taylor et al., 2000).

Optimism, a sense of purpose, and psychological resilience all contribute to maintaining health and independence. Individuals with a positive attributional style tend to perceive negative events as temporary and external, which enhances their adaptability and readiness to engage in health-promoting behaviors (Taylor et al., 2000). Moreover, optimists are more likely to take care of their health, participate in social activities, and report greater life satisfaction (Kubzansky et al., 2001).

Research consistently demonstrates that the well-being of older adults is multidimensional and dynamic. Physical, psychological, social, and environmental factors interact continuously, and their balance determines both quality of life and the pace of ageing. Positive attitudes, psychological resilience, social support networks, and healthy behaviors create an *upward spiral* that reinforces well-being, whereas stress, isolation, and mental disorders may trigger a *downward spiral of declining health and functioning*.

Psychological well-being also benefits from a *positive feedback mechanism* — positive emotions generate positive experiences, which in turn strengthen one's sense of efficacy, competence, and meaning in life. As Fredrickson (2000) notes, positive emotions broaden one's repertoire of thought and action, fostering the development of long-term psychological and physical resources. As noted by Taylor et al. (2000), a positive psychological attitude is associated with higher levels of physical activity, healthier dietary habits, and fewer risky behaviors. Individuals with greater psychological well-being are also more likely to engage in preventive health behaviors, which contribute to both longevity and improved quality of life. It can therefore be argued that psychological factors—such as optimism, a sense of purpose, and meaningful relationships—not only enhance subjective well-being but also produce measurable biological effects. A concise summary of the literature review is presented in Table 2.

**Table 2: Dimensions of Well-Being Among Older Adults and Key Findings from Empirical Studies**

<b>Dimension of Well-Being</b>	<b>Key Findings from Empirical Studies</b>	<b>Authors (Year)</b>	<b>Practical Implications / Interpretation</b>
<b>Physical (somatic and cognitive)</b>	With age, a slowdown in information processing and a decline in memory and executive functions are observed, influenced by biological and environmental factors.	Salthouse (2010)	Physical and cognitive activity may delay brain ageing.
	Intellectual and social engagement supports the maintenance of cognitive abilities and neuroplasticity.	Hertzog et al. (2008); Wilson et al. (2007)	Maintaining mental and social involvement supports brain health.
<b>Psychological (emotions, stress, beliefs, relationships, bonds)</b>	Depression increases levels of inflammatory markers (CRP, IL-6) and accelerates biological ageing.	Kiecolt-Glaser et al. (2003); Byers & Yaffe (2011)	Treating depression and promoting mental health are crucial for slowing ageing processes.
	Chronic psychological stress shortens telomeres and reduces telomerase activity, accelerating cellular ageing.	Epel et al. (2004)	Emotional support and stress reduction are essential for health prevention in old age.
	Positive beliefs about ageing extend life expectancy by an average of 7.5 years; positive emotions reduce cortisol levels and inflammation.	Levy et al. (2002); Steptoe et al. (2009); Fredrickson (2000)	Promoting positive perceptions of ageing supports longevity and mental health.
	A strong sense of purpose and autonomy is associated with lower stress levels and a reduced risk of neurodegenerative diseases.	Ryff & Singer (1998); Hill & Turiano (2014); Wilson et al. (2007)	Strengthening life purpose and engagement enhances psychological and cognitive resilience.
	Psychological resilience and optimism correlate with a lower risk of heart disease and a higher quality of life.	Windle (2011); Kubzansky et al. (2001); Taylor et al. (2000); Rossi et al. (2007)	Programs supporting resilience and healthy lifestyles enhance well-being in later adulthood.
<b>Environmental</b>	Strong social ties reduce mortality risk by 50%; isolation increases the risk of depression, heart disease, and premature death.	Holt-Lunstad et al. (2010)	Social support and integration of older adults are key to healthy ageing.
	Maintaining social connections improves mental and cognitive health and prevents loneliness.	Carstensen et al. (2011)	Intergenerational and community engagement programs are essential for older adults' well-being.
	Age-friendly environments with accessible infrastructure, transport, housing, and healthcare promote independence and quality of life. source: author's own work	WHO (2015); Wahl & Lang (2021)	Urban planning and public policy should promote age-friendly environments.

Research confirms that stimulating activity, promoting engagement, and encouraging active participation lead to: an increase in positive emotions and a stronger sense of purpose, the strengthening of social bonds, the maintenance of cognitive and physical abilities, a delay in the loss of independence, and the preservation of dignity in the face of the inevitable changes associated with ageing. Dignity in old age signifies the right to autonomy, respect, and participation not merely access to medical care. As a brief conclusion, it is worth emphasizing that, in the author's view, only a systemic approach grounded in positive psychology, integrated services, and social participation can effectively support the well-being of aging populations.

### **Late Adulthood in Society - Challenges**

As can be observed, research on psychological processes in old age rarely divides participants strictly according to chronological age. This is because, across all stages of ageing, several key dimensions remain essential — *acceptance, autonomy, activation, and activity*. These areas have been provisionally termed the 4A Model. It represents a holistic approach to the well-being of older adults, integrating physical, psychological, and social aspects of functioning. That idea is widely described and promoted by the United Nations Economic Commission for Europe (UNECE) and the Standing Working Group on Ageing (SWGGA), which is an intergovernmental body that is subsidiary to the Executive Committee of UNECE. They created the Active Ageing Index (AAI). AAI is a tool to measure the untapped potential of older people for active and healthy ageing across countries. It measures the level to which older people live independent lives, participate in paid employment and social activities, and their capacity to age actively (UNECE, 2018).

This model aligns with the concept of *successful aging* (Rowe & Kahn, 1997) and the paradigm of positive psychology, which emphasizes developmental potential and the preservation of dignity in late adulthood (Seligman & Csikszentmihalyi, 2000). The model proposes a holistic perspective on aging by integrating *Activity, Acceptance, Autonomy, and Activation*—four interdependent domains that together offer a comprehensive and development-oriented framework.

- Physical health (medical) - Body (Activity) – engaging in physical, cognitive, and emotional activities adapted to one's abilities; maintaining bodily health and a diverse range of activities. Unlike traditional models that emphasize health status alone, Activity in the 4A Model includes diversity, adaptability, and personal meaning in everyday actions. It builds on the biomedical component of successful ageing but highlights the role of personalized, meaningful engagement rather than normative performance standards.

### **Example of application**

A community health center implements individualized activity plans for older adults, combining light physical exercise, cognitive training, and interest-based workshops. Rather than focusing solely on fitness metrics, practitioners encourage participation that supports identity, enjoyment, and routine.

- Psychological health- Meaning and Sense (Acceptance) - personal acceptance of ageing as a natural stage of life and the creation of environments that acknowledge limitations while emphasizing opportunities at this stage. This dimension extends the psychological domain of the Active Ageing Index by emphasizing existential meaning-making and adaptive coping rather than only mental health outcomes.

### **Example of application**

Counselors or therapists incorporate acceptance-based interventions (e.g., ACT, life-review therapy) to help older adults process transitions such as retirement or loss, while strengthening positive self-perceptions of aging.

- Behavioural (Autonomy) – sustaining the highest possible level of independence in decision-making and everyday functioning. Autonomy refers to maintaining the highest possible level of self-determination in everyday functioning—whether through independent living, participating in decisions about care, or preserving personal agency. This domain complements the “low probability of disease and disability” component of successful aging by arguing that supported autonomy (e.g., technological aids, environmental adaptations) is equally meaningful as full independence.

### **Example of application**

Local governments implement age-friendly housing policies that provide assistive technologies and home adaptations, enabling older adults to make independent choices about daily routines and reduce reliance on institutional care.

- Social Relations (Activation) – fostering motivation to participate in social and educational life. That dimension extends the social engagement dimension of successful aging by highlighting not only participation itself but also the motivational and structural conditions that enable participation.

### Example of application

Municipalities collaborate with Universities of the Third Age, senior clubs, and NGOs to create flexible, low-barrier programs encouraging social involvement such as peer mentoring, intergenerational learning, or community volunteering.

To elucidate the distinct conceptual contribution and added value of the 4A Model, it is presented below in comparison with two dominant frameworks in the field of ageing research Successful Ageing (Rowe & Kahn, 1997) and the Active Ageing Index (UNECE & European Commission, 2019) which enables a more precise identification of the conceptual convergences, divergences, and practical implications of these approaches (see Table 3).

**Table 3: Comparison of the 4A Model, Successful Aging, and the Active Aging Index**

Dimension	4A Model	Successful Ageing (Rowe & Kahn, 1997)	Active Ageing Index (UNECE, 2018)
<b>Physical functioning</b>	Activity: adapted, meaningful physical, cognitive, and emotional engagement	Low disease probability; high physical and cognitive functioning	Health and capability indicators (e.g., physical functioning, life expectancy)
<b>Psychological well-being</b>	Acceptance: meaning, coping, resilience, emotional adaptation	Psychological and cognitive functioning	Mental well-being indirectly assessed through indicators of capability
<b>Autonomy / Control</b>	Autonomy: agency, decision-making, supported independence	Not a central component	Independent living; autonomy-related functional indicators
<b>Social participation</b>	Activation: motivation + participation in social, cultural, and educational life	Engagement with life	Social participation domain (volunteering, political participation, informal care)
<b>Particular Characteristic</b>	Psychological acceptance + motivational dynamics	Biomedical-functional perspective	Policy-oriented, comparative, quantitative measurement
<b>Typical application</b>	Clinical, counseling, and community programs	Health promotion, healthy lifestyle interventions	Public policy evaluation, international benchmarking

In psychotherapeutic, educational, and counseling practice, the 4A Model can contribute to building family- and community-based support systems that integrate medical, psychological, and social care. By promoting active and fulfilling aging, it supports the well-being of older adults in the spirit of dignity and social participation, which is connected with trends to integrate healthcare and social support interventions (Wahl & Lang, 2021). Moreover, the model provides practitioners and policymakers with a clear, flexible structure for designing interventions that are individualized, culturally sensitive, and aligned with the values of late-life development.

## Summary and conclusions

Aging should not be perceived solely as a period of loss and dependency, but rather as a stage of life that when appropriately supported can be characterized by meaning, relationships, and dignity. Within this framework, aging becomes a meaningful period of continued growth, connection, engagement, and optimistic attitude, provided that society creates conditions that enable every older person to maintain dignity, autonomy, and the capacity for action.

It can be emphasized that the well-being of older adults is not solely the result of individual choices. Its formation depends on systemic factors such as health policy, the availability of care services, housing and transport policies, labor market conditions, as well as initiatives promoting social inclusion and combating exclusion. Consequently, improving the well-being of seniors is a cross-sectoral task with direct implications for the stability of pension systems and the costs of long-term care (WHO, 2023). Key directions for intervention include:

- Promoting holistic medical and social care, based on collaboration within an interdisciplinary team (including physicians, nurses, physiotherapists, psychologists, dietitians, speech therapists, and social workers).
- Developing social activation programs, such as Universities of the Third Age, senior centers, and local volunteer clubs.
- Supporting families and caregivers through training, psychological counseling, and financial relief measures.
- Ensuring continuous access to rehabilitation, preventive healthcare, and sanatorium treatment, enabling the maintenance of physical fitness and independence.
- Providing health and psychological education that promotes autonomy, positive attitudes toward ageing, and effective stress management.

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