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DOI: [10.52982/lkj298](https://doi.org/10.52982/lkj298)**Abstract**

The article presents a multidimensional approach to the well-being of older adults, grounded in the Balance Model and the Relational Dimensions derived from Transcultural Positive Psychotherapy (PPT). At the outset, the World Health Organization's (WHO) conceptualization of well-being is introduced as a theoretical foundation. Well-being in late adulthood is conceptualized as a dynamic interaction among physical, psychological, social, and environmental factors that collectively shape quality of life and the trajectory of aging. Within this framework, the paper advances an integrative model of well-being informed by PPT principles, offering a novel lens for analyzing developmental changes and for designing interventions for older adults, their families, and caregivers. The proposed approach enables a more precise identification of factors that either promote or threaten well-being in later life. Drawing on a comprehensive review of the literature, the article emphasizes the need for interdisciplinary collaboration and a care system grounded in dignity, positive representations of aging, and active social participation. It also introduces the 4A Model (Activity, Acceptance, Autonomy, and Activation), which provides a comprehensive framework for diagnosing and supporting older adults in sustaining psychological balance and a sense of meaning in life. The model is derived from PPT and supports a culturally sensitive, person-centered understanding of well-being applicable across diverse contexts. By applying the Positum Model, the Balance Model, and the Relational Dimensions, it is possible to integrate the emotional, cognitive, and social aspects of adaptation in late adulthood. Aging is thus presented not as a process of decline but as a life stage characterized by potential, relationships, and opportunities for personal growth.

Keywords: ageing, interdisciplinary care, elderly care, engagement, transcultural psychotherapy, Positive Psychotherapy

Introduction

The demographic process of population aging is one of the key socio-political challenges facing contemporary Europe. 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 is aged 65 or older.

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 on initiatives aimed at social integration and the prevention of exclusion.

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, a literature review was conducted. Furthermore, the article introduces an original model, based on Transcultural Positive Psychotherapy, for studying changes and interventions among elderly clients, their families, and caregivers, within the Balance Model and Relational Dimensions framework.

This proposal stems from the need to better understand adaptive processes in aging, as well as to integrate various dimensions of well-being – physical, psychological, social, and existential – in planning care and support for older adults. The model, based on the Transcultural Positive Psychotherapy (PPT) approach, may serve as a tool for designing effective interventions and developing care systems to maintain balance and quality of life among older adults.

Methodology

2.1. Aging and Its Stages in Later Life

The process of aging is a complex, multidimensional phenomenon encompassing biological, psychological, and social changes that unfold continuously and dynamically throughout the life course (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 distinct 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.

The following section presents the processes and changes that occur during this stage of life, as outlined in the Balance Model derived from Transcultural Positive Psychotherapy (PPT). The

literature overview is intentionally selective, emphasizing positive mechanisms of change and protective factors. Additionally, the discussion refers to each of the model's dimensions, following the framework proposed in PPT (Ciesielski, 2016). The balance model is one of the basic tools of PPT, enabling recognition of the individual pattern of distribution of a person's daily activities across four areas: body, relationships, productivity, and future (fantasy, spirituality). The time and energy invested in each of these dimensions constitute an individual feature, determined by a particular pattern of biological, psychodynamic, systemic, and transcultural variables (Dobiąła, 2021). Using the balance model can serve as a basis for psychoeducational or supportive work in everyday life and crises.

1. The Physical Sphere

Epel et al. (2004) demonstrated that chronic psychological stress shortens telomeres – the terminal segments of chromosomes that protect 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 are associated with lower cortisol levels, reduced inflammation, and improved immune function (Steptoe et al., 2005). 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 that promote both longevity and quality of life.

2. The Achievement Sphere

Regular physical activity improves physical and mental function and reverses some effects of chronic disease, thereby maintaining older adults' mobility and independence. According to the study in United Kingdom (McPhee et al., 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.

3. The Social Relations Sphere

The process of aging is often accompanied by greater emotional variability and an 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 of more than 300,000 participants, demonstrated that strong social bonds reduce mortality risk by up to 50%. Conversely, loneliness and social isolation increase the likelihood of depression, cardiovascular disease, weakened immunity, and premature death.

4. The Future Orientation and Meaning Sphere

Levy et al. (2002) showed that positive beliefs about aging 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.

Discussion

3.1. Interrelations and synergy between spheres of well-being

Importantly, most studies indicate the existence of interactions and both positive and negative synergies among the different spheres 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 aging (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 a key predictor 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 aging. Positive attitudes, psychological resilience, social support networks, and healthy behaviors create an *upward spiral* that reinforces well-being. In contrast, 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.

3.2. Multidimensional definition of older adults' well-being

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 encompasses four dimensions of functioning: the body, relationships, achievements, meaning, imagination, and intuition. Thus, older adults' well-being 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 reduced opportunities for achievement (due to a 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 is particularly important 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.

3.3. 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;
- Environmental well-being refers to living conditions, access to social support, health care, infrastructure, and a culture that promotes dignified aging.

In transcultural psychotherapy (PPT), it is emphasized that values, norms, cultural experiences, and beliefs shape how reality is encoded and interpreted. Consequently, in each of the dimensions – modeling, relational, and responsibility – the therapist should recognize, examine, and take into account the patient's specific assumptions about the understanding of various phenomena. In this approach, as in other systemic approaches, system-based and temporal narration is used, which involves observing how relational patterns and structures change over time. This approach aligns well with the idea of combining the modeling dimension (the time axis) and the relational dimension (the here-and-now). In that article, the author argues that well-being can be examined using tools such as relational dimensions and dimensions of responsibility (Ciesielski, 2016; Henrichs, 2012). Below is the proposal:

- Physical dimension – somatic health, functional activity, taking medication, using access to medical and long-term care services (me and the body).
- Psychological dimension – mental health, life satisfaction, sense of control, psychological resilience, and meaning in life (me - and meaning; me and tasks).
- Social dimension – social support, participation in social and cultural life, interpersonal relationships, and prevention of isolation and exclusion (me and others).
- Environmental/material dimension – housing conditions, access to age-friendly services and infrastructure, access to health care and economic

security (income, pension stability) (me and the world).

This four-dimensional approach to modeling provides a framework for examining the functioning of older adults, their families, and even therapists themselves. By revealing the attitudes and ways in which emotional and cognitive realities are constructed in relation to aging, it becomes possible to map expectations and experiences rooted in both one's family of origin and the client's current life situation.

3.4. Aging as a Stage of Life

As can be observed, research on psychological processes in old age rarely stratifies participants strictly by chronological age. This is because across all stages of aging, 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), an intergovernmental body subordinate to the Executive Committee of UNECE. They created the Active Ageing Index. AAI is a tool for measuring the untapped potential of older adults for active and healthy ageing across countries. It measures the extent to which older people live independently, participate in paid employment and social activities, and engage in active aging (UNECE, 2018).

This model aligns with the concept of *successful aging* (Rowe & Kahn, 1997) and the positive psychology paradigm, which emphasizes developmental potential and the preservation of dignity in late adulthood (Seligman & Csikszentmihalyi, 2000). It also reflects human functioning across four fundamental dimensions:

- Body (Activity) – engaging in physical, cognitive, and emotional activities adapted to one's abilities; maintaining bodily health and a diverse range of activities.
- Meaning and Future (Acceptance) – personal acceptance of aging as a natural stage of life and the creation of environments that acknowledge

limitations while emphasizing opportunities at this stage.

- Achievements (Autonomy) – sustaining the highest possible level of independence in decision-making and everyday functioning.
- Social Relations (Activation) – fostering motivation to participate in social and educational life (e.g., Universities of the Third Age, clubs, meetings outside home).

In psychotherapeutic, educational, and counseling practice, the 4A Model can contribute to the development of family- and community-based support systems that integrate medical, psychological, and social care. 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).

Conclusion

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 enabling every older person to maintain dignity, autonomy, and the capacity for action.

The purpose of this paper was 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, a literature review was conducted, with particular emphasis on protective factors. The review is framed around Fredrickson's (2000) *broaden-and-build* theory, which posits that positive emotions and experiences create a foundation that promotes further positive outcomes. This perspective aligns with the principles of Transcultural Positive Psychotherapy (TPP), which emphasizes the cultivation of personal and environmental resources. In daily practice, it is essential to view the aging individual in *Positum*, which means what is factual and given, and to allow the therapist to see the client as a whole person with weaknesses and strengths, with diseases and capabilities (Peseschkian, 1983, in Cesko, 2018).

While age-related limitations are inevitable, identifying protective factors and promoting experiences that enhance well-being is equally important. This is connected with Taylor and her team's outputs of the investigation (Taylor et al., 2000). The study has revealed that even

unrealistically optimistic beliefs about the future may be health-protective.

Furthermore, the article introduces an original model, based on TPP, for studying changes and interventions among elderly clients, their families, and caregivers within the Balance Model and Modeling Dimensions framework.

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