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HEALTHY AGING PSYCHOLOGICAL INTERVENTIONS FOR THE ELDERLY POPULATION: A NARRATIVE REVIEW

DOI: [https://doi.org/10.59893/szv.2025.2\(11\)](https://doi.org/10.59893/szv.2025.2(11))

For citation: Levskaya L., Pipere A. (2025) Healthy aging psychological interventions for the elderly population: A narrative review. *Sociālo Zinātņu Vēstnesis / Social Sciences Bulletin*, 41(2): 156–178. [https://doi.org/10.59893/szv.2025.2\(11\)](https://doi.org/10.59893/szv.2025.2(11))

This narrative review provides a critical, theory-informed synthesis of psychological interventions aimed at promoting healthy ageing in adults aged 60 and older, with a specific emphasis on integrating physical, social, environmental, and technological dimensions. Anchored in a multidisciplinary conceptual framework, this review systematically interrogates the literature published between 2000 and 2025. It examines the theoretical foundations and core constructs underlying intervention design, delineates causal pathways and target populations, and evaluates intervention strategies, expected outcomes, and feedback mechanisms. Furthermore, the review critically assesses the cultural, gender, and socioeconomic adaptability of these interventions, recognising the heterogeneity and contextual complexity of ageing populations worldwide. Evidence from meta-analyses, systematic reviews, and empirical studies consistently demonstrates that psychological interventions enhance well-being, resilience, and adaptive functioning among adults aged 60 and older. While cognitive-behavioural, positive psychology, and lifespan developmental frameworks dominate the field, emerging integrative models increasingly incorporate emotional, social, and existential dimensions of ageing. Effective interventions engage multiple causal pathways simultaneously – linking emotion regulation, cognitive reframing, meaning-making, and social connectedness – to produce sustained improvements in self-efficacy, vitality, and social participation. However, short-term follow-up and limited process evaluation constrain cumulative evidence. Cultural and socioeconomic adaptation remains insufficient, as most interventions are developed in Western contexts and rarely address gender or intersectional diversity. Integrating socio-ecological and participatory co-design approaches can enhance ecological validity and equity. Advancing psychological interventions for healthy ageing requires longitudinal, mixed-method, and cross-cultural research, along with theoretical integration that bridges psychology with social gerontology and cultural ageing studies. Such developments would strengthen the scalability, contextual sensitivity, and sustainability of evidence-based

Keywords: healthy aging, elderly population, psychological interventions, narrative review.

Veselīgas novecošanas psiholoģiskās intervences gados vecāku cilvēku populācijai: Naratīvais pārskats

Šis naratīvais pārskats kritiski, teorētiski pamatoti sintezē pētījumus par psiholoģiskajām intervencēm veselīgas novecošanas veicināšanai pieaugušajiem, kas vecāki par 60 gadiem. Īpašs uzsvars tiek likts uz intervenču fizisko, sociālo, vides un tehnoloģisko dimensiju integrāciju. Balstoties uz multidisciplināru teorētisku ietvaru, pārskats sistemātiski analizē literatūru, kas publicēta laika posmā no 2000. līdz 2025. gadam. Pārskatā tiek izvērtēti intervenču dizainu izstrādes teorētiskie pamati un pamatjēdzieni, aprakstītas cēloņsakarību ķēdes un mērķa populācijas, kā arī tiek analizētas intervencēs izmantotās stratēģijas, prognozētie rezultāti un atgriezeniskās saites mehānismi. Pārskatā tiek aplūkota šo intervenču kultūras, dzimuma un sociāli ekonomiskā pielāgojamība, ņemot vērā novecojošo iedzīvotāju heterogenitāti un kontekstuālo sarežģītību visā pasaulē. Pierādījumi, kas apkopoti metaanalīzēs, sistemātiskajos pārskatos un empīriskajos pētījumos, liecina, ka psiholoģiskās intervences konsekventi veicina labklājību, noturību un adaptīvo funkcionēšanu vecumā pēc 60 gadiem. Lai gan joprojām dominē kognitīvi biheiviorālie, pozitīvās psiholoģijas un dzīvesgaitas attīstības teorētiskie ietvari, arvien lielāku nozīmi gūst integratīvi modeļi, kas ietver arī emocionālos, sociālos un eksistenciālos novecošanās aspektus. Efektīvas intervences vienlaikus aktivizē vairākas cēloņsaites – integrējot emociju regulāciju, kognitīvo pārstrukturēšanu, jēgas meklēšanu un sociālo saikni – tādējādi nodrošinot ilgstošus uzlabojumus pašefektivitātē, vitalitātē un sociālajā līdzdalībā. Tomēr ierobežots īstermiņa pēcpārbaudes periods un nepietiekama procesu izvērtēšana kavē kumulatīvas pierādījumu bāzes veidošanos. Intervencu pielāgošana dažādām kultūrām un sociāli ekonomiskajiem apstākļiem joprojām ir nepietiekama, jo lielākā daļa intervenču izstrādātas Rietumu kontekstos un reti pievēršas dzimumu vai interseksionālajai daudzveidībai. Sociāli ekoloģisku un līdzdalības koprades pieeju integrēšana varētu paaugstināt intervenču ekoloģisko validitāti un taisnīgumu. Psiholoģisko intervenču attīstībai veselīgas novecošanās veicināšanai nepieciešami longitudināli, jaukto metožu un starpkultūru pētījumi, kā arī teorētiska integrācija, kas saista psiholoģiju ar sociālo gerontoloģiju un novecošanas izpēti kultūras kontekstā. Šāda pieeja stiprinātu pierādījumus balstītu intervenču mērogojamību, kontekstuālo jutīgumu un ilgtspējību saskaņā ar PVO Veselīgas novecošanās desmitgades un Ilgtspējīgas attīstības mērķu ietvaru.

Atslēgvārdi: veselīga novecošana, vecāka gadagājuma iedzīvotāji; psiholoģiskās intervences, naratīvais pārskats.

Introduction

Healthy aging is a multidimensional process involving the maintenance of functional ability and well-being in later life (World Health Organization 2015). Functional ability refers to an individual's capacity to meet basic needs, maintain mobility, engage socially, and contribute meaningfully to their community, supported by intrinsic capacity – a composite of physical and mental reserves, including cognition, vitality, and psychological health. Psychological interventions, which target mental health, emotional regulation, and cognitive functioning, are thus essential for promoting healthy aging. These interventions frequently integrate physical, social, environmental, and technological strategies to address the complex challenges of later life.

The global population of older adults is expanding rapidly. In 2020, 727 million people were aged 65 years and older, with projections indicating that this number will exceed 1.5 billion by 2050, with Asia alone accounting for 60 % of this demographic (United Nations 2019). While this demographic shift reflects advances in healthcare, nutrition, and education, it also introduces significant challenges. Approximately 70 % of older adults have cardiovascular disease, 25 % have diabetes, and over 55 million people live with dementia – a number projected to triple by 2050 (Prince et al. 2015; Alzheimer's Disease International 2019). Mental health problems are also highly prevalent; depression affects around 20 % of older adults and is often underdiagnosed, contributing to increased frailty and mortality (Fiske et al. 2009). Loneliness, reported by up to 40 % of older adults, is associated with a 50 % increase in dementia risk and a 26 % increase in mortality (Kuiper et al. 2015; Holt-Lunstad et al. 2010).

Structural barriers further compound these issues. In low- and middle-income countries, 60 % of urban housing remains inaccessible to people with mobility impairments, and approximately 40 % of older adults lack reliable internet access, limiting the reach of telehealth services (Eurostat 2020; WHO 2021). Health disparities are also starkly evident: while 80 % of older adults in high-income countries have access to basic healthcare, this figure drops to 20 % in low-income regions (WHO 2015). Gender differences compound inequities, with women generally living longer but experiencing more years with disability, often due to musculoskeletal conditions. Cultural norms also shape outcomes; for example, collectivist societies such as Japan report substantially lower loneliness rates (10 %) than more individualistic contexts such as the United States (25 %) (Sugisawa et al. 2016).

The multiple challenges facing older adults – ranging from limited healthcare access to cultural and technological inequalities – make it essential to focus not only on extending life but also on ensuring healthy ageing. The World Health Organization (2015) defines healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age,” emphasizing the interplay between intrinsic capacity and supportive environments. Rowe and Kahn's (1997) influential model of successful ageing similarly highlights three key dimensions: minimizing disease and disability, maintaining high physical and cognitive functioning, and sustaining active engagement with life. Both perspectives underline that ageing well extends beyond the absence of illness to include quality of life, autonomy, and participation.

Supporting healthy ageing requires interventions across multiple domains. These may be medical, social, environmental, technological, or psychological, reflecting the diverse determinants of later-life well-being. Among these, the psychological domain is particularly important, as emotional resilience, cognitive health, and social connectedness shape older adults' ability to adapt to challenges and sustain meaningful lives.

One traditional form of support in this domain is psychological intervention. Psychological interventions are structured and professionally delivered activities aimed at improving mental health and functioning (Kazdin 2017). They include approaches such as cognitive-behavioral therapy (CBT), reminiscence and life-review therapy, mindfulness-based interventions, and supportive counseling, all

of which have demonstrated effectiveness in reducing depression, anxiety, and loneliness among older adults (Cuijpers et al. 2020; Geiger et al. 2016). However, accessibility, cultural sensitivity, and adaptability to diverse ageing populations remain ongoing issues, underscoring the need for further integration of psychological interventions into broader healthy ageing strategies.

Research on psychological interventions for healthy ageing in older adults has expanded steadily, yet existing reviews remain fragmented and limited in integrative scope. Systematic and narrative syntheses have largely examined discrete domains such as mindfulness-based programs (Geiger et al. 2016), psychotherapy for late-life depression (Cuijpers et al. 2020), or cognitive training to slow decline (Lampit et al. 2014). While informative, these reviews often adopt a narrowly clinical perspective, emphasizing symptom reduction or cognitive outcomes while paying less attention to dimensions central to ageing well, including meaning, resilience, and social connectedness. Moreover, few reviews situate interventions within broader frameworks that acknowledge the interplay of psychosocial, cultural, environmental, and technological factors shaping older adults' lives (Jones et al. 2023; Smith et al. 2021).

This narrative review seeks to address these limitations by synthesizing evidence in a more holistic manner, emphasizing how psychological interventions intersect with the lived realities of ageing. In doing so, it highlights both established areas of effectiveness and underexplored domains – such as cultural adaptation, multimodal approaches, and long-term applicability – that require greater scholarly attention. By aligning the synthesis with the guiding research questions, the review aims to advance a more integrated understanding of the contribution of psychological interventions to healthy ageing. Given these challenges and opportunities, we sought to clarify and synthesise the structural premises, strategies, and contextual adaptations of psychological interventions for healthy ageing. To guide this analysis, the following research questions were stated:

- (1) What theoretical basis and core constructs are used in psychological interventions for healthy ageing?
- (2) What causal pathways, target populations, and intervention strategies are used in psychological interventions for healthy ageing?
- (3) What expected outcomes and feedback mechanisms are integrated within these interventions?
- (4) How are psychological interventions for healthy ageing adapted to diverse cultural, gender, and socioeconomic contexts?

Method

This investigation employed a narrative review methodology to consolidate and synthesize an extensive corpus of literature on psychological interventions promoting healthy aging. The selection of a narrative review approach was predicated on its inherent flexibility, facilitating the integration of diverse scholarly sources and conceptual frameworks. This methodological choice enabled a comprehensive exploration of multifaceted dimensions, encompassing psychological, physical, social, environmental, and technological determinants of aging. Unlike systematic reviews, which are governed by rigorous and uniform inclusion criteria, the narrative approach provides a dynamic platform for contextual and theoretical exploration, making it especially well-suited to foster the development of a robust intellectual foundation. Also, a narrative review methodology was chosen for its flexibility in accommodating diverse study designs and its suitability for integrating theoretical models with empirical findings (Baumeister, Leary 1995; Green et al. 2006; Gregory, Denniss 2018). We assessed the quality of our narrative review using the SANRA checklist (Scale for the Assessment of Narrative Review Articles; Baethge et al. 2019), ensuring a structured evaluation of its scientific rigor. Nevertheless, this design is not without constraints, notably the potential for selection bias and challenges in ensuring methodological reproducibility. To mitigate these limitations, the analysis

incorporated well-defined inclusion criteria and a structured thematic synthesis process, thereby strengthening the rigor and transparency of the review.

Review process. As outlined by best practices for narrative reviews (Gregory, Denniss 2018; Siddaway et al. 2019), the review process comprises the steps of defining the research questions and scope, literature identification and selection, data extraction and analysis, synthesis and framework development. The review process for this narrative literature review encompassed six systematic steps, integrating the delineation of boundaries and comprehensive investigation into psychological interventions for healthy aging (Baumeister, Leary 1995; Green et al. 2006; Gregory, Denniss 2018; Siddaway et al. 2019).

Firstly, defining the research questions and scope involved structuring the review around four guiding research questions, with a scope encompassing peer-reviewed studies from 2000 to 2025 that focus on psychological interventions, including those integrating physical, social, environmental, and technological strategies. This step required clarifying the research questions and specifying boundaries to maintain a focused direction, explicitly limiting the scope to exclude medical and pharmacological studies to ensure conceptual clarity and alignment with the review’s psychological objectives.

Secondly, literature identification and selection involved conducting comprehensive searches across various databases, including PubMed, Scopus, Web of Science, PsycINFO. This process utilized carefully chosen search terms – combining (“healthy aging” OR “successful aging” OR “active aging”) AND (“intervention*” OR “program*” OR “strategy”) AND (“elderly” OR “older adults” OR “aging population”) AND (“mental health” OR “psychological” OR “social engagement” OR “technology”) – to gather a broad and relevant corpus of evidence, ensuring the inclusion of diverse perspectives on aging.

Thirdly, the selection and screening of studies took place, applying inclusion and exclusion criteria to ensure quality and relevance (Table 1). This step shaped the review’s scope and relevance, with studies systematically screened for relevance to older adult populations and an explicit focus on psychological or psychosocial interventions. Those outside these criteria were excluded, reflecting the critical role of boundaries in defining the investigation’s focus.

Table 1

Inclusion and exclusion criteria

Category	Inclusion criteria	Exclusion criteria
Population	Adults aged 60 and older, living in community or supported-living settings, with no specific clinical diagnosis beyond age-related psychological health focus.	Studies focused on end-of-life care or exclusively institutionalized populations; participants outside the 60+ age range, with mental or physical diagnosis
Intervention or exposure	Psychological interventions addressing mental health or integrating physical, social, environmental, or technological strategies to support healthy aging.	Studies on medical treatments and interventions targeting medical conditions (e.g., pharmacological therapies).
Comparison	Studies may include a comparison group (e.g., standard care, control conditions) or focus solely on intervention outcomes, with no mandatory comparison required.	N/A (no specific exclusion based on comparison, but lack of intervention focus excluded).
Outcomes	Studies providing theoretical or empirical insights relevant to the four research questions, including improvements in psychological well-being, functional ability, or related health outcomes.	Studies with incomplete data or lacking methodological transparency that preclude outcome evaluation.

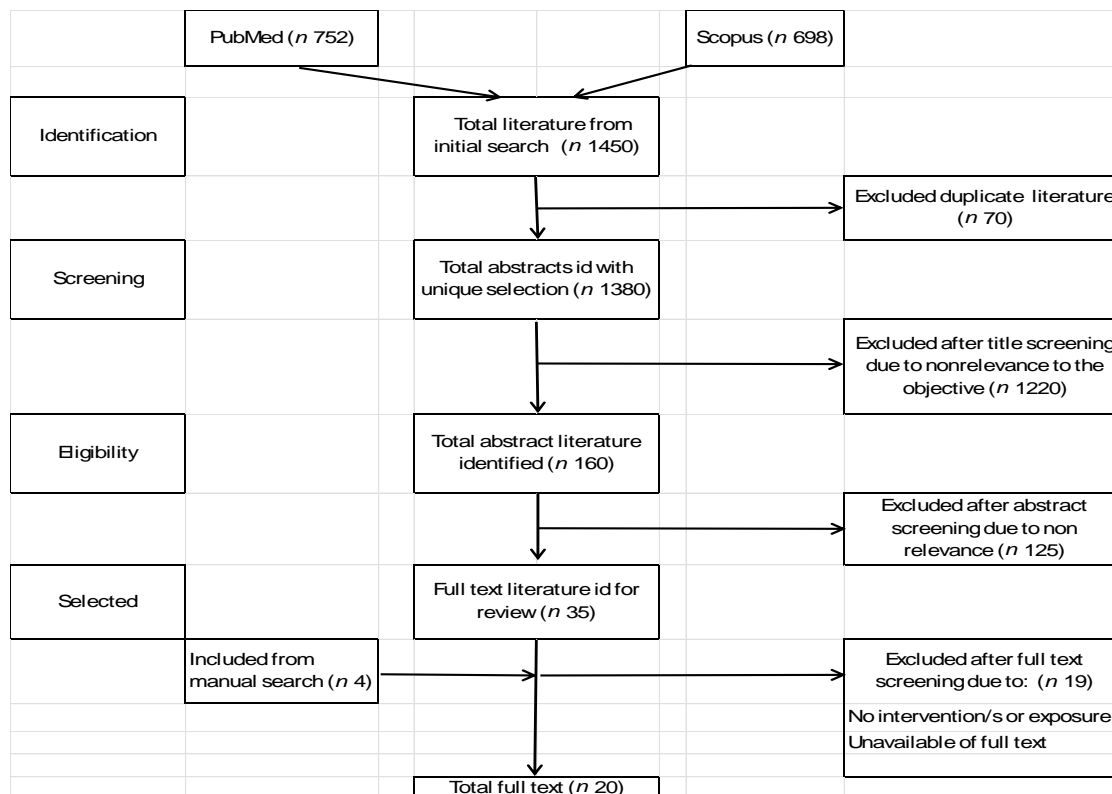
Study design	Peer-reviewed empirical studies (qualitative, quantitative, mixed methods) and reviews (systematic reviews, meta-analyses, narrative, scoping reviews) deemed to provide relevant evidence.	Editorials, commentaries, or non-peer-reviewed opinion pieces lacking scientific rigor.
Publication characteristics	Peer-reviewed articles published in English between 2000 and 2025, sourced from academic journals or reputable databases.	Publications in languages other than English or outside the 2000-2025 date range.

Source: elaborated by the authors.

The flow diagram to visually summarize the process of literature search is presented in Figure 1.

Figure 1

Flow diagram of the literature search and identifying full-text literature



Source: elaborated by the authors.

Fourth, the organization of the literature was undertaken, requiring the structuring of selected studies into meaningful categories such as theoretical orientation, intervention type, or methodological approach. Here, the literature was grouped thematically to facilitate comparison and synthesis across the identified domains, providing a structured foundation for further analysis according to the research questions. This analysis is mostly based on table in Appendix containing full references to selected articles, population, intervention or exposure, comparison, outcomes, study design, theoretical frameworks, and core constructs.

Fifth, the synthesis of findings was carried out, emphasizing conceptual integration and comparative analysis. In this review, findings were synthesized to examine commonalities, differences,

and emerging themes, iteratively analyzing patterns to construct a proposed framework tailored to diverse aging populations according to research questions.

Sixth, the critical evaluation of the evidence was undertaken, entailing the identification of methodological strengths and weaknesses, recognition of potential biases, and assessment of gaps.

Data extraction and analysis. For each included study, data were systematically extracted to facilitate a thorough and structured analysis, capturing a wide range of variables pertinent to the research objectives. This process encompassed the extraction of study design and methodological quality to evaluate the robustness of the evidence base, alongside population characteristics such as age range, gender distribution, and cultural context to reflect the diversity of older adult cohorts. Additionally, data on the theoretical basis and core constructs underpinning the interventions were recorded to illuminate their conceptual foundations, while causal pathways, mediators (e.g., self-efficacy, resilience), and targeted outcomes were documented to elucidate the mechanisms and intended impacts of the interventions. Intervention strategies spanning psychological, physical, social, environmental, and technological domains were cataloged to highlight multidimensional approaches, with further details on delivery formats, evaluation tools, and feedback mechanisms captured to assess implementation and assessment practices. Finally, cultural, gender, and socioeconomic adaptations or considerations were noted to address the contextual adaptability of the interventions, ensuring a holistic understanding of their applicability across diverse populations.

Results

Psychological interventions for healthy ageing. Theoretical basis and core constructs. Psychological interventions designed to promote healthy ageing among older adults (typically aged 60 and above) are grounded in diverse theoretical frameworks. These approaches target psychological well-being, resilience, and adaptive functioning in line with the WHO definition of healthy ageing, which emphasises not only the absence of disease but also the preservation of functional ability, social engagement, and intrinsic capacity across the lifespan. Based on evidence from 20 meta-analyses, systematic reviews, and randomised controlled trials (RCTs), the theoretical foundations of psychological interventions can be grouped into several major clusters, each with distinctive core constructs (Table 2).

Table 2

Theoretical foundations and core constructs of psychological interventions for healthy ageing

Theoretical basis / framework	Core constructs	Representative studies
Mindfulness & Third-Wave Cognitive behavioral theory (CBT) (Functional contextualism, contemplative science, mindfulness theory)	Mindfulness, acceptance, psychological flexibility, values-based living, self-compassion, immersion, relaxation	Kishita et al. (2017); Schlosser et al. (2023)
Reminiscence & Autobiographical Memory (Butler's life-review, Erikson's ego integrity vs. despair, autobiographical memory theory)	Narrative meaning-making, ego integrity, autobiographical specificity, meaning integration, life satisfaction	Bohlmeijer et al. (2007); Cinalioglu et al. (2023); Xu et al. (2023)
Positive Psychology & Well-Being (Ryff's Psychological well-being, PERMA, Keyes' dual-continua, Broaden-and-Build theory)	Purpose in life, autonomy, positive emotions, engagement, strengths use, goal setting, resilience through positive affect	Friedman et al. (2017); Iwano et al. (2022); Öztürk et al. (2023); Sarrionandia et al. (2022)

Behavioral & Cognitive Models (CBT, Behavioral Activation (BA), operant conditioning, cognitive rehabilitation)	Cognitive restructuring, psychoeducation, self-monitoring, problem-solving, activity scheduling, mastery, executive control training	Jesus, Pereira (2023); Scott et al. (2024); Ure et al. (2024); Xiang et al. (2024)
Social Connectedness & Engagement (Social support, social engagement, cognitive reserve, WHO Active Ageing)	Social support, communication competence, cognitive stimulation, technology engagement, self-efficacy	Houston, Smith (2025); Khajepour et al. (2025); Miura et al. (2023)
Resilience & Coping (Resilience theory, biopsychosocial model)	Coping strategies, positive reappraisal, goal setting, problem-solving, social support, affect balance, self-efficacy	Kiosses et al. (2015); Treichler et al. (2020)
Occupational & Lifestyle Models (Occupational science, lifestyle redesign, psychophysiological arousal reduction)	Participation in meaningful occupations, relaxation skills, health-promoting activity selection	Clark et al. (2012); Gould et al. (2024); Öztürk et al. (2023)

Source: elaborated by the authors.

Causal pathways, target populations, and intervention strategies to promote healthy ageing

Psychological interventions aimed at promoting healthy ageing are not only defined by their theoretical underpinnings but also by the mechanisms through which they exert influence, the populations they target, and the strategies they employ. Across the 20 included studies, interventions demonstrated a diverse set of causal pathways, typically linking psychosocial or cognitive inputs with improvements in well-being, resilience, social connectedness, or functional outcomes. These pathways were embedded within interventions tailored for older adults (typically aged 60 and above), spanning a range of settings, including community-dwelling, home-based, and residential environments. The strategies used were multifaceted, integrating psychological, behavioural, cognitive, and social approaches.

Causal pathways. A consistent finding across the studies was the presence of mediators that explain how interventions generate positive outcomes. Mindfulness-based programs, including Acceptance and Commitment Therapy (ACT), Mindfulness-Based Cognitive Therapy (MBCT), and extended meditation training, operated through pathways of increased self-awareness, emotion regulation, and psychological flexibility, leading to reductions in depression, anxiety, and stress, as well as gains in quality of life (Kishita et al. 2017; Schlosser et al. 2023). Virtual reality-guided meditation similarly relied on immersive attention and self-compassion as mediators of change (Cinalioglu et al. 2023).

Reminiscence and life-review interventions drew upon autobiographical memory processes, stimulating meaning-making, ego integrity, and life satisfaction. These pathways were particularly effective in alleviating depressive symptoms and loneliness by reframing past experiences and integrating them into a coherent life narrative (Bohlmeijer et al. 2007; Cinalioglu et al. 2023; Xu et al. 2023).

Positive psychology interventions, including community-based programs such as “Lighten UP!” (Friedman et al. 2017) or targeted practices like gratitude and savouring (Sarrionandia et al. 2022), fostered positive affect and resilience. The Broaden-and-Build theory explains these pathways: positive emotions expand cognitive and behavioural repertoires, which in turn enhance well-being, social connectedness, and coping capacity. Similarly, laughter yoga engaged physiological relaxation responses and social bonding as mediators of reduced loneliness and improved resilience (Öztürk et al. 2023).

CBT and BA (delivered in-person, via telephone, or digitally) followed a different causal chain. Activity scheduling and problem-solving served as mediators, reducing avoidance behaviours and

increasing engagement in meaningful activities. This pathway linked behavioural changes to improved mood, reduced depressive symptoms, and enhanced social functioning (Scott et al. 2024; Xiang et al. 2024). Cognitive restructuring and psychoeducation further supported these outcomes by modifying maladaptive thought patterns (Jesus, Pereira 2023; Xiang et al. 2024).

Interventions explicitly designed to promote social engagement, such as warm calling, group conversations via smartphone applications, or structured social skills training, operate through pathways of enhanced communication competence, perceived social support, and self-efficacy. These mediators mitigated loneliness and promoted community integration (Houston, Smith 2025; Khajehpour et al. 2025; Miura et al. 2023).

Finally, resilience-building programs demonstrated causal mechanisms rooted in coping strategies and goal setting. By teaching adaptive appraisal and problem-solving skills, these interventions enhanced self-efficacy and stress management, which in turn mediated improvements in mental health and functional adaptation (Öztürk et al. 2023; Treichler et al. 2020). Lifestyle redesign interventions added another dimension, where active participation in meaningful occupations mediated improvements in vitality, pain reduction, and social functioning (Clark et al. 2012).

Overall, causal pathways across the studies reveal multiple overlapping mechanisms, often involving emotional regulation, cognitive restructuring, social connectedness, and behavioural activation. Moderators such as age, baseline cognitive status, and cultural background shaped the strength of these effects, underscoring the importance of context-sensitive intervention design.

Target populations. The interventions were directed at older adults, predominantly aged 60 and above, though specific age ranges varied across studies (e.g., 60–95 years in lifestyle redesign programs; 65–84 in meditation training). Most interventions targeted community-dwelling older adults, reflecting a priority for preventative and accessible approaches to ageing well outside of institutional care. Several studies have included ethnically diverse populations (Friedman et al. 2017), veterans (Gould et al. 2024), or individuals with subjective cognitive concerns (Miura et al. 2023), thereby broadening the representativeness of the findings.

Specific interventions were tailored to subgroups of older adults with specific needs. For example, cognitive-emotional programs were delivered to homebound individuals, highlighting their adaptability in the face of restricted mobility (Jesus, Pereira 2023). Similarly, digital and web-delivered CBT interventions addressed accessibility barriers for individuals who were unable to attend face-to-face sessions (Xiang et al. 2024). The inclusion of smartphone-based conversation groups and telephonic befriending interventions further extended the reach to isolated or technologically engaged seniors (Kiosses et al. 2015; Miura et al. 2023).

Notably, while the majority of participants were generally healthy or non-clinical populations, some interventions also targeted individuals with mild psychological distress or subjective cognitive decline. This demonstrates a dual emphasis: supporting healthy older adults to maintain well-being and resilience, while also addressing emerging vulnerabilities that may accelerate functional decline.

Intervention strategies. The strategies employed across interventions reflected diverse psychological traditions, yet commonalities emerged when grouped into broader clusters:

- (1) mindfulness and contemplative practices, including ACT, MBCT, VR-guided mindfulness, and long-term meditation training, aim to enhance awareness, acceptance, and compassion;
- (2) reminiscence and narrative approaches: structured life-review therapy and integrative reminiscence programs focused on autobiographical recall, identity integration, and meaning-making;
- (3) positive psychology interventions: programs emphasised strengths-based activities, gratitude, savouring, and laughter yoga, promoting resilience and positive affect;
- (4) behavioural and cognitive interventions: these included traditional and digital CBT, behavioural activation programs, cognitive rehabilitation, and combined cognitive-emotional

training. Strategies focused on restructuring maladaptive cognitions, scheduling activities, and enhancing executive control;

- (5) social connectedness strategies, including warm-calling, structured group conversations, and social skills training, promoted interpersonal engagement, social support, and self-efficacy;
- (6) resilience-building approaches: programs that integrate coping skills, goal setting, and adaptive reappraisal have been shown to reinforce psychological resilience and adaptability;
- (7) lifestyle and occupational redesign interventions: occupational therapy-based lifestyle redesign and meaningful activity programs targeted daily functioning, health behaviours, and vitality.

These strategies varied in delivery format, including face-to-face group sessions, home-based interventions, pilot online platforms, video modules, and immersive VR environments. The diversity of delivery highlights the adaptability of psychological interventions to various contexts and technological advancements. Table 3 summarises the causal pathways, target populations and intervention strategies described in selected papers.

Table 3

Causal pathways, target populations, and intervention strategies in psychological interventions for healthy ageing

Causal pathways	Target population	Intervention strategies
Emotional regulation, psychological flexibility, self-compassion	Older adults 60+, community-dwelling; some in structured programs	Mindfulness, ACT, MBCT, meditation training, VR-guided mindfulness
Autobiographical recall, meaning-making, ego integrity	Older adults 60+, cognitively intact; group or individual settings	Reminiscence therapy, life-review, narrative interventions
Positive affect, resilience through broaden-and-build	Older adults 60+; community and institutional contexts	Gratitude, savoring, positive psychology groups, laughter yoga
Behavioral activation, problem-solving, activity scheduling	Older adults 60–95, community or home-based; diverse ethnic groups	CBT (face-to-face and online), behavioral activation, cognitive rehab
Social connectedness, communication competence, self-efficacy	Community-dwelling older adults, veterans, technologically active participants	Warm-calling, smartphone conversation groups, social skills training
Coping skills, adaptive appraisal, goal setting	Older adults in senior housing, community settings	Resilience training, coping skills interventions, stress management
Engagement in meaningful occupations, lifestyle redesign	Older adults 60–95, independent living, multi-ethnic groups	Occupational therapy lifestyle redesign, meaningful activity programs

Source: elaborated by the authors.

Expected outcomes and feedback mechanisms in psychological interventions for healthy ageing

Psychological interventions promoting healthy ageing produce multidimensional outcomes that extend beyond symptom reduction to encompass emotional balance, cognitive vitality, social engagement, and eudaimonic well-being. Building on the causal pathways outlined in the previous subsection, these outcomes represent the distal manifestations of mechanisms such as emotional

regulation, behavioural activation, and meaning reconstruction. Feedback mechanisms embedded within interventions serve as both formative and summative components – enhancing motivation, facilitating self-awareness, and sustaining behavioural change beyond the intervention period.

A consistent pattern across the studies was improvement in psychological well-being, measured through indices of positive affect, life satisfaction, self-compassion, and meaning. Mindfulness- and acceptance-based programs (Cinalioglu et al. 2023; Kishita et al. 2017; Schlosser et al. 2023) have been shown to increase emotional regulation and psychological flexibility, which in turn mediate reductions in depression and stress. Positive psychology interventions (Friedman et al. 2017; Iwano et al. 2022; Sarrionandia et al. 2022) have been shown to enhance gratitude, resilience, and life purpose, thereby confirming Ryff’s multidimensional model of psychological well-being. Cognitive-behavioural and behavioural activation interventions (Kiosses et al. 2015; Scott et al. 2024; Ure et al. 2024; Xiang et al. 2024) have improved self-efficacy, engagement, and autonomy through activity scheduling and problem-solving. Reminiscence and life-review approaches (Xu et al. 2023) have been demonstrated to enhance ego integrity and narrative coherence. Collectively, these outcomes demonstrate that interventions nurture both *hedonic* (pleasure, affect balance) and *eudaimonic* (meaning, autonomy) dimensions of well-being.

Socially oriented programs (Khajepour et al. 2025) have been shown to reduce loneliness and increase social reciprocity. In contrast, multicomponent interventions that integrate mindfulness, psychoeducation, and social connection (Sarrionandia et al. 2022) have demonstrated broader cognitive and emotional benefits. The use of feedback mechanisms was pivotal to these effects. Iterative structures, such as goal revision, weekly reflections, and progress tracking, were embedded in most studies. In “Lighten UP!” (Friedman et al. 2017) and *Well Elderly 2* (Clark et al. 2012), facilitator feedback strengthened motivation and personal relevance. Digital and hybrid interventions (Miura et al. 2023; Xiang et al. 2024) implemented automated reminders, interactive dashboards, and in-app reflections that reinforced mastery, accountability, and autonomy. Qualitative feedback collected through interviews and focus groups promoted shared meaning-making and user-driven adaptation.

These findings confirm that feedback mechanisms act not only as evaluative tools but as therapeutic agents that consolidate psychological change. They operationalise the WHO Decade of Healthy Ageing principles of agency and participation, positioning older adults as co-creators in their own growth trajectories. Together, outcomes and feedback mechanisms create self-sustaining cycles of reflection, engagement, and adaptation – anchoring psychological change in lived experience. Table 4 presents an overview of the expected outcomes, mediating processes, and feedback mechanisms in selected articles on psychological interventions for healthy ageing.

Table 4

Expected outcomes, mediating processes, and feedback mechanisms in psychological interventions for healthy ageing

Expected outcomes	Mediating processes	Feedback mechanisms	Representative interventions
Emotional regulation, self-compassion, psychological flexibility	Mindfulness, acceptance, emotion regulation	Weekly reflection, self-monitoring, facilitator feedback	MBCT, ACT, VR-guided mindfulness (Cinalioglu et al. 2023; Kishita et al. 2017)
Increased life satisfaction, resilience, and gratitude	Positive affect, broaden-and-build processes	Group discussions, goal setting, self-reflection diaries	Positive psychology, <i>Lighten UP!</i> (Friedman et al. 2017)

Enhanced engagement, autonomy, and self-efficacy	Behavioural activation, cognitive restructuring	Progress tracking, activity logs, therapist feedback	CBT, PATH, activity scheduling (Kiosses et al. 2015; Ure et al. 2024)
Strengthened ego integrity and meaning	Autobiographical retrieval, life review	Guided narrative review, personal goal adjustment	Reminiscence therapy (Xu et al. 2023)
Reduced loneliness, improved social connection	Communication competence, empathy	Group reflections, peer feedback, post-session interviews	Telephone befriending, group calls (Kiosses et al. 2015)
Cognitive vitality and executive control	Psychoeducation, cognitive training	Automated tracking, digital feedback	Cognitive-emotional training, hybrid CBT (Xiang et al. 2024)

Source: elaborated by the authors.

Adaptation of psychological interventions for healthy ageing to cultural, gender, and socioeconomic contexts

The effectiveness of psychological interventions for healthy ageing depends on their cultural, gender, and socioeconomic alignment. Across studies, interventions that integrated contextual factors – belief systems, gender roles, or material conditions – demonstrated higher adherence, engagement, and well-being outcomes. Adaptation ensures ecological validity and equity, allowing global transferability while preserving theoretical fidelity.

Cultural adaptation. Cultural adaptation emerged as essential for participant retention and emotional resonance. In collectivist settings (e.g., Japan, Iran, China), programs that emphasised family participation, social reciprocity, and community meaning reported more potent effects (Miura et al. 2023; Khajehpour et al. 2025; Xu et al. 2023). These adaptations reframed well-being as a collective construct grounded in relational harmony. In Western contexts, interventions like “Lighten UP!” (Friedman et al. 2017) and *Well Elderly 2* (Clark et al. 2012) prioritised autonomy and self-realisation. Contextual modifications – local metaphors in mindfulness, spiritual integration in reminiscence, or the inclusion of cultural facilitators – enhanced relevance while maintaining conceptual integrity.

Gender-sensitive adaptation. Gender patterns shaped both engagement and outcomes. Women responded more positively to group-based, emotionally expressive interventions that emphasised empathy and reminiscence (Sarrionandia et al. 2022), while men benefited more from structured, goal-oriented programs that emphasised mastery and autonomy (Scott et al. 2024; Ure et al. 2024). Gender-sensitive designs that addressed caregiving burden or social role expectations (Jesus, Pereira 2023) enhanced empowerment and coping, especially among older women. Tailoring emotional and behavioural components to gendered coping styles improved both adherence and efficacy.

Socioeconomic and technological adaptation. Socioeconomic diversity strongly influenced accessibility and sustainability. Low-cost and community-based delivery models – such as telephone or layperson-led behavioural activation (Kiosses et al. 2015) – effectively reached underserved populations. Hybrid and digital approaches (Miura et al. 2023; Xiang et al. 2024) have overcome physical barriers but require support for digital literacy. Integrating community resources and peer mentoring enhanced engagement while reducing attrition, particularly among low-income participants. Programs delivered via local health centres and social clubs facilitated scalability and long-term maintenance.

Discussion

This narrative review set out to provide a comprehensive synthesis of psychological interventions for healthy ageing by addressing their theoretical foundations, causal mechanisms, and contextual

adaptations. Across the literature, a clear trend emerges: psychological interventions consistently enhance wellbeing, resilience, and adaptive functioning among older adults, yet the diversity of approaches and theoretical rationales remains uneven. The findings suggest a gradual shift from purely cognitive-behavioural paradigms toward more integrative frameworks that incorporate emotional, social, and existential dimensions of ageing.

By aligning the synthesis with the guiding research questions, this review revealed both well-established domains – such as self-regulation, coping, and meaning-making – and areas that remain insufficiently conceptualised, particularly cultural adaptation and longitudinal sustainability of effects.

Next, we will address each of four guiding research questions showing how each was addressed through synthesis.

Theoretical and conceptual insights. In this paper we have provided a structured overview of the theoretical bases and core constructs most frequently applied in current research on psychological interventions for healthy ageing. Such an overview not only facilitates deeper understanding of how constructs like mindfulness, meaning-making, resilience, and social connectedness operate in existing studies, but also supports the design of new innovative and integrative interventions.

The theoretical foundations of psychological interventions for ageing draw predominantly from positive psychology, cognitive-behavioural, and lifespan developmental models (like in Kubzansky et al. 2023; Lim, Tierney 2022; Menassa et al. 2023). These frameworks converge on the promotion of autonomy, competence, and social connectedness as central constructs of wellbeing in later life. However, socio-ecological and intersectional approaches are only beginning to influence intervention design. This points to a need for broader theoretical integration that captures ageing as a dynamic interaction between individual agency and structural context. Bridging psychological models with social gerontology, cultural psychology, and critical ageing studies could enhance conceptual depth and ecological validity (Horgan et al. 2024; Viola et al. 2024).

Causal pathways, target populations, and intervention strategies. Taken together, the studies highlight that effective interventions for healthy ageing engage multiple causal pathways simultaneously, targeting psychological, cognitive, social, and behavioral mechanisms (as in Horgan et al. 2024; Seah et al. 2019). While some programs emphasize singular mechanisms (e.g., meditation for mindfulness), many adopt multi-component strategies that integrate positive affect, social connection, and behavioral activation, thereby maximizing impact. Target populations remain primarily community-dwelling older adults, but interventions are increasingly adapted for homebound, technologically connected, or culturally diverse groups.

Interventions appear to exert their influence through multiple psychological mechanisms, including emotion regulation, cognitive reframing, and the reinforcement of purpose and meaning. Mindfulness-based, narrative, and multimodal programs exemplify such pathways by fostering adaptive coping and existential engagement.

Expected outcomes and feedback mechanisms. Taken together, the findings reveal that feedback and reflection mechanisms are central to the sustainability of intervention outcomes. By embedding self-assessment and responsive adaptation into program design, psychological interventions foster long-term resilience and self-efficacy. Feedback processes bridge the immediate gains from structured sessions with continued personal growth, aligning with the WHO framework that views healthy ageing as a process of maintaining functional ability through self-directed learning and social participation.

Adaptation to various contexts. Despite global interest in promoting healthy ageing, most psychological interventions remain culturally narrow and insufficiently adapted to diverse populations. Evidence from non-Western and low-resource contexts is limited (see Arundell et al. 2021; Giebel et al. 2024), and few interventions explicitly integrate gender, cultural values, or socioeconomic status into their design. Adapting interventions to local meanings of ageing, intergenerational roles, and

community-based support systems could improve both engagement and effectiveness. This contextualisation aligns with WHO's vision of person-centred, culturally responsive health promotion.

Collectively, the evidence indicates that effective adaptation requires participatory co-design, flexibility, and ecological grounding. Interventions that incorporate local languages, gender awareness, and socioeconomic inclusivity maintain fidelity while achieving contextual fit. These approaches align with the WHO *Decade of Healthy Ageing* and *Sustainable Development Goal 3*, promoting equitable access to mental health and social well-being for older adults globally. By integrating cultural and demographic nuances into design and feedback structures, psychological interventions achieve both scientific validity and social relevance.

Methodological reflections. The reviewed literature demonstrates methodological progress yet still faces challenges. Many studies rely on small samples, short-term follow-up, and limited process evaluation. The heterogeneity of outcome measures complicates synthesis and hinders meta-analytic aggregation. Addressing these issues will require cross-cultural validation of measures, transparent reporting of intervention fidelity, and greater inclusion of qualitative insights that capture the lived experience of ageing.

Also, causal pathways are often implied rather than empirically tested. Few studies systematically link theoretical constructs with measurable mediators, underscoring a gap between conceptual ambition and methodological precision. Future research should employ longitudinal and mixed-method designs to elucidate how these mechanisms unfold across the ageing trajectory.

Practical implications. Psychological interventions offer scalable and cost-effective means to promote wellbeing among older adults, especially when integrated into primary care, community centres, and digital health platforms. Practitioners should prioritise collaborative models that combine psychological support with physical activity, social engagement, and digital literacy training. For policymakers, investing in preventive and community-based programmes can help delay functional decline and reduce health disparities in ageing populations. Evidence-based psychological interventions thus represent a cornerstone of sustainable ageing policy.

The results of given narrative review will be utilized in planning and designing the second stage of on-going research – elaborating healthy ageing psychological intervention for elderly population in the context of Latvia.

Future research directions. Future studies should prioritise longitudinal research designs, culturally grounded interventions, and multimodal delivery formats. Greater attention to technology-assisted interventions, intergenerational approaches, and mechanisms of social connectedness could further enhance understanding of how psychological processes contribute to healthy ageing. Developing shared theoretical frameworks and standardised reporting protocols would strengthen the comparability and cumulative value of future research.

The evidence suggests that future interventions should prioritize flexible, integrative approaches that align strategies with the needs of diverse ageing populations. By addressing not only “what works” but also “how and why it works,” these interventions provide a pathway toward more effective, generalizable, and sustainable promotion of healthy ageing in line with WHO's framework.

Conclusions

This synthesis demonstrates that psychological interventions for healthy ageing are theoretically diverse yet convergent in promoting resilience, well-being, and functional capacity among adults aged 60 years and older. Grounded in cognitive-behavioural, mindfulness-based, positive psychology, reminiscence, resilience, and lifestyle frameworks, these approaches share core mechanisms of emotional regulation, cognitive restructuring, meaning-making, and social connectedness. Across evidence from meta-analyses, systematic reviews, and RCTs, causal pathways indicate that

interventions exert effects through mediators such as psychological flexibility, positive affect, autobiographical integration, and behavioural activation, leading to improvements in life satisfaction, self-efficacy, and social engagement.

Outcomes consistently extend beyond symptom reduction to include eudaimonic well-being, purpose, and vitality, supported by embedded feedback mechanisms that enhance agency, reflection, and sustained behaviour change. Adaptation to cultural, gender, and socioeconomic contexts emerges as a critical determinant of effectiveness and equity. Interventions integrating collectivist values, gender-sensitive engagement, or low-cost community delivery achieved greater adherence and impact.

Overall, psychological interventions represent a vital component of holistic ageing policy and practice, aligning with WHO principles of functional ability and participation. Future research should prioritise integrative, context-sensitive designs that combine psychological and technological innovation to enhance reach, scalability, and long-term sustainability of healthy ageing outcomes.

This narrative synthesis underscores that psychological interventions play a vital role in supporting the multidimensional process of healthy ageing. Their effectiveness depends not only on theoretical coherence but also on contextual and cultural sensitivity. By advancing integrative, evidence-informed, and person-centred approaches, the field can contribute more effectively to global ageing agendas and the promotion of wellbeing across the lifespan.

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Summary table of included studies and their research dimensions

#	Article	Population	Intervention or exposure	Comparison	Outcomes	Study design	Theoretical frameworks	Core constructs
1	Bohlmeijer et al. 2007	Older adults (60+)	Reminiscence therapy	Meta-analysis of control groups	Improved psychological well-being	Meta-analysis	Life-review theory (Butler); Eriksonian ego integrity; narrative/meaning-making	Autobiographical memory, ego integrity, meaning, life satisfaction, depressive symptoms
2	Cinalioglu et al. 2023	Older adults (60+)	Virtual Reality guided meditation	Waitlist control	Reduced stress, anxiety, depression; improvement in sleep quality, quality of life, mindfulness skills etc.	Pilot RCT (Randomised Controlled Trial)	Mindfulness/meditation; presence/immersion	Attention regulation, body/breath awareness, relaxation response, presence, self-compassion
3	Clark et al. 2012	Older adults (60-95)	Occupational Therapy lifestyle-based program: group + individual sessions + monthly community outings aimed at healthy lifestyle / engagement in	Control group	Reduced bodily pain, depression; improved vitality, social functioning, mental health, life satisfaction, cost effectiveness	RCT	Occupational science. Lifestyle redesign, enabling individuals to actively and strategically select an individualized pattern of personally satisfying and health-promoting occupations. Participation in meaningful activities is a vital part of people's lives	Physical health, mental well-being, health-related quality of life, life satisfaction, depression, ethnically diverse older people

			meaningful occupation					
4	Friedman et al. 2017	Older adults (60+)	Community-based group intervention using positive psychology	Control group	Improved psychological well-being, positive affect	RCT	Ryff's eudaimonic Psychological Well-Being model; positive psychology	Purpose in life, personal growth, autonomy, environmental mastery, positive relations, self-acceptance; gratitude, savoring, strengths use, meaning/goal setting, engagement
5	Gould et al. 2024	Older adults (60+)	Video-delivered relaxation therapy	Active control: video psycho-education	Anxiety reduction, relaxation	Pilot RCT	Stress/trauma theory, Psychophysiological arousal reduction theories	Diaphragmatic breathing, progressive muscle relaxation, self-monitoring, home practice adherence
6	Houston, Smith 2025	Older adults (60+)	Eight-week warm calling phone intervention	Control group	Mental health, social connection improvement	RCT	Social support/connectedness models and behavioral activation	Perceived social support, social connectedness, engagement/activation, loneliness reduction, mood/affect, hope/self-efficacy, quality of life
7	Iwano et al. 2023	Older adults (60+)	Psychological interventions: art therapy, group discussions, social encounters, mindfulness	Control groups and standard care	Reduced psychological distress; improved well-being	Systematic review & meta-analysis	Positive psychology and well-being science (hedonic & eudaimonic models; PERMA; Ryff PWB); mindfulness-based approaches; social connectedness	Life satisfaction, positive/negative affect, meaning/purpose, autonomy, personal growth, positive relations, environmental mastery, social support/participation, resilience, mindfulness/attention, engagement

8	Jesus, Pereira 2023	Older adults (60+)	Cognitive-emotional intervention program	Control group	Feasibility, acceptability, cognitive/emotional outcomes	Pilot RCT	Cognitive rehabilitation model + CBT (psychoeducation, cognitive model, behavioral activation, problem-solving)	Attention training; face–name learning external/internal memory aids; pleasant-activity scheduling; problem-solving; breathing/relaxation; homework and skills generalization
9	Khajehpour et al. 2025	Older adults (M=68)	Communication and social skills training program	Control group	Improvement of active aging dimensions (mindfulness, social participation, etc.)	Quasi-experimental randomized trial	WHO Active Aging framework; social-skills training/social learning	Communication competence, social participation, self-efficacy, mindfulness/attention to others, community engagement
10	Kiosses et al. 2015	Older adults (65+)	6-week behavioral activation program (online, group-based)	Telephone befriending (non-structured calls)	Improved engagement, feasibility, acceptability, well-being indicators	RCT	Behavioral activation; social connectedness	Loneliness reduction, engagement, social support, life satisfaction
11	Kishita et al. 2017	Older adults (60+)	Third wave mindfulness-based CBT Acceptance and Commitment Therapy and Mindfulness-Based Cognitive Therapy	Waitlist controls, minimal support, activity-based intervention or standard CBT	Reduction of symptoms of depression and anxiety	Meta-analysis	Mindfulness and acceptance to build psychological flexibility, functional contextualism. Relational Frame Theory	Mindfulness, acceptance, psychological flexibility, values-based living, adaptation to aging-related challenges, self-compassion

12	Miura et al. 2023	Older adults (60+)	Home-based group conversation intervention via smartphone	Control group	Improved cognitive health, psychological well-being	RCT	Cognitive reserve and social engagement theories; conversational cognitive stimulation	Conversational turn-taking, verbal production, attention/executive control, social connectedness, engagement with technology, self-efficacy
13	Öztürk et al. 2023	Older adults	Laughter yoga sessions	Control group	Reduced loneliness; improved psychological resilience, quality of life	Pilot RCT	Broaden-and-Build theory; relaxation/breathing	Diaphragmatic breathing, positive affect, social bonding, stress reduction
14	Sarrionandia et al. 2022	Older adults	Multi-component psychological intervention	Active control: course on culture and humanities	Reduced psychiatric symptoms; improved positive mental health	RCT	Keyes' theory of complete mental health; positive psychology	Emotional/psychological/social well-being, gratitude, savoring, mindfulness, strengths use, social connection
15	Schlosser et al. 2023	Older adults (65–84)	18-month meditation training	Active control (language training) and passive control	Improved psychological well-being (awareness, connection, insight), quality of life	Secondary analysis of RCT	Contemplative science; well-being skills model	Mindfulness/attention (awareness), compassion/connection, insight/metacognition, sustained practice dosage
16	Scott et al. 2024	Older adults (65+)	Behavioral activation intervention	Active control: positive psychology well-being program	Improved life engagement, social network, mental health, well-being	RCT	Behavioral Activation (learning theory)	Activity scheduling, mastery/pleasure, reduce avoidance, values-consistent action, social contact

17	Treichler et al. 2020	Older adults (60+)	Group resilience intervention	Control group	Resilience improvement	Pragmatic RCT	Resilience theory; CBT/skills training	Coping skills, positive reappraisal, goal setting, problem-solving, social support, self-efficacy
18	Ure et al. 2024	Older adults (65–86)	6-week behavioral activation program (online, group-based)	Pre-post (no formal control)	Improved engagement, feasibility, acceptability, well-being indicators	Pilot feasibility study	Behavioral activation framework	Engagement, mastery/pleasure, values-based activity scheduling, social contact
19	Xiang et al. 2024	Older adults	Web-delivered CBT	Active control: weekly friendly phone calls and depressive symptom monitoring	Reduced depressive symptoms, anxiety, social isolation; improved quality of life	RCT	CBT; supportive accountability	Psychoeducation, self-monitoring, cognitive restructuring, behavioral activation, problem-solving, coaching adherence
20	Xu et al. 2023	Older adults (60+)	Individual/group; instrumental, spiritual, transmissive, integrative forms of reminiscence therapy	Routine care, wait-list, or non-reminiscence activities	Depression and loneliness reduction, improved life satisfaction, self-esteem, mixed effects for happiness, anxiety	Systematic review & meta-analysis	Life-review /reminiscence theory; Eriksonian ego integrity; narrative meaning-making	Autobiographical recall, meaning/integration, ego integrity, psychological well-being (depression, life satisfaction, self-esteem, loneliness), dose/format/setting moderators

Source: elaborated by the authors.