

Supplement Article: Motivation and Healthy Aging

The Self-Regulation of Healthy Aging: Goal-Related Processes in Three Domains

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Abstract

As people age, they experience typical age-graded challenges and opportunities, for example, their own retirement, changes in their social networks, or a decline in health condition. The extent to which people successfully process, respond to, and act on these challenges and opportunities is highly important for their health, at the core of which the WHO sees the possibility of “doing what one has reason to value.” In this article, we posit that individuals can play an active role in determining whether they can, in response to these age-graded influences, continue doing what they have reason to value, and that they can do so by deploying the self-regulatory processes of *goal setting* (including reengagement in new goals after disengaging from a previous goal), *goal pursuit*, and *goal disengagement*. We discuss the role of these self-regulatory processes in three important goal domains: work/retirement, interpersonal relationships, and health. Across these domains, we consider typical challenges and opportunities including the increased availability of daily time in old age, the long past that lies behind older adults, and their limited future time perspective. Finally, we derive open research questions that may be studied to better understand how the very old may self-regulate their response to age-graded influences.

Keywords: Aging, Development, Health, Goal pursuit, Self-regulation

Throughout their lives, people share the experience of typical age-graded challenges and opportunities. As people approach late adulthood, for example, they face their own retirement from the work force, changes in their social networks (e.g., after the death of close relationship partners), and declines in their cognitive and physical functioning. Transitions and experiences like these can be subsumed under the term *age-graded influences* and defined as “determinants that (a) have a fairly strong relation with chronological age and are therefore fairly predictable in their temporal sequence (onset, duration), and (b) are, for the most part, similar in their direction among individuals” (Baltes, 1987, p. 621). Whereas some are, to a large extent, biologically determined, such as the physical and cognitive decline associated with aging, others, like the timing of re-

tirement, are more strongly determined by environmental factors such as a society’s norms and regulations (Baltes, 1987). Given that, by definition, experiencing age-graded influences is the norm, it is a source of interindividual similarity in developmental trajectories. How individuals idiosyncratically process, respond to, and act on these age-graded influences should, however, be an important source of interindividual dissimilarity in developmental trajectories (Bleidorn et al., 2020). A person who copes well with retirement and makes the best out of it may, for example, age differently (e.g., more active, happy, and healthy) than a person who copes less well with this important life transition (Wang & Shultz, 2010).

The current article investigates the question of how older adults can leverage goal setting, goal pursuit,

and goal disengagement in a way that fosters their own healthy aging in the face of typical age-graded influences. We too (see Freund et al., 2021) adopt the World Health Organization's (WHO, 2015) definition of healthy aging as the "process of developing and maintaining the functional ability that enables well-being in older age" (p. 28), where functional ability denotes the "attributes that enable people to be and to do what they have reason to value" (p. 28).

Note that our considerations about "older age" or "older adults" do not refer to adults within a specific age range even though people above the retirement age (e.g., 65 years) are often considered as older adults. However, we discuss retirement as a process that starts before the actual date of retirement. Sticking to an age range above 65 would not be in line with this perspective. In addition, empirical studies also vary regarding how age groups are formed and ideally investigate change as a more continuous process across adulthood rather than creating age groups. Lastly and most importantly, defining age groups by using specific age ranges would suggest a level of precision in predicting the onset of age-graded challenges that does not exist. Someone who develops arthritis or whose spouse dies in their mid-50s may experience the same challenges as a 70-year old in the same situation. It nevertheless makes sense to discuss these challenges as *age-graded* challenges, given that they are correlated with age.

For reasons elaborated below, we will focus on age-graded influences in three goal domains: work/retirement, social relationships, and health. In addition, we will consider an age-graded influence that transcends goal domains and has not, in our view, received sufficient attention so far, namely people's changing perspective on and experience of the past, present, and future (Kooij et al., 2018). These considerations are scattered across the article where we see fit. We will first, however, introduce what we mean by goals and the goal-related, self-regulatory processes of goal setting, goal pursuit, and goal disengagement.

Goals and Goal-Related Processes

Goals represent a central construct in the analysis of human motivation. They can be defined as cognitive representations of desired (or feared) states that are approached (or avoided; Elliott & Fryer, 2008; Emmons, 1996). They represent an important aspect of people's identities (Brunstein et al., 1999) and give structure to people's lives (Klinger, 1977). Most importantly, goals provide guidelines for navigating one's social world in a way that satisfies one's affective needs (implicit motives; Schultheiss & Brunstein, 2010). Accordingly, it is not surprising that goal characteristics and goal-related processes predict people's well-being (see Hennecke & Brandstätter, 2017, for a review), likely through affecting which outcomes people attain in important domains of life including work (e.g., Lee et al., 1989), relationships (e.g., Impett et al., 2010), and health (e.g., Mann et al., 2013). Whereas goals are moderately stable

aspects of people's personalities (Atherton et al., 2020; Bleidorn et al., 2010), they are also, as emphasized in models of developmental regulation, dynamic in the sense of responding to available resources and opportunity structures in a given developmental context (e.g., Freund & Baltes, 2000; Heckhausen & Schulz, 1995).

At least three processes or groups of processes are crucial in this regard: Processes of *goal setting* involve individuals choosing from a plenitude of potential goals, weighing their advantages and disadvantages, and committing to goals that they consider both feasible and valuable (e.g., Gollwitzer, 1990). Processes of *goal pursuit* (or goal striving) require individuals deploying goal-conducive means (Shah & Kruglanski, 2003), and that they remain persistent or return to goal pursuit in the face of conflicting impulses, shifting priorities, interruptions, and obstacles (Moshontz & Hoyle, 2019). If goal pursuit does not go as planned and a goal turns out to be unfeasible or of low value, processes of *goal disengagement* may become relevant (e.g., Brandstätter & Schüler, 2013; Wrosch et al., 2003). Goal disengagement seems important to avoid entrapment (Brockner & Rubin, 1985) but may entail a painful process (Brandstätter et al., 2013; Klinger, 1975). Lastly, successful goal disengagement can free resources for reengaging in more feasible or valuable goals (Wrosch & Scheier, 2020). Given that goal reengagement can be considered a special type of goal setting, we will not treat it as its own group of goal-related processes here.

Goal-Related Processes for Healthy Ageing in the Contexts of Work/Retirement, Social Relationships, and Health

We will focus on goal-related processes in response to age-graded influences in three goal domains, namely (a) work/retirement, (b) social relationships, and (c) health, given that these domains are closely related to three basic needs or motives whose fulfillment is linked to well-being and health: First, the need for achievement (McClelland, 1987) or competence (Deci & Ryan, 2000) usually finds a major "outlet" in the goals that individuals pursue in their work context and thus its fulfillment may become more difficult after retirement. Second, the need for affiliation (McClelland, 1987) or social relatedness (Deci & Ryan, 2000) shapes interpersonal relationships. Third, the need for power (McClelland, 1987) or autonomy (Deci & Ryan, 2000) requires the individual to be efficacious and self-determined, for which health is an important resource.

Disengaging From and Reengaging Into Goals in the Domain of Work/Retirement

Retirement as a sequence of goal-related processes

Retirement is a critical transition in the life course (Holmes & Rahe, 1967; Luhmann et al., 2012) and has a powerful

impact on different areas of life (financial, social, health) and, thus, on individuals' psychological and physical well-being (Beier et al., 2018; Hamm et al., 2019; Wang & Shi, 2014). Retirement is a process that lasts well beyond one's last day at work as it means adapting to one's new life that offers plenty of promising new opportunities (e.g., time for new leisure activities or volunteer work) but also taxing challenges (e.g., a reduced structure in everyday life). Goal-related everyday routines, meaningful engagements, social contacts, but also financial resources undergo radical changes, often from one day to another. As such, retirement requires a thorough restructuring of an individual's goal system (Kruglanski et al., 2002).

Specific self-regulatory challenges in retirement

Self-regulation of retirement is characterized by three challenges: First, after withdrawal from work, retirees are forced to deliberately reshape major parts of their life that were previously governed by organizational requirements and external structures (e.g., daily routines such as when to go to work, where and with whom to interact). Second, retiring means leaving behind a goal context that has perhaps governed one's life for decades (Kooij et al., 2018). At work, people pursue a myriad of goals that reach from concrete low-level, task-related goals codified by their job description (e.g., draw up financial reports) over mid-level goals (e.g., excel in one's job) to abstract lifelong, high-level goals (e.g., engage in meaningful tasks; Kanfer et al., 2017; Zacher et al., 2016). With leaving work, a broad array of low- and mid-level personal goals fall away and have to be substituted in order to secure satisfying enduring motives (Schultheiss & Brunstein, 2010) and high-level goals like values (Rokeach, 1973) and idealized notions of the self or one's identity (e.g., being a successful lawyer; Gollwitzer & Wicklund, 1985; Markus & Nurius, 1986). Indeed, retirees who strongly identify with their work roles and for whom work is the most important area of life have a more difficult time adjusting to postretirement life (Houlihan et al., 2015; Wang & Shi, 2014). Accordingly, retiring means giving up specific goals and habits but ideally also reengaging in meaningful new activities in order to create purpose and sense in one's new life. Third, when deliberating how to spend this new phase of life, the more limited future time perspective might become salient to retirees (Kooij et al., 2017). In one's mid-60s, for the first time, one might feel that life is too short to start new projects even if they are deemed important and meaningful.

In the context of work, disengaging from certain personal goals as well as identifying, committing to, and pursuing new goals that provide meaning to life outside of work can be seen the most important self-regulatory tasks of retiring individuals. After having retired, however, for some retirees, a paradoxical situation may exist. For years, they have yearned for more autonomy in shaping their lives, and then, after retirement, with plenty of time during the day and little or even no external constraints

and pressures, they may feel lost in how to shape their time, and experience choice overload (Chernev et al., 2015). Even if individuals have a bucket list with important leisure and social goals (Freund, 2020) that they had deferred until retirement, they might have a hard time getting started on these goals. In this phase of the retirement process, the self-regulatory challenge is to identify, commit to, and act on new goals that align with one's values, interests, and implicit motives. But, how would one find out what is meaningful to oneself, attractive, and feasible to strive for? Moreover, even if retirees have an idea with what to occupy themselves, they might find that the necessary competencies are lacking but, at the same time, think—given the salient shorter future time perspective—that their active lifetime left is not enough to acquire these competencies (e.g., to take a course that takes years).

The process of disengagement and reengagement

Disengaging from a goal unfolds on the cognitive, affective, and behavioral levels. Even if an individual no longer acts on a specific goal, ruminative thoughts (Martin & Tesser, 1989) and regret about the relinquished goal (Carver & Scheier, 2005; Wrosch & Scheier, 2020) may continue, and thus impede commitment to alternative goals. Thus, disengagement and reengagement must go hand in hand as committing to an attractive and feasible new goal will detach the individual from the "lost" goal (Klinger, 1975). But how to identify and commit to attractive and feasible alternative goals? Individuals will have to "get a taste of their goals" (Job & Brandstätter, 2009) to feel whether a concrete endeavor could satisfy basic needs (motives). As implicit motives are not consciously represented (Schultheiss & Brunstein, 2010), however, individuals would have to select a detour to find out their basic affective needs. One way to find out is to take a step back and sense one's wishes or positive fantasies about the future as they have been found to originate from these needs (Kappes et al., 2012; Oettingen & Sevincer, 2018). Otherwise, people might try to remember instances of deep positive feelings and identify what motive theme was present: competing with a standard of excellence (achievement), having impact on other people (power), or socializing with others in a trusting way (affiliation). In a next step, one would deliberate what type of goals could satisfy one's motive(s). For example, a power-motivated business woman might envision being active in voluntary work and help those in need. An achievement-motivated retiree might choose to acquire new skills in a challenging context (e.g., taking a formalized course in computer programming). Lastly, an affiliation-motivated retiree might want to spend time with close friends and family.

Feeling what one's important wishes are is just the first step, though. As wishes are not binding, one must turn a wish into a goal. A self-regulatory strategy to support commitment to fulfil an attractive and feasible wish and strive for its attainment is mental contrasting. In mental contrasting, people

positively fantasize about wish fulfillment and then identify and imagine the critical hurdle in themselves that stands in the way of wish fulfillment (e.g., an emotion, irrational belief, ingrained habit; [Oettingen, 2014](#); see also [woopmylife.org](#)). Such mental contrasting of the desired future with the obstacle of reality standing in the way provides what is necessary for successful goal setting and goal pursuit: the direction to act and the energy to act. In a nutshell, by sensing what “one has reason to value” and reengaging in goals outside the work context, goal disengagement from the old work life may then happen as a side effect.

Setting, Pursuing, and Disengaging From Goals in the Social Domain

A basic need and changing circumstances of fulfillment

Social connection is a central psychological need whose fulfillment is an important precondition for human well-being and health (e.g., [Baumeister & Leary, 1995](#); [Deci & Ryan, 2000](#)). As people age, however, their social lives change as well and some of these changes might be challenging for older adults' social integration: Many older people live in a one-person household ([Peplau et al., 1982](#)). Even if they are still cohabitating, having to care for a spouse can diminish opportunities for social contact ([Nieboer et al., 1998](#)). Many older adults experience the loss of their spouse and other close relationships, a major disruption of their social lives and a major source of distress ([Arbuckle & de Vries, 1995](#); [Holmes & Rahe, 1967](#)). Lastly, functional limitations (e.g., deteriorating sight) may constrain older adults' mobility and reduce opportunities for social contact ([Rosso et al., 2013](#)). While these age-graded influences appear as potentially problematic, the data paint a somewhat more optimistic picture of older adults' social integration. Loneliness and social isolation are less common than one might expect, at least among the younger old ([Luhmann & Hawkey, 2016](#)). Some researchers have even concluded that older adults have better social relationships ([Luong et al., 2011](#)). Next, we describe how goal-related processes can help older adults to do and be what they have reason to value in the context of social relationships.

Age-related changes in which social goals are desirable

The goals that older adults have in the social domain appear to foster high-quality social relationships. First, the availability of more daily time after retirement allows older adults to more freely choose with whom they are spending their time ([Ginn & Fast, 2006](#); [Rosenkoetter et al., 2001](#)). Therefore, social goals can be more autonomously regulated in old age ([Sheldon & Elliott, 1999](#)). Second, in response to their shorter future time perspective, older adults prefer smaller networks of very close others that can fulfill their social goal of satisfying emotional experiences in the here and now ([Carstensen, 2006](#)). Third, older adults choose social goals with a more intrinsic (affiliation, community feeling) rather than extrinsic goal content (social recognition), which, in turn, can also promote their well-being ([Kasser & Ryan, 1993](#); [Sheldon & Kasser, 2001](#)).

Younger but not older adults also report more social *approach* (directed at attaining positive social outcomes) than social *avoidance* goals (directed at avoiding negative social outcomes) and whereas having social approach goals is positively and having social avoidance goals negatively associated with younger adults' daily well-being, there is no such association for middle-aged and older adults' daily social well-being ([Nikitin et al., 2014](#)). This difference has been explained based on the different developmental tasks or life goals of younger adults: After moving out of their parents' homes, younger adults are expected to establish new social contacts, including social networks at the work place, and to find a romantic partner ([Arnett, 2000](#); [Eccles et al., 2003](#)). Later in life, and especially in older adulthood, maintaining well-established social relationships is prioritized (e.g., [Antonucci et al., 2010](#)). Older adults may also be under the impression that it seems difficult to form new close satisfying relationships in older age, given that this may require time. Therefore, they might have little interest in getting to know new relationship partners, even when their own social networks shrink involuntarily, through the death of close others.

Age-related changes in the pursuit of social goals

Older adults do not only seem competent in setting social goals that foster high-quality relationships, they also seem to pursue their social goals in a way that makes their experience rewarding and minimizes social conflicts. They are highly competent in choosing strategies that are helpful in navigating social situations ([Blanchard-Fields et al., 2007](#); [Hess, 2006](#)). For example, they appear to be more appeasing and less aggressive in response to interpersonal conflicts than younger people ([Birditt & Fingerman, 2005](#)), possibly due to their lifelong experience of dealing with a variety of interpersonal relationships. It could also be their limited future time perspective that lets older adults prioritize positive experiences in the here and now, possibly at the expense of other social goals (e.g., social influence or status).

Conversely, functional limitations may render interpersonal goal pursuit such as visiting other people in their homes, meeting them in a cafe, or even inviting them in one's own home, more effortful. To the extent that effort requirements place upper limits on engagement for goals, pursuing social goals might become too effortful to maintain through familiar and available means ([Brehm & Self, 1989](#)). Here, we see promise in new technologies, which might help older adults to overcome geographical distance and mobility barriers to maintain a sense of connectedness with lower effort ([Hülür & Macdonald, 2020](#)).

Disengagement from social goals

Lastly, the largest self-regulatory challenge in old age may be the loss of one's spouse. It is considered a source of major and enduring psychological distress ([Bonanno & Kaltmann, 2001](#); [Holmes & Rahe, 1967](#)), and related

to decrements in physical health of the remaining partner (Stroebe et al., 2007). Here, the term “disengagement” might not do justice to the complexities of the grief process (e.g., Stroebe et al., 2001). There may nevertheless be some similarities with the process of disengagement from personal goals (Klinger, 1975). Generally, goal disengagement might work better if individuals can reengage into alternative goals (Wrosch et al., 2003). However, when a partnership has persisted for an extended past and the future is rather limited, it may appear and, in fact be, unlikely (Rapp, 2018) to find an alternative partner with whom a similar attachment can be formed and with whom the need for intimacy (McAdams & Constantian, 1983) can still be satisfied.

Nevertheless, even if a relationship partner cannot be replaced, it may be possible that other social partners may take on roles to compensate, to some degree, for the loss of the partner. Older adults, like everyone else, might rely on other people for their own goals (Orehek & Forest, 2016) and the loss of relationship partners might therefore obstruct the continued pursuit of these goals. The loss of one’s spouse may, for example, be associated with a loss of mobility, if that spouse used to drive the couple to places in a car. Other social partners may take on instrumental roles that have previously been fulfilled by other, lost relationship partners. Even if social partners and their effects on need fulfillment may be irreplaceable, maintaining and potentially deepening other social relationships may be helpful to maintain a sense of social connection and important for coping with the impact of the loss of a loved one on other. This, in turn, should allow older adults to continue “being and doing what they have reason to value.”

Setting, Pursuing, and Disengaging From Goals in the Health Domain

Health declines in old age

In old age, objective declines in physical and mental health cannot be avoided even when people are embedded in the most favorable work or social relationship contexts. Whereas health losses can occur gradually (e.g., hearing or vision loss) or suddenly (e.g., a fall), they are foreseeable with old age. In studies of population health, age stands out as the most powerful predictor of a person’s health state and their risk of morbidity and mortality (United Nations, 2015).

Nevertheless, there is also heterogeneity in people’s individual health trajectories. For example, individuals’ health is influenced by genetic factors (Brooks-Wilson, 2013), level of income or educational attainment, environmental factors such as pollution or accessible infrastructure, and behavioral or “lifestyle” factors such as tobacco use or physical inactivity (United Nations, 2015). Because such behavioral factors codetermine older adults’ health trajectories, people may respond to foreseeable and experienced

age-graded influences with setting health behavior change goals geared to benefit the later years in their lives.

Health challenges in old age might necessitate disengagement and reengagement regarding various life areas. For example, it might require disengaging from illusions of invulnerability (e.g., “I will not get cancer”; Perloff & Fetzer, 1986), from subjectively attractive activities (e.g., engaging in risky sports), and from long-cherished habits (e.g., having heavy dinners late in the evening) that older adults have enjoyed for many years. Preventing or slowing health challenges will be easier for those who already have healthy habits in place (e.g., are already adhering to an Italian diet and regular exercise; Orbell & Verplanken, 2010) and who have, over the past, developed a strong health-conscious identity (Oyserman et al., 2007; Strachan & Brawley, 2009). But even for health-conscious adults, goals might have to change to accommodate the specific health challenges of old age.

Age-related changes in setting health goals

Coping with the onset of ill health in old age requires considering health as a priority in one’s goal setting: William James (1890; see also Taylor, 1983) has argued that when steep emotional changes occur, as is the case when threats of deteriorating health in old age suddenly occur, people set clear priorities in the service of coping with the threatening events. That is, when a health threat hits, people will disengage from now trivial-seeming everyday goals (e.g., to prepare for a birthday party) and set priorities to cope with the threatening event (e.g., focusing on supportive interpersonal relationships; see Carstensen, 2006). Indeed, older adults are more selective in setting goals (Freund & Baltes, 2000; Riediger & Freund, 2006) and prioritize goals directed at maintaining their health (Saajanaho et al., 2016).

To prepare for their later years, middle-aged and older adults may feel impelled to focus their goals on *preventing* or slowing the onset of health problems. In fact, older but not younger adults’ goals tend to be directed toward maintaining their cognitive and physical functioning and toward preventing respective losses. In turn, this shift in goal orientation towards prevention is positively correlated with well-being in old but not in young age (Ebner et al., 2006).

Next to the types of goals, there might also be age-related differences in which context such prevention-oriented goals are pursued. The increased availability of daily time and the decreased future time span in old age might play a role here. After retirement, older adults often have more time to spend on their own health, for example, for medical checkups, exercise, or healthy meals. Given their stronger emphasis on experiencing an emotionally rewarding here and now, a consequence of their shorter future time perspective (Carstensen et al., 1999), they should be attracted by health-related activities that also allow for an enjoyable and meaningful experience in the here and now (e.g., exercising together, cooking healthy meals for others).

Specific self-regulatory challenges in the pursuit of health goals

There is still the open question of how the pursuit of prevention-oriented health goals can be maintained in everyday life and without a time limit (e.g., when people have to take medicine every day, practice physiotherapy every day). Focusing on maintaining adjustments and keeping the status quo is often more challenging than focusing on reaching improvements and reaching a desired future (e.g., changing behavior to reach a desired weight is often easier than sustaining the behavior change to maintain weight loss; De Leon et al., 2020; Wing et al., 2004). One reason may be that once people obtain positive feedback of achieving their goal (e.g., when they feel that they have successfully adjusted to the health challenge), they slow down or stop trying altogether: The nonconscious processes which make goal pursuit effective fall apart (Gollwitzer et al., 2009; e.g., strong associative links responsible for goal striving are dissolving; Kappes & Oettingen, 2014; see also Lewin, 1946). Second, because the status quo is already familiar and does not imply an exciting change for the better, the incentive value of keeping the status quo should be relatively moderate. And because goal setting and goal striving are the products of expectancy and value (Atkinson, 1957; Fishbein & Ajzen, 2010; McClelland, 1985), a future that is geared towards keeping the status quo may hold less commitment than a future that is geared towards improvement. Third, sustaining a known future cannot embellish people's fantasies and daydreams to the extent that a hoped for, improved future can (Oettingen & Chromik, 2018), and thus imagining the status quo prolonged in the future may give less direction to act than imagining an improved future. Given these risks to older adults' active maintenance of the status quo, the provision of extrinsic rewards such as points systems, social contracts, or monetary rewards may partly substitute for the lack of incentive value and lack of positive daydreams implied in wanting to keep the status quo. Findings show that under conditions of relatively low incentive value, extrinsic rewards can foster active engagement and goal pursuit (Nuijten et al., 2019; Vitharana & Basu, 2019).

Conclusion

Given that the goal-related processes of goal setting, goal pursuit, and goal disengagement are, by definition, instrumental for "being and doing what one has reason to value," they should take a crucial role in maintaining health in old age. As described above, many older adults seem to adapt their goals and the way they pursue them to their developmental tasks in the domains of work/retirement, social relationships, and health. It will be a task for future research to translate what we know about adaptive goal-related processes into practical recommendations and interventions to support those older adults who do not entertain these goal-related processes already. First, however, it will be crucial to

discover whether goal-related processes that have primarily been studied in groups of younger adults work similarly in older adults.

Take, for example, the important task of reengaging into other more feasible but still valuable goals if previous goals can no longer be attained. How does an older person identify what a valuable goal is? Does "getting a taste" of one's affective needs by remembering instances of deep positive feelings and identifying what motive theme was present work for older adults the way it works for younger adults? Or may age-related differences regarding memory performance (Radvansky, 1999) or affective reactivity (e.g., Röcke & Brose, 2013) render this strategy less effective for older than for younger adults? May a person's needs equally translate in wishes and dreams about the future in older adults as has been shown in young adults (Kappes et al., 2012)? Likewise, strategies of goal pursuit (e.g., monitoring one's goal progress) that are helpful in young age might—for example because they impose a certain load on a person's working memory—not be equally helpful in older adults (Hennecke & Bürgler, 2020).

Despite our main point that goal-related processes should be helpful in navigating the challenges of aging, we would also like to acknowledge that at some point in many older adults' lives, functional limitations are overwhelming (e.g., in certain stages of dementia or arthritis) and impose clear limits to their personal agency. While it remains the individual's task to cope with the realization of that limited agency, society has a responsibility in creating compensatory structures in which limits to individual agency can be counteracted. The fact that the oldest old report high levels of loneliness (Luhmann & Hawkey, 2016) may, for example, indicate that they can no longer adapt their own goals to age-graded influences, likely because their functional limitations are too strong. In these cases, built (infra)structures should ensure that not only physical but also psychological needs and motives can still be satisfied. Multigenerational houses may, for example, allow older adults to fulfill their need for affiliation with others. Senior centers or public spaces may offer (playful) challenges (e.g., through classes, chess, or bingo) to fulfill older adults' need for achievement.

In addition, we are aware that our discussion of how goal striving can support healthy aging is highly selective, given that we restricted it to goal setting (including reengagement), goal pursuit, and goal disengagement. These processes, however, consist of a multitude of sub-processes that we have not considered in detail, including for example processes by which individuals avoid or manage goal conflict, or execute self-control in the face of competing impulses. Moreover, while it is a useful heuristic to separate goal setting, goal pursuit, and goal disengagement from each other, the interplay of these processes is more dynamic than the separation would suggest: Much of goal striving is probably best characterized as an ongoing process of revising and adjusting

existing goals or putting goals “on hold” (Moshontz & Hoyle, 2019) while temporarily attending more to other goals, all without disengaging from previous goals or setting entirely new goals.

We have chosen to restrict our discussion on work/retirement, social relationships, and health based on the clear connection of these goal domains to the three basic psychological needs or motives. However, other more data-driven approaches of identifying the most important goal domains in old age might also be fitting to our theory-driven approach. From the perspective of older adults, additional goal domains like emotional growth, environmental conservation, prosocial engagement, leisure, and global issues may be equally or more important (see Bühler et al., 2019; Nurmi, 1992).

Lastly, we would like to acknowledge that most of the research we report above has focused on people from Western, educated, industrialized, rich, and democratic societies (Germany, Switzerland, the United States; Henrich et al., 2010). When we discuss environmentally determined age-graded influences, this discussion focuses on these societies and in this time of history. We are aware that this is a clear constraint on generality (Simons et al., 2017), given that old age might look very different in other cultures and in future cohorts. In addition, we did not cover gender differences or the role of people’s socioeconomic status. Moderators like culture, cohort, gender, and socioeconomic status likely influence the processes by which individuals self-regulate their own healthy development. They will have to be addressed in future work.

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Conflict of Interest

None declared.

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