Supplement Article: Motivation and Healthy Aging

Goal Changes and Healthy Aging

Jutta Heckhausen, PhD,1,* Veronika Brandstätter, PhD,2 Ayelet Fishbach, PhD,3 Alexandra M. Freund, PhD,2,4,† Margie E. Lachman, PhD,5 and Philippe Robert, MD, PhD6

1Department of Psychological Science, University of California, Irvine, USA. 2Department of Psychology, University Research Priority Program Diversity of Healthy Aging, University of Zurich, Switzerland. 3Booth School of Business, University of Chicago, Illinois, USA. 4Swiss National Center of Competence in Research LIVES, Zurich, Switzerland. 5Department of Psychology, Brandeis University, Waltham, Massachusetts, USA. 6Memory Center, CoBTeK lab University Côte d’Azur, Nice, France.

*Address correspondence to: Jutta Heckhausen, PhD, Department of Psychological Science, University of California, Irvine, 4201 Social and Behavioral Science Gateway, Irvine, CA 92697-7085, USA. E-mail: heckhaus@uci.edu

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Abstract

This article discusses ways in which aging individuals respond to physical, social, and environmental changes and constraints by modifying their goals. We review aging-related trends, which we derive from several theoretical approaches, including goal systems theory, the motivational theory of life-span development and its action-phase model, and the Selection, Optimization, and Compensation model. These theories explain how biological and social role changes in later adulthood prompt individuals to make changes to the content, orientation, and composition of their goals, including disengaging from and adjusting previously central goals. They also help identify individual differences in the capacity to do so effectively. We review several motivation-related interventions that address the challenges in goal adjustment and call for more research on identifying processes of goal changes conducive to healthy aging, more interventions, and modifications of societal and institutional (e.g., workplace, nursing home) operations that support adaptive goal change in older adults.

Keywords: Action-phase model, Control, Goals, Healthy aging

Later life poses a variety of challenges to individuals’ capacity for control and for attaining desired goals. Many of these challenges result from losses in cognitive and physical abilities, reduced financial resources, and relative social marginalization in advanced age, but some changes (e.g., formal and informal assistance by social organizations) reflect new opportunities and freedom for individuals during the last chapters of life. Older adults’ ability to age healthily and maintain a good quality of life critically depends on how well they respond to these challenges by adjusting their goals (Brandstätter & Rothermund, 1994; Freund & Baltes, 2002; Lachman, 2006; Schulz & Heckhausen, 1996).

This article first presents three theoretical approaches that address the motivational aspects of healthy aging. These approaches explain how older adults can change their goals to adjust to the challenges and opportunities of old age. We further discuss existing tools of intervention that follow from these theoretical approaches and propose interventions to optimize older adults’ adaptive goal changes.

Three Theoretical Approaches

Goal Systems Theory offers a broad conceptualization of human motivation. This theory describes the relationships between hierarchically organized goals and means to attain them. It addresses goals selection, and how people change their goals or the means by which they achieve...
them. The Motivational Theory of Life-span Development and the Selection, Optimization, and Compensation (SOC) Model are more focused on life-span developmental processes of goal change, in general, and healthy aging, in particular. All three conceptual frameworks provide avenues for intervention-guiding research about goal change and healthy aging. We do not wish to imply that these three conceptual frameworks are the only theoretical approaches relevant to study motivational changes in advanced age. They are exemplary in that they are useful for understanding motivation in relation to processes of aging.

Goal Systems Theory

Goal systems theory focuses on the multiple goals people typically pursue concurrently and proposes that these goals are organized hierarchically in “systems” (Kruglanski et al., 2002, 2015). At the top of the hierarchy are people’s most abstract goals, such as pursuing social connection or staying healthy. These goals are served by subgoals or means that are more concrete. For example, the goal of “having good social connections” can be connected to subgoals such as “celebrate family members’ achievements” and “cultivating friendships with neighbors.”

Within a goal system, some means are “multifinal” in that they serve several goals simultaneously (e.g., “feeding two birds with one scone”). Others are “equifinal” in the sense that there are several means that serve the same goal (e.g., “all roads lead to Rome”). Equifinal means are interchangeable, either one could work.

The motivational principle that guides the selection of means in a goal system is maximizing attainment. That is, people choose actions that make as much positive impact on as many goals as possible while minimizing the negative impact on our other goals. Pursuing each one makes the others redundant. But if goal attainment becomes too uncertain, further effort investment needs to be avoided as this might undermine the control potential. These processes of goal disengagement and reengagement with adjusted goals are specified in the Motivational Theory of Life-Span Development (as elaborated in the section below).

One implication of a narrowing set of possible means in older adults is that it might be particularly beneficial for them to identify multifinal means. When resources are more limited and opportunities are scarce, goal achievement becomes more likely when they employ actions that serve several goals simultaneously (Riediger & Freund, 2006). For example, physical exercise is known to benefit both physical and cognitive health as well as psychological well-being (Lachman et al., 2018). In addition, one could engage in exercise with a partner, which would combine the pursuit of physical health with socializing.

Having a narrower set of equifinal means further potentially lowers older adults’ confidence in their ability to keep pursuing important goals. Developing several equifinal means to the same goal, rather than introducing redundancy, allows for backup plans and increases confidence in one’s ability to maintain pursuing important goals (but see Napolitano & Freund, 2017).

The Motivational Theory of Life-Span Development

The life-span theory of motivation and its action-phase model of developmental regulation proposes strategies and sequentially organized phases for how aging individuals respond to aging-related challenges (Figure 1; Heckhausen, 1999; Heckhausen et al., 2019). Applying principles of the expectancy-value theory, the motivational theory of life-span development proposes that it is adaptive for individuals to choose long-term developmental goals that reflect their personal values and implicit motives, as well as the changing constraints and opportunities for goal attainment during the life course. For most goals, opportunities are not evenly distributed across the life span, but instead go through trajectories of increasing, peaking, and declining controllability. This creates an age-graded action field for individuals to go through different action phases of a goal cycle (Figure 1): First, individuals deliberate about choosing a goal. Next, they effortfully engage with its pursuit. They may experience urgency and step-up goal pursuit when they approach a time when opportunities become diminished. Finally, individuals disengage from and/or adjust a goal that has become unattainable.

The transitions between choosing, pursuing, and disengaging from a goal should be decisive and discrete. Thus, the action-phase model of developmental regulation builds on Heinz Heckhausen’s Rubicon model (Heckhausen, 1991), in which each action phase is associated with contrasting mindsets of information processing. Specifically, the three aforementioned phases correspond to a deliberative mindset (i.e., even-handed
Longitudinal studies on the correlates of individual differences in the capacity to switch between action phases and their mindsets, particularly from goal engagement to disengagement, have documented implications for physical and mental health (Heckhausen et al., 2019; Wrosch & Scheier, 2020). However, studies that actually longitudinally track how individuals switch from one phase to the other over longer time periods in the life span and the long-term implications of that for physical and mental health are still scarce, with the exception of some studies on rehabilitation processes (see the section on “Goal Adjustment, Goal Disengagement, and Action Crisis”).

**SOC Model**

The SOC model (Baltes & Baltes, 1990; Freund & Baltes, 2002) proposes that successful life management involves the orchestrated use of three self-regulatory processes: Selection refers to developing and committing to goals. Selection does not only focus resources on a subset of possible goals, but also provides a person with direction and meaning (Ryff & Keyes, 1995). When facing increasing constraints, healthy aging requires that a person selects the most meaningful (e.g., urgent, personally relevant) goals they can achieve. This process of focusing on fewer, most important life goals—more so than simply restricting the number of goals—is critical for older adults’ lower experience of conflict, higher facilitation among their goals, and better emotional well-being (Riediger & Freund, 2006). Next, to achieve and maintain the achievement of their goals, people have to invest time, effort, money, and other resources. Goal pursuit can either be directed at attaining gains, that is, optimization in the SOC model, or at countering losses, that is compensation in the SOC model. In particular, in old and very old age, attending to both gains (optimization) and losses (compensation) is critical. Empirical research found that selection, optimization, and compensation contribute to subjective indicators of healthy aging across adulthood and into old age (Freund & Baltes, 1998, 2002).

Compensation becomes more important as people age and encounter more losses (Heckhausen et al., 1989; Mustafic & Freund, 2012). In sync with developmental changes, goals shift from a predominant gain orientation in young adulthood to an increasing orientation toward maintenance and the avoidance of losses (Ebner et al., 2006). Further contributing to this shift, older adults typically have accumulated more material assets and achieved positive states (e.g., good social relations) that are worth maintaining (Gong & Freund, 2020). This motivational shift also affects goal pursuit: Older adults are more persistent in pursuing a goal geared at countering losses in order to maintain their level of functioning, while younger adults persist longer when they pursue a gain-related goal (Freund, 2006). Moreover, a maintenance orientation is associated with well-being in older adults. This might be the...
Aging-Related Goal Changes

The three theoretical approaches provide a framework for understanding the main challenges to the motivational system in later life and how older adults can adaptively respond by changing their goals.

Goal Adjustment, Goal Disengagement, and Action Crisis

With reduced access to resources and loss of control, older adults have to downscale their aspiration levels even in high-priority goals, and eventually may have to give up some of their personal developmental goals altogether, which often is preceded by an action crisis, a phase of wavering doubts whether to hold on or let go of a goal. This said, adjustment of and disengagement from a goal is not a binary event but results from a lengthy and occasionally difficult process.

An action crisis typically arises when confronting increasing difficulty and repeated setbacks (Brandstätter, 2018; Brandstätter et al., 2013), a situation that aging individuals may confront more frequently. It may stretch out over weeks and even months (Herrmann & Brandstätter, 2015) during which the person is experiencing doubt with fluctuating levels of hope (Ghassemi et al., in press). An action crisis may prepare the person for a goal change (i.e., downscaling the goal level or choosing other means for goal pursuit) or disengagement.

To demonstrate this process of adjustment and disengagement, consider, for example, the decline in physical health. Many older adults experience health problems that are both chronic and uncontrollable (e.g., cardiovascular disease, macular degeneration) as well as partly controllable (e.g., rehabilitation after stroke). As a result, older adults often find themselves in embattled fields of progressive decline versus progressive rehabilitation. In this dynamic of progressive change, older adults have to optimize their agency potential by calibrating their goals to attainable levels of functioning and then mobilize resources and self-regulatory processes, including volitional mindsets and strategies, to hold that line of defense until it is no longer defensible and a goal adjustment has to be accepted and implemented. This is the pattern of adaptive goal management proposed by the lines of defense model (Heckhausen et al., 2013).

Specifically, the lines of defense model suggests that the critical challenge for aging individuals “is to hold the line of functioning where it is defensible, and adjust it where it cannot be held any more” (Heckhausen et al., 2013, p. 442). Deciding on the specific line of defense, however, is a challenge because it is often unclear at which point to give up on a personal goal. The result is a decision conflict (Mann & Janis, 1982) between hanging on, downscaling, modifying, or completely letting go of the goal. Successive lines of defense often involve a change from self-reliant functioning to accepting help in order to maintain a given function (e.g., accepting help with grocery shopping in order to maintain living in one’s own residence). Ideally, the aging individual would give up some functions and focus on remaining more meaningful and feasible goals. This converges with selection processes proposed by the SOC model (Riediger & Freund, 2006).

Recent research on engagement with specific goals for health and everyday functioning reveals a process of goal adaptation (Dunne et al., 2011; Hall et al., 2010; Schilling et al., 2016). An empirical investigation of stepwise processes of goal adaptation as predicted by the lines of defense model has so far only been conducted in the context of rehabilitation after surgery (Knoll et al., 2014). Applying it to older adults’ coping with progressive disease and progressive rehabilitation will provide ample opportunity to track the processes involved in goal disengagement and adjustment and then reengagement with an adjusted goal.

These transitions and adjustments likely involve action crisis, both when battling difficulties with holding a given line of defense and when pondering whether to move upward to more advanced levels during rehabilitation (Brandstätter et al., 2013).

Most relevant to the question of healthy aging is empirical evidence on the consequences of action crises on psychological and physical well-being. In samples of young and middle-aged individuals, action crises concurrently and longitudinally predicted impairments in psychological (affect and life satisfaction) and physical well-being (symptoms, sleeping disorders; Brandstätter et al., 2013). Moreover, in a clinical sample of patients with musculoskeletal disorders, action crises in personal goals compromised recovery during physical therapy (Wolf et al., 2019).
The experience of an action crisis is characterized as "the beginning of the end," that is, the onset of disengagement from an overly taxing goal. Despite its clear negative consequences, it also has an adaptive side (Brandstätter & Herrmann, 2015): Questioning the pursuit of a goal allows weighing the focal goal against alternative and possibly more desirable or feasible goals. Yet, the duration of an action crisis should be kept to a minimum, as the decisional conflict can compromise well-being. Supporting individuals in an action crisis in downscaling their aspiration levels, disengaging from a goal, finding alternative goal engagements, and, hereby, ending the action crisis seems an important route to healthy aging (Heckhausen et al., 2013; Wrosch et al., 2003). Thus, the concept of action crisis opens a new perspective on the processes involved in adjusting to challenges that result from losses in functional or control capacity.

Motivational Interventions
When developing interventions to promote and support the adjustment and attainment of goals in later life, researchers and practitioners should consider several key issues related to the particular circumstances at hand. Furthermore, they should consider interventions that support the individual's motivation directly or optimize that person's societal and institutional context in order to promote adaptive change in goals and related behaviors.

Designing Behavior Change
Adults in middle age and later life often reevaluate their goals and accomplishments due to changes in life circumstances (Lachman, 2004). Life changes can entail disengaging from or adjusting goals and roles regarding family (divorce, remarriage), work (job change, retirement), community (volunteering, public service, changing one's residence), and health. Thus, in later life, one often is faced with choosing and committing to new goals. Such changes require the motivation to seek out new opportunities or solutions to adapt to these new circumstances. Interventions can be helpful to support the adjustment and commitment to such new goals.

To make changes in goal commitment successful, especially when they involve modifying lifelong patterns, individuals require effective strategies for behavior change. For example, after retirement, it becomes important to find substitutes to remain engaged to maintain cognitive abilities (Hamm et al., 2020). This can include adopting new behaviors that involve cognitive stimulation, such as taking courses or learning a new skill, to compensate for the reduction in cognitive challenges associated with retirement. Another example, if one develops type 2 diabetes, there is some urgency to make changes in one's behavioral patterns involving diet and exercise. Yet, it is challenging to design interventions that can modify deeply ingrained lifestyle choices.

Behavior change is typically more successful and long-lasting when it combines specific action plans (means) with goals (Robinson et al., 2018; Sullivan & Lachman, 2017). Goals can be partitioned into smaller manageable subgoals that facilitate success. This process can be an iterative one in which goals are modified over time based on experience and feedback, leading to adjustments in one's self-efficacy (Bandura, 1977). Stereotypic beliefs and misconceptions about older adults as rigid and unable to change could undermine motivation to formulate and achieve goals (Brothers & Diehl, 2017; Lachman et al., 2018). In contrast, holding positive views about controllability and plasticity in later life can motivate and sustain efforts toward goal formation and achievement.

Older adults with low control beliefs often see aging-related declines as unavoidable and irreversible. As such, their motivation for behavior change is often low. For example, they expect interventions that address physical declines, such as exercise, will fail and may even cause harm. Additionally, many adults may not have the requisite self-regulatory skills to change their routines. These two factors (i.e., perceived control over change, self-regulatory skills to change) are crucial to consider when designing interventions (Lachman, 2006; Robinson & Lachman, 2017). Behavior change interventions can involve curtailing undesirable behaviors such as smoking, overeating, or sedentary behavior. It also can include adding new desirable behaviors such as eating a healthier diet or increasing physical, social, or cognitive activities. There has been a recent concerted effort supported by the U.S. National Institutes of Health (see the Science of Behavior Change program; Nielsen et al., 2018) to design interventions that directly test the mechanisms or experimental ingredients that lead to changes and long-term maintenance. Potential mechanisms of behavior change that can be explored in future intervention research include goal commitment, stress reduction and resilience, optimization strategies, social support, and self-regulation.

As there is increasing recognition in the medical field that treatments are more effective if they are tailored to individual characteristics and needs, such a personalized approach can also be applied in motivational and behavioral interventions (Robinson & Lachman, 2017). Motivation is a critical factor for success in behavior change and there are wide individual differences in why and how people want to make changes. One approach to individualizing interventions is to focus on identifying short-term and long-term goals that can facilitate the adoption of new behaviors for achieving specified outcomes. The effectiveness of behavior change can be enhanced by considering personal attributes such as age, personality, cognitive status, health, and socioeconomic status as well as one's environmental context rather than adopting a one-size-fits-all approach.
Encouraging Goal Adjustment and Goal Disengagement

Goal failure can lead to disappointment, unhappiness, or even depression if one sees no alternatives. Yet, there are adaptive strategies that can be implemented to adjust goals, including secondary control processes (Heckhausen et al., 2019). This can involve changing expectations, modifying goals, or substituting new goals. In the domain of exercise, for example, compensation for diminishing capabilities can involve changing from running to walking or moving from singles tennis to doubles or pickleball. Another approach is to focus on changing the environment, for example, modifying one’s home to accommodate physical limitations, using assistive devices, or asking others for assistance to support one’s goals and to facilitate goal achievement. Another aspect of compensating for diminishing capabilities is a reevaluation of what is important in life, one’s sense of purpose or one’s priorities. This is particularly important in view of declining overall energy and vitality that may constrain the number and scope of goals an individual can pursue and can lead to the selection of alternatives. For example, maintaining independence in running a household may become less meaningful if it competes with one’s ability to maintain cherished social relationships. Or, if one no longer can continue working in one’s job as effectively as before, one may find satisfaction in a meaningful volunteer position that draws on one’s skills, but is less demanding and time-consuming.

Global Goal System Change

At an older age, we expect several changes in a person’s goal system. Due to an overall decline in resources for control in old age, fewer equifinal means (i.e., actions that serve the same goal; “Plan B”) are available, which can undermine confidence in one’s self-regulatory success. Notably, having fewer means also carries surprising benefits. The silver lining of having fewer paths to a goal is that this structure promotes efficiency in identifying multifinal means and further increases intrinsic motivation. That is, when there are fewer means to a goal, pursuing each of these means is experienced as goal achievement. The means and the end (in this case, the goal) are mentally fused, such that the person enjoys pursuing the activity just as much as they would enjoy achieving the goal. The activity and the goal are merged (Kruglanski et al., 2018), action and outcome are thematically congruent (Heckhausen, 1991; Rheinberg, 2018). This potentially enhanced intrinsic motivation during goal pursuit may have particular self-regulatory benefits for older adults, a possibility to be explored by targeted research.

Another developmental change is expected in the area of progress monitoring. For any goal, one can monitor progress in terms of what has been completed versus what is still missing to complete the goal (Fishbach et al., 2014). For example, people can ask themselves how much they have already done for their community versus how much is left for them to do. With age, we expect a shift toward monitoring remaining time to achieve life goals and focus on the work left undone. Thus, while older people have more past experiences to reflect on, when it gets to active life goals (e.g., spending time with a loved one or getting to see Rome), they might be more forward looking and planning what is yet to be accomplished (see Hennecke et al., 2021).

To optimize goal organization, people should start by drawing attention to their own goal system. That is, they should get insight into their broad goals as well as the subgoals or means by which they pursue these goals. These means include activities, resources, and people. People should further understand the connections between their goals, between various means, and between goals and means. Some means help achieve more than one goal (multifinal) and should be selected. Joining a senior citizens’ sports club, for example, facilitates health and offers opportunities for social interaction. Some means are substitutable (equifinal). Taking a walk in the park, for example, substitutes for exercising in the gym.

Understanding one’s goal system helps the individual to make adaptive trade-offs: Trade-offs that ensure that highest priority goals are addressed. Realizing, for example, that staying in one’s home (vs. moving to a retirement home) is one’s top priority, implies taking certain health risks (e.g., from falls). In this case, the person seeks a compromise between staying at home and staying healthy instead of prioritizing health over the living arrangement. Such a decision can then lead to supportive actions such as modifying one’s home in order to safely age in place.

Generally speaking, there are two approaches to resolving goal conflict: either prioritizing some goals over others or seeking a compromise by choosing a middle ground (Shaddy et al., 2021). To identify the appropriate solution for them, people need to gain insight into their own priorities. Among older adults who experience more limited resources, deciding on priorities and subsequently making trade-offs becomes more critical. Specifically, the older adult needs to decide whether to spend fewer resources across many goals or focus on a few. The more goals are kept, the more likely it is that they will be only partially satisfied. Alternatively, certain goals (e.g., outdoor activities, independence) are abandoned to maximize pursuit of the most important goals (e.g., maintaining close social contacts).

A longstanding topic in goal adjustment is the trade-off between independence (e.g., in self-care activities) and preferred activities so that the diminished resources in energy and vitality are invested in the most cherished and meaningful actions (see an early discussion of this topic in Baltes, 1996). It is high time to conduct empirical and intervention-oriented research on the question, under which circumstances it may be adaptive to trade independence in activities of daily living for other cherished goals and which individuals struggle with this trade-off most. Initial evidence comes from a study with very old community-dwelling adults. It found a doubling of mortality for old
Open Research Questions and Potential Interventions

This article discussed how major changes in opportunities and constraints in later life entice goal change. In this context, it is important to consider how social inequality across socioeconomic and racial/ethnic groups sets up the conditions of aging in unequal ways. Older adults in lower-status careers have less opportunity to modify their jobs or adjust their retirement to fit with their changing capacities. Additional leisure time can be used much more freely and rewarding if one has enough material resources to retire early and to support cultural and educational activities, travel, and hobbies. These social inequalities also vary by country (i.e., reflected in the Gini coefficient) and affect individuals’ goal choice and pursuit in old age. We therefore call for research into the effects of accessibility to opportunities and resources on older adults’ perceived control, selection and pursuit of goals, and goal disengagement.

Research about gain versus loss-oriented goals raises the question of whether loss-avoidance goals can become as engaging as goals directed at attaining gains. That is, do successfully aging older adults view their pursuit of maintenance goals as a dynamic, engaging process? We also call for helping older adults, who are dealing with loss in functioning, become more dynamically involved with holding the line of defense in their current status of functioning.

An interesting question for future research is to consider how the use of assistive devices to maintain independence affects one’s sense of control. For example, self-driving cars can increase mobility for those who can no longer drive. It remains to be seen to what extent this use of technology takes away a sense of personal mastery and control, or what the consequences are for one’s well-being or cognitive and physical health. Some devices help older adults go about their daily lives without having to resort to other people’s help, which may promote a sense of control—but may also reduce social interaction. Moreover, using assistive devices and receiving help from others may enable older adults to focus their own mental and physical resources on what is truly meaningful and important to them. These trade-offs in self-reliance, full control of the activity, and focus on meaningful goals have been a longstanding topic of psychogerontological research and still pose vexing questions for the future.

Moving to calibration, future research could assess interventions to help older adults calibrate their effort and time investment in goals. It is adaptive to engage in high bursts of effort when there is an urgency (e.g., opportunities are running out); however, other times, individuals need to be decisive in their disengagement from overtaxing goals to direct resources to other goals. Moreover, research should explore interventions guiding people to efficiently bundle goals around a smaller set of actions (i.e., multifinal means).

When individuals face progressive illnesses and disability, the lines of defense model provides a framework for designing interventions. During rehabilitation after severe disability (e.g., after a stroke or heart attack), and whenever individuals are gradually losing (or gaining) functioning, the challenge is to know when to hold and when to give up a given line of defense. Individuals differ in how competent they are in navigating these action crises. Future research could identify the self-regulatory processes employed by...
successful navigators of lines of defense in order to help those who do not naturally have this important self-regulatory capacity. Beforehand, however, one would have to identify the affective and cognitive processes that account for the dynamics of an action crisis.

Some goals are more essential than others—they constitute a person’s identity. Possibly, these goals can benefit from older people’s increased free time (for those who can afford to retire), and so people may develop a set of equifinal means to pursue them. For example, an older person can maintain a lifestyle of living with dog companions by involving the help of dog walkers. Another important strategy is setting up the environment such as to offer incentives that trigger the implicit motives of the individual. An example would be technology (e.g., a smartphone) that helps an older person with a high achievement motive to notice and feel proud about each enactment of a current level of functioning (e.g., meeting or exceeding a goal for number of steps per day).

Retirement and reductions in direct family responsibilities (e.g., for own children) provide more freedom, but also mean that there is less scaffolding of day-to-day activities by social institutions (Freund, 2020). This means that the role of individual agency increases for selecting goals, pursuing them, and persisting in goal commitment. As a consequence, individual differences in goal engagement and disengagement tendencies play a bigger role in older adults’ development and well-being. For example, retired older adults were found to be more prone to memory-related cognitive decline if they were more inclined to goal disengagement (Hamm et al., 2020). For those older adults less gifted in optimized goal selection, engagement and disengagement, interventions for adaptive goal adjustment, including exploring possible goal substitutions that would allow the individual to reengage with a related goal, could be designed.

Lastly, interventions should also be directed at a society level in order to optimize the fit between opportunities and individual goals strivings. Such interventions can be directed at the environment or institutions as well as staff and family members. Most productive approaches would combine simultaneous interventions with the social context and at the individual level. Such interventions may be particularly beneficial during times of major transitions, such as retirement, widowhood, change in residence, or after health events (e.g., heart attack). Support from family, friends, or professionals can be especially beneficial in helping older adults to make changes in their goals and to renew their sense of purpose and meaning in the face of new circumstances.

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