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The relationship of psychological well-being with adaptive and maladaptive functioning among older adults in Lithuania

BACKGROUND
The aging of societies highlights the importance of understanding the lives of the elderly. Researchers are interested in identifying factors of psychological well-being associated with age as it is crucial to find out what contributes to a fulfilling life of older people. However, the relationship of psychological well-being with adaptive and maladaptive functioning remains ambiguous. This study aimed to assess this relationship among older adults.

PARTICIPANTS AND PROCEDURE
The study involved 332 individuals aged 60 to 97, with an average age of 71.93 years, of whom 36.4% were male. A nationally representative sample of older adults was obtained using multistage stratified sampling. The short supplementary scale of the Lithuanian Psychological Well-Being Scale and Older Adult Self Report (OASR/60+) were used.

RESULTS
The hierarchical regression analysis revealed that, even after controlling for other factors of psychological well-being, certain specific problems – namely anxiety/depression, thought problems, and irritability/disinhibition – were significant predictors of psychological well-being.

CONCLUSIONS
Our study underscores the importance of targeting specific maladaptive behaviors, such as anxiety, thought problems, and irritability when developing interventions for the elderly. Addressing these issues may enhance their psychological well-being and contribute to successful aging.

KEY WORDS
adaptive and maladaptive functioning; personal strengths; emotional-behavioral problems; elderly people

ORGANIZATION – Klaipėda University, Klaipėda, Lithuania

AUTHORS' CONTRIBUTIONS – A: Study design · B: Data collection · C: Statistical analysis · D: Data interpretation · E: Manuscript preparation · F: Literature search · G: Funds collection

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BACKGROUND

With the aging of societies (UN Department of Economic and Social Affairs, Population Division, 2020), understanding the lives of older people has become increasingly important. In light of the current context, it is unsurprising that the concept of successful aging has attracted considerable attention in recent years (Estebsari et al., 2020). Gaining insight into the aging process can improve the suitability and effectiveness of interventions and policies designed for the elderly population (Reichstadt et al., 2007).

The concept of successful aging seems paradoxical at first, since aging is typically associated with decline, while success is associated with growth. However, on closer inspection, linking aging and success can lead to a profound analysis of the contemporary experience of aging. This notion invites us not only to reflect on our aging process, but also participate in shaping it, rather than passively accepting it as a natural phenomenon. It encourages us to consider that definitions of "success" in old age may differ from those in earlier life stages (Baltes & Baltes, 1990).

Various definitions and a number of different determinants and indicators of successful aging have been introduced in aging studies (Rodrigues et al., 2023; Urtamo et al., 2019). Although there is no universally accepted definition of successful aging, a general consensus exists that successful aging is a multidimensional concept (Cosco et al., 2014; Urtamo et al., 2019). For example, in the classical definition proposed by Rowe and Kahn (1997), successful aging is characterized by three main components: a low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life. However, this definition has been the subject of criticism (Crowther et al., 2002), as it did not include subjective perceptions of well-being or satisfaction with life (Cho et al., 2015). Von Faber et al. (2001) hypothesized that the meaning of successful aging can be explained from two perspectives: (1) successful aging is defined as a state of being, a condition that can be measured at a given moment as an optimal state of overall functioning and well-being; (2) successful aging is seen as a process of adaptation. In their study, von Faber and colleagues (2001) proposed a model of successful aging as a hierarchical structure comprising multiple domains. The most significant domains influencing well-being and, consequently, successful aging were identified as an individual's social functioning, in addition to their physical and cognitive functioning. Adaptation is also a key component of successful aging in the model of von Faber and colleagues (2001). The more extensive one's reserves – whether physical, cognitive, or social – the greater is one's adaptation to the older stages of life and limitations to functional capacity, i.e. the higher is the likelihood of aging successfully (Baltes & Baltes, 1990). Adaptability of individuals allows them to uphold their well-being despite encountering changes throughout life (Trocóniz & Montorio, 1998). Based on the concept of successful aging and its importance in our progressively aging societies, we aimed to assess the relationship between psychological well-being, which we consider as a key indicator of successful aging, and both adaptive and maladaptive functioning among older adults.

Psychological well-being is of great interest to researchers as it is important to understand what makes people's lives good. There is no universal definition of psychological well-being. Moreover, there are several other terms used to describe how well people are doing in life – "subjective well-being", "life satisfaction", "happiness", "quality of life", etc. (Diener et al., 2018). These concepts are intertwined, and some authors even argue that the term "psychological well-being" might have been introduced because the term "subjective well-being" was already widely used in the works of other authors (Boniwell, 2012).

Researchers typically define well-being using two main approaches: eudaimonic and hedonic. Eudaimonic well-being includes autonomy, positive relationships with others, personal growth, and purpose in life (Ryff & Singer, 2008), while hedonic well-being encompasses satisfaction with specific domains and life overall, as well as emotional responses (Diener et al., 1999). In this paper, psychological well-being is defined as a combination of both hedonic and eudaimonic aspects of well-being, specifically as "a person's satisfaction with themselves and various areas of their life" (Bagdonas et al., 2013, p. 36).

Research on psychological well-being and functioning in older adults has significant gaps, particularly in how it addresses and measures these constructs. Many studies focus primarily on specific individual problems or constructs related to maladaptive functioning, such as depression. For instance, while depression in older adults who have received a clinical diagnosis is well researched, there is less focus on those who exhibit depressive symptoms without an official diagnosis (Abdoli et al., 2022). This uneven emphasis highlights the need for more comprehensive and inclusive research to better understand the psychological well-being of the elderly. To address these gaps, our research is based on a comprehensive approach of the Achenbach System of Empirically Based Assessment (ASEBA) to assess older adults' functioning. This assessment system includes both adaptive functioning such as personal strengths and maladaptive functioning such as behavioral, emotional, social, and cognitive problems (Achenbach et al., 2004; Achenbach & Rescorla, 2000, 2003). By incorporating both dimensions of functioning, this comprehensive approach offers a more holistic view

that can enhance our understanding of the psychological well-being of the elderly population.

To gain a deeper understanding of psychological well-being among older adults, it is crucial to examine the sociodemographic variables that might be linked to it. However, the findings on these relationships are not entirely consistent. Potočnik and Sonnentag (2013) found that older men demonstrated greater psychological well-being compared to older women, whereas Becchetti and Pisani (2021) obtained contrasting results. The research conducted by Potočnik and Sonnentag (2013) revealed that among older individuals, older age is associated with poorer psychological well-being. The relationship between psychological well-being and age is complex, with some researchers suggesting a U-shaped trajectory (Blanchflower, 2021), while others argue against its validity (Jebb et al., 2020). Psychological well-being among older individuals is related to education, as demonstrated by the research conducted by Potočnik and Sonnentag (2013), who found a positive link between years of education and psychological well-being. Similarly, Becchetti and Pisani (2021) revealed that a higher education level is linked to greater psychological well-being in older people. Research conducted by Becchetti and Pisani (2021), as well as Potočnik and Sonnentag (2013), indicates that older individuals who live with a partner or spouse generally have greater psychological well-being than those who do not. Health status also plays a significant role in the psychological well-being of older individuals. A study conducted by Martos and Kopp (2012) found that individuals who perceived their health as better reported greater psychological well-being. Even though the relationship between psychological well-being and certain sociodemographic variables among older individuals is not entirely clear, and differences in study methods, sample characteristics, and measures used can lead to diverse outcomes, it is important to consider these variables, along with health, when analyzing the psychological well-being of this population.

When considering maladaptive functioning, which can be represented by various behavioral, emotional, social, and cognitive problems among older individuals, the relationship with psychological well-being remains ambiguous. For example, Nyström et al. (2019) and Sheffler et al. (2022) found no correlation between objective memory performance, as measured across standardized memory tasks, and psychological well-being in older adults. However, a link was revealed between self-reported memory problems and psychological well-being in the research by Nyström et al. (2019), Sheffler et al. (2022), and Zuniga et al. (2016). Various studies have established a relationship between psychological well-being and depression (Lukaschek et al., 2017; Potočnik & Sonnentag, 2013; Sheffler et al., 2022; Tallutondok et al., 2022) or anxiety (Lukaschek et al., 2017; Sheffler et al., 2022). However, Homan (2016) did not find links between certain aspects of psychological well-being and mental health issues. Specifically, no relationship was found between an individual's autonomy and depression, or between personal growth and anxiety. Nevertheless, this research did reveal a relationship between mentioned conditions and other dimensions of psychological well-being, including self-acceptance, positive relationships, purpose in life, and environmental mastery. While Schneider et al. (2003) found a relationship between psychological well-being and somatic complains, Leung and Liu (2011) did not. Since there are contradictions and inconsistencies across studies, it makes it difficult to draw definitive conclusions. Therefore, more research should be conducted to better understand the relationship between psychological well-being and maladaptive functioning. This could guide interventions to enhance psychological well-being among older individuals. The absence or minimal presence of adaptive functioning problems does not automatically indicate adaptive functioning, as highlighted by Baumeister et al. (2001). Therefore, when analyzing the relationship between psychological well-being and maladaptive functioning, it is important to take into account elements of adaptive functioning, such as personal strengths, as presented by Achenbach et al. (2004). Understanding the aging process, particularly successful aging, with psychological well-being as its indicator, is crucial for developing effective interventions for the elderly. Therefore, this study aimed to assess the relationship between psychological well-being and both adaptive and maladaptive functioning among older adults.

PARTICIPANTS AND PROCEDURE

PARTICIPANTS

Three hundred thirty-two older adults, ranging from 60 to 97 years old, participated in the research. The mean age was 71.93 years (SD = 8.50), and 36.4% of the sample was male. Multistage stratified sampling was used to obtain a national representative sample of older adults. The whole population was divided into three strata: residents of big cities, residents of towns, and the rural population. On the basis of the demographic data of the Lithuanian Department of Statistics, the proportional distribution of older people in each stratum was identified. Further, all strata were divided into smaller units based on the geographical principle. The stratum of big cities was divided into five parts which comprised five big cities of Lithuania geographically located at an approximately equal distance from each other. The data were collected by the research team members and

trained interviewers (students). They utilized their connections within the community to identify and select participants who were suitable for the study. This method was chosen to ensure practical and manageable data collection while maintaining the study's inclusion criteria. Older adults were visited in their homes and invited to participate. To be eligible, adults had to be able to speak Lithuanian and to have no major physical or intellectual disabilities. Informed consent was obtained from all participants. Participants individually completed the Lithuanian Psychological Well-Being Scale (LPGS-P), the Older Adult Self Report (OASR), and sociodemographic questions.

MEASURES

Psychological well-being. The short supplementary scale of the Lithuanian Psychological Well-Being Scale (LPGS-P; Kairys et al., 2013) was used to assess psychological well-being. Participants were asked to rate their satisfaction with various life areas, such as interpersonal relationships, physical health, and themselves as a person on a scale from 0 (*completely dissatisfied*) to 10 (*fully satisfied*). The scale consists of 17 items, but only 15 were used; 2 items regarding studies and work were excluded as not being relevant for our age group. The total score was the sum of the 15 items, with a higher score indicating greater psychological well-being. The factor analysis confirmed the satisfactory factorial structure of the scale: $\chi^2 = 273$, $p < .001$, $\chi^2/df = 90$, RMSEA = .078 (90% CI [.068; .089]), CFI = .906, TLI = .890. The internal consistency of the LPGS-P in our sample was very good, with a Cronbach's α of .91.

Adaptive and maladaptive functioning. To measure personal strengths and problems which we considered to be indicators of adaptive and maladaptive functioning, the Lithuanian version of the Older Adult Self Report (OASR/60+; Achenbach et al., 2004) was used. The Older Adult Self Report is a form from the Achenbach System of Empirically Based Assessment (ASEBA; Achenbach & Rescorla, 2000, 2003). OASR measures diverse aspects of adaptive functioning and problems of older people (60-90+) and consists of 113 items. It usually takes around 15 to 20 minutes to complete ASEBA forms. OASR is written at a fifth-grade reading level.

Personal strengths. The Personal Strengths Scale is one of the adaptive functioning scales used to obtain information of an individual's positive attributes and qualities. It includes items such as "I stand up for my rights" and "I make good use of opportunities". The scale consists of 20 items, each with three response categories. Respondents are asked to rate these items based on the preceding two months: *not true* (coded as 0), *somewhat or sometimes true* (coded as 1), and *very true or often true* (coded as 2). A higher score on the scale indicates greater personal strengths. Cronbach's α for the scale was .82. The Friends Scale and Spouse/Partner Scale, which are other adaptive functioning scales of the OASR, were not used in this study. The reason for their exclusion is that these scales are highly specific and may not be relevant or applicable to all individuals within the sample, particularly those who do not have spouses/partners.

Problems. Ninety-seven items about problems were used. Participants indicated the extent to which items were applicable to them over the preceding two months, assigning scores of 0 (*not true*), 1 (*somewhat or sometimes true*), or 2 (*very true or often true*) to each item. Following the procedure of Achenbach et al. (2004), seven syndrome scales that consist of various problem items were calculated: Anxious/Depressed (20 items): e.g. "I feel worthless or inferior"; Worries (8 items): e.g. "I worry about my family"; Somatic Complaints (14 items): e.g. "I feel dizzy or lightheaded"; Functional Impairment (11 items): e.g. "I am poorly coordinated or clumsy"; Memory/Cognition Problems (9 items): e.g. "I forget people's names"; Thought Problems (15 items): e.g. "I feel that others are out to get me"; Irritable/Disinhibited (20 items): e.g. "I lose my temper". The scores for each of the scales were summed up, with a higher score indicating greater severity of the corresponding problem area. The results of the confirmatory factor analysis of the data were reported by Ivanova et al. (2020). Cronbach's alphas ranged from .64 to .86.

We also collected information about individuals' gender, age, health, education, place of residence, and marital status.

DATA ANALYSIS

The statistical analysis was performed using IBM SPSS Statistics software (version 23.0). Consistent with previous research (Ivanova et al., 2020), any OASRs with missing data for more than 8 problem items were excluded (four forms). Additionally, any unrated items in the OASRs (.3% of values) were imputed with a score of zero, as per Ivanova et al. (2020). The missing values in the items of the LPGS-P were filled with "5" (3.5% of values) following the recommendation in the user manual of the scale (Kairys et al., 2013). Confirmatory factor analysis was conducted using IBM SPSS AMOS (version 20.0). Goodness of model fit was determined using the root mean square error of approximation (RMSEA), comparative fit index (CFI), and Tucker-Lewis index (TLI). The model is considered acceptable when RMSEA < .08, CFI and TLI > .9 (Kline, 2016; MacCallum et al., 1996). The reliability of the scales was assessed by calculating Cronbach's α. Correlation analysis between variables was conducted using Pear-

son's *r*. The strength of the correlations was evaluated according to the value of *r*: .1 – weak correlation, .3 – moderate correlation, .5 – strong correlation (Cohen, 1988). Group differences were evaluated using the independent samples Student's *t*-test, and the effect size was determined using Cohen's *d*: .2 – small effect, .5 – medium effect, .8 – large effect (Cohen, 1988). A hierarchical regression analysis was performed to investigate the relationship between psychological well-being and problems. To analyze the relationships among the variables more precisely, controlling variables (gender, age, health, education, place of residence, and marital status) were added in the first step. Personal strengths were included in the second step, while problems were added in the third step.

RESULTS

Table 1 describes the variables used in the analyses: gender, age, health, education, place of residence, marital status, psychological well-being, problems, and personal strengths.

Group comparisons of psychological well-being are presented in Table 2. The results indicate that participants with better health (M = 113.39, SD = 19.50)

Table 1

Descriptive statistics of the variables

Variable	*n* (%) or *n*	Missing	*M* (*SD*)	Range
Gender				
Male (= 1)	121 (36.4)	–		0-1
Female (= 0)	211 (63.6)			
Age	332	–	71.93 (8.50)	60-97
Health				
Does not have illness, disability, or handicap (= 1)	178 (53.8)	1		0-1
Has illness, disability, or handicap (= 0)	153 (46.2)			
Education				
Has higher education (= 1)	76 (24.9)	27		0-1
Does not have higher education (= 0)	229 (75.1)			
Place of residence				
Big city (= 1)	111 (33.4)	–		0-1
Other (town, village) (= 0)	221 (66.6)			
Marital status				
Married, living with spouse (= 1)	179 (54.1)	–		0-1
Other (= 0)	152 (45.9)			
Psychological well-being	332	–	109.03 (20.34)	33-150
Problems				
Anxious/Depressed	328	4	10.70 (6.88)	0-30
Worries	328	4	6.39 (2.95)	0-16
Somatic Complaints	328	4	6.48 (5.23)	0-24
Functional Impairment	328	4	4.63 (3.96)	0-20
Memory/Cognition Problems	328	4	4.84 (3.35)	0-20
Thought Problems	328	4	4.84 (3.91)	0-26
Irritable/Disinhibited	328	4	9.92 (6.01)	0-34
Personal strengths	328	4	26.44	1-40

Note. A higher score indicates greater psychological well-being. A higher score on each of the problem scales indicates greater severity of the corresponding problem area. The higher the personal strengths score is, the greater are the personal strengths.

had significantly greater psychological well-being compared to those with poorer health (M = 105.28, SD = 20.42) ($t(329) = -6.68$, $p < .001$). The effect size for this comparison was medium, with Cohen's d = .41. In addition, participants who were married and living with their spouse (M = 111.59, SD = 19.79) had greater psychological well-being compared to those with other marital statuses (M = 106.02, SD = 20.70) ($t(329) = -2.50$, p = .013), although the effect size was small (Cohen's d = .28). However, there were no significant differences in psychological well-being based on participants' gender, education, or place of residence ($p > .05$).

Correlations between variables are presented in Table 3. Psychological well-being was found to be significantly related to all variables, except age.

Table 2

Group comparisons of psychological well-being

	n	*M* (*SD*)	*t* (*df*)	*p*	Cohen *d*
Gender					
Male	121	111.19 (20.11)	−1.47 (330)	.143	.17
Female	211	107.79 (20.42)			
Health					
Does not have illness, disability, or handicap	153	113.39 (19.50)	−3.68 (329)	< .001	.41
Has illness, disability, or handicap	178	105.28 (20.42)			
Education					
Has higher education	76	112.50 (19.15)	−1.64 (303)	.101	.22
Does not have higher education	229	108.08 (20.70)			
Place of residence					
Big city	111	107.55 (20.28)	0.94 (330)	.348	.11
Other (town, village)	221	109.77 (20.38)			
Marital status					
Married, living with spouse	179	111.59 (19.79)	−2.50 (329)	.013	.28
Other	152	106.02 (20.70)			

Table 3

Correlations between study variables

Variable	1	2	3	4	5	6	7	8	9
2	−.04								
3	.11*	−.53***							
4	.10	−.42***	.72***						
5	.21***	−.41***	.64***	.64***					
6	.28***	−.38***	.57***	.46***	.54***				
7	.18**	−.34***	.62***	.51***	.54***	.64***			
8	.01	−.52***	.68***	.53***	.58***	.53***	.54***		
9	−.13*	−.40***	.56***	.45***	.42***	.45***	.38***	.65***	
10	−.12*	.43***	−.22***	−.10	−.15**	−.38***	−.29***	−.24***	−.05

Note. 1 – age, 2 – Psychological well-being, 3 – Anxious/Depressed, 4 – Worries, 5 – Somatic Complaints, 6 – Functional Impairment, 7 – Memory/Cognition Problems, 8 – Thought Problems, 9 – Irritable/Disinhibited, 10 – Personal strengths. *$p < .05$; **$p < .01$; ***$p < .001$. A higher score indicates greater psychological well-being. A higher score on each of the problem scales indicates greater severity of the corresponding problem area. The higher the personal strengths score is, the greater are the personal strengths.

Table 4

Hierarchical regression analysis of predictors of psychological well-being

Variable	Step 1				Step 2				Step 3			
	B	*SE B*	β	*t*	*B*	*SE B*	β	*t*	*B*	*SE B*	β	*t*
Gender (male = 1, female = 0)	1.07	2.58	.03	0.42	2.22	2.36	.05	0.94	−0.26	2.22	−.01	−0.12
Age	0.04	0.15	.02	0.30	0.11	0.13	.05	0.83	0.01	0.13	.01	0.09
Health (does not have illness, disability, or handicap = 1, has = 0)	7.10**	2.39	.17	2.97	4.52*	2.21	.11	2.05	1.88	2.04	.05	0.92
Education (has higher education = 1, does not = 0)	4.33	2.86	.09	1.51	2.43	2.62	.05	0.93	−1.60	2.33	−.03	−0.69
Place of residence (big city = 1, other = 0)	−0.84	2.58	−.02	−0.33	−2.78	2.36	−.06	−1.17	−3.27	2.05	−.08	−1.59
Marital status (married, living with spouse = 1, other = 0)	3.98	2.48	.10	1.61	2.82	2.27	.07	1.24	2.05	2.00	.05	1.02
Personal strengths					1.30***	0.17	.42	7.72	1.13***	0.16	.36	7.13
Problems												
Anxious/Depressed									−0.67**	0.25	−.22	−2.72
Worries									−0.40	0.51	−.06	−0.79
Somatic Complaints									−0.39	0.27	−.10	−1.45
Functional Impairment									0.33	0.36	.06	0.91
Memory/Cognition Problems									0.64	0.40	.11	1.62
Thought Problems									−1.02*	0.40	−.18	−2.57
Irritable/Disinhibited									−0.51*	0.22	−.14	−2.28
R^2		.05				.22				.43		
ΔR^2						.16				.22		
F		2.79*				11.39***				15.44***		

Note. *$p < .05$; **$p < .01$; ***$p < .001$. A higher score indicates greater psychological well-being. A higher score on each of the problem scales indicates greater severity of the corresponding problem area. The higher the personal strengths score is, the greater are the personal strengths.

Poorer psychological well-being was associated with being more anxious/depressed ($r = -.53$, $p < .001$), having more severe worries ($r = -.42$, $p < .001$), somatic complaints ($r = -.41$, $p < .001$), functional impairment ($r = -.38$, $p < .001$), memory/cognition problems ($r = -.34$, $p < .001$), thought problems ($r = -.52$, $p < .001$), and being more irritable/disinhibited ($r = -.40$, $p < .001$). Conversely, greater psychological well-being was associated with greater personal strengths ($r = .43$, $p < .001$). The correlations between psychological well-being and the other variables ranged from moderate to strong, as determined by Cohen (1988).

The results of the hierarchical regression analysis are presented in Table 4. In the first step, sociodemographic variables and health were found to explain 5% of the variance in psychological well-being. Of these, only health was a significant predictor of well-being ($\beta = .17$, $p = .003$), while gender, age, education, place of residence, and marital status did not predict psychological well-being ($p > .05$).

The next step in the hierarchical regression analysis revealed that personal strengths significantly predict psychological well-being ($\beta = .11$, $p < .001$), explaining an additional 16% of the variance in psychological well-being.

In the third step of the regression analysis, it was found that problems significantly explained an additional 22% of the variance in psychological well-being. Specifically, being more anxious/depressed ($\beta = -.22$, $p = .007$), having more severe thought problems ($\beta = -.18$, $p = .011$), and being more irritable/disinhibited ($\beta = -.14$, $p = .024$) were all significant predictors of poorer psychological well-being. However, other problems such as worries, somatic complaints, functional impairment, and memory/cognition problems were not found to be significantly related to psychological well-being ($p > .05$). The overall model was found to be significant, accounting for 43% of the variance in psychological well-being.

These findings suggest that even after controlling for other psychological well-being factors, certain specific problems, such as being more anxious/depressed, having more severe thought problems, and being more irritable/disinhibited, remained important predictors of psychological well-being.

DISCUSSION AND CONCLUSIONS

Based on the multidimensional concept of successful aging and its importance in our progressively aging societies, this study examined the relationship between psychological well-being as an indicator of successful aging, and both adaptive and maladaptive functioning among older adults.

In line with previous research (Martos & Kopp, 2012), our findings confirm the importance of health for the psychological well-being of older individuals. Good health allows older adults to maintain independence, engage in activities they enjoy, and participate in social interactions, all of which may contribute to greater psychological well-being. The relationship was evident not only in the correlation analysis but also in the first two steps of the regression analysis predicting psychological well-being. However, in the third step, when maladaptive functioning was included, the relationship between health and psychological well-being no longer remained significant. This could be due to the fact that some of the problems, such as functional impairment, represent health-related issues. Therefore, it is plausible that these problems assumed the role of the health variable.

Our findings, in agreement with previous studies (Becchetti & Pisani, 2021; Potočnik & Sonnentag, 2013), suggest that marital status is related to greater psychological well-being. Specifically, those who were married and living with a spouse reported greater psychological well-being. These results highlight the beneficial impact of living with a spouse or partner, perhaps due to the companionship, support, and sense of security these relationships can provide. However, this relationship was only significant in the correlation analysis; in the regression analysis predicting psychological well-being, it was not significant.

Contrary to some studies that found gender differences in psychological well-being among older people (Becchetti & Pisani, 2021), our research did not find such differences. Our findings suggest that gender may not be a key determinant of psychological well-being in the elderly population. Additionally, our findings deviate from research by Potočnik and Sonnentag (2013), as we did not identify a relationship between psychological well-being and age. This disparity could be due to several reasons, including differences in the age distribution of our sample or the measure of psychological well-being. Our research also did not find a link between psychological well-being and education, contrasting with the findings from some previous studies (Potočnik & Sonnentag, 2013). This might imply that education does not straightforwardly translate into greater psychological well-being, and factors such as the quality of education or lifelong learning might be more relevant. Lastly, our research did not find a significant relationship between psychological well-being and the place of residence, suggesting that geographical or environmental factors might not play a role in the psychological well-being of older people.

This study also identified a significant relationship between psychological well-being and personal strengths, viewed as elements of adaptive functioning. The results suggest that the greater personal strengths an older adult possesses, the greater their psychological well-being tends to be. This significant

relationship was evident in both correlation and regression analyses. Personal strengths not only predicted psychological well-being but also accounted for an additional 16% of its variance. Personal strengths maintained their significance even after problems were included in the model. These personal strengths – be they effective time management, a readiness to help others, maintaining one's independence in day-to-day tasks such as cooking and shopping, or even a good sense of humor – seem to act as protective factors. They serve to buffer against the negative impacts of aging-related challenges, thereby contributing to psychological well-being among older adults. This highlights the resilience that these personal strengths can foster, helping individuals navigate the complexities of aging with a greater sense of control and competence.

Our correlation analysis revealed significant links between a range of problems and psychological well-being among older adults. Specifically, a significant correlation was found between anxiety/depression and psychological well-being, indicating that older adults who are more anxious/depressed tend to have poorer psychological well-being. This finding is consistent with previous studies by Lukaschek et al. (2017), Potočnik and Sonnentag (2013), Sheffler et al. (2022), and Tallutondok et al. (2022). These results suggest that experiencing consistent anxiety or depression symptoms can impact a person's outlook on life, hinder their ability to experience joy or satisfaction from their daily activities, and ultimately, compromise their psychological well-being.

Our findings also indicated that older adults with more severe worries reported poorer psychological well-being. This suggests that persistent concerns or apprehensions about various aspects of life could cultivate feelings of unease or distress. Being stuck in a cycle of worry can hinder their ability to enjoy positive experiences, thus negatively impacting their overall psychological well-being.

In line with findings of Schneider et al. (2003), our analysis revealed that older adults who had more severe somatic complains had poorer psychological well-being. This correlation suggests that the persistent physical discomfort associated with somatic complaints might significantly affect the individual's mood, daily functionality, and overall psychological well-being. Chronic physical ailments might restrict older adults from participating in activities they enjoy or maintaining social connections, thereby negatively impacting their psychological well-being. Furthermore, the stress and anxiety associated with managing persistent health problems can potentially intensify feelings of unhappiness or dissatisfaction, contributing to poorer psychological well-being.

More severe functional impairment was also associated with poorer psychological well-being. Reduced functional abilities may limit older adults' independence and their ability to engage in daily activities or hobbies they once enjoyed, leading to feelings of frustration or helplessness. Such experiences can lead to decreased psychological well-being. Moreover, individuals with significant functional impairment may face social isolation due to decreased mobility, further intensifying feelings of loneliness and dissatisfaction.

Consistent with the research of Nyström et al. (2019), Sheffler et al. (2022), and Zuniga et al. (2016), we found that more severe memory/cognition problems were associated with poorer psychological well-being. Difficulty in remembering things or performing cognitive tasks that were once easy might lead to feelings of frustration or inadequacy, decreasing psychological well-being. Moreover, cognition problems can interfere with an individual's day-to-day life and independence, potentially leading to social isolation and a reduced sense of purpose, which can also impact psychological well-being.

Our analysis revealed that more severe thought problems were associated with poorer psychological well-being in older adults. Thought problems, as assessed in this study, include a range of issues such as jealousy, feelings of social isolation or rejection, paranoid thoughts, and unusual behaviors or perceptions. These issues can interfere with an individual's social interactions, emotional stability, and overall perception of their environment, potentially leading to a decrease in their psychological well-being.

Lastly, our analysis revealed that being more irritable/disinhibited is related to poorer psychological well-being. This suggests that the tendency to exhibit impulsive behaviors, be excessively loud or attention-seeking, and frequently engaging in arguments or conflict could potentially disrupt an individual's emotional balance and social relationships. This disruption may lead to feelings of discontent or dissatisfaction, contributing to poorer psychological well-being. This emphasizes the importance of emotional regulation and effective social interactions in maintaining psychological well-being in later life.

Further examination through regression analysis revealed that being more anxious/depressed, having more severe thought problems, and being more irritable/disinhibited were predictors of poorer psychological well-being, accounting for an additional 16% of the variance in psychological well-being. This analysis implies that these aspects of maladaptive functioning hold significant relevance in predicting the psychological well-being of older adults. Therefore, these issues should be crucial areas of focus in the development of interventions. These interventions, by managing maladaptive behaviors and promoting adaptive capacities, have the potential not only to improve psychological well-being but also to contribute to successful aging.

Interestingly, although worries, somatic complaints, functional impairment, and memory/cogni-

tion problems correlated with psychological well-being, they did not emerge as significant predictors in the regression analysis. It is plausible that the predictive power of worries, somatic complaints, functional impairment, and memory/cognition problems in the regression analysis was overshadowed by more prominent predictors such as anxiety/depression, thought problems, and irritability/disinhibition. These variables may act as secondary factors that contribute to psychological well-being, but potentially only through their association with the primary predictors.

This study, while providing valuable insights into the predictors of psychological well-being among older adults, is not without its limitations, which should be acknowledged. One key limitation is the cross-sectional design, which provides a snapshot of the data at one point in time, preventing the determination of causal relationships. Future research could employ a longitudinal approach, tracking changes in psychological well-being as well as adaptive and maladaptive functioning over time. This would facilitate a clearer understanding of how these variables interact and evolve as individuals age. Additionally, our findings primarily pertain to the Lithuanian older adult population, and might not generalize to older adults in other cultural or geographic contexts. Lastly, while self-reported measures were used in this study, future research could integrate objective measures or informant reports to validate self-report data.

Despite its limitations, our study has important implications for both research and practice, particularly in the context of successful aging. It highlights the complex interplay between psychological well-being and both adaptive and maladaptive functioning in older adults, a dynamic that is important for researchers and practitioners to consider when developing interventions aimed at promoting successful aging. The results support the model of successful aging proposed by von Faber et al. (2001), which identifies major domains influencing well-being of the elderly, and provide insight into the role of adaptation as another key component of the model. Our findings emphasize that fostering adaptive functioning and addressing maladaptive functioning could be essential strategies for enhancing psychological well-being, which is a key component of successful aging. By focusing on strengthening personal strengths and addressing the challenges posed by maladaptive functioning, interventions can better support the psychological well-being and overall successful aging of older individuals.

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