Mapping of Research on the Well-being of Older Adults in Latin America

Luiza Klein Magri[1]
São Camilo University

Luciano Esposito Sewaybricker[2]
University of São Paulo

Scientific article

Material originally authorized for its first publication in the Journal de Ciencias Sociales, Academic Journal of the Faculty of Social Sciences of the Universidad de Palermo.

Receipt: 2026-06-30
Acceptance: 2026-10-24

Abstract: In light of the rapid population aging observed in Latin America, the study of well-being in old age becomes increasingly important and may be regarded as a priority for further investigation in the fields of scientific and social research. In this quantitative and cross-sectional article, we explore this issue through a systematic mapping, using the PRISMA 2020 protocol, by means of searches in the SciELO and LILACS, with the aim of analyzing the scientific output on the well-being of older adults in Latin American countries between 2020 and 2025. From the final collected sample of 179 articles, it was possible to subject them to a detailed analysis of methodological, geographical, and conceptual variables. The results indicated a predominance of quantitative articles (69.3%) with a cross-sectional temporal scope (80.4%), as well as a greater concentration of material published in Brazil (62.6%). The theme of well-being, in turn, proved to be peripheral in its presence (83.8% of publications), appearing primarily within health and medical fields and being commonly associated with the absence of disease. The study concludes by highlighting the need to expand research on the subject, also aiming at a deeper examination of well-being beyond biological characteristics, as an essential resource for aging.

[1] Psychologist graduated from Centro Universitário São Camilo (São Paulo, Brazil). Clinical psychologist and independent researcher focused on the topics of well-being and aging. Email: luizakmagri1@gmail.com

[2] PhD in Social Psychology from the University of São Paulo. Professor at Centro Universitário São Camilo in São Paulo and postdoctoral researcher at the Institute of Psychology of the University of São Paulo. He was a fellow of Valerie Möller at the International Society for Quality of Life Studies (ISQOLS) and is currently a member of the Indigenous Peoples Care Network at USP. Email: luciano.sewaybricker@gmail.com

Keywords: well-being; aging; older adults; Latin America.

Mapeo de investigaciones sobre el bienestar de adultos mayores en América Latina

Resumen: Ante el rápido envejecimiento poblacional evidenciado en América Latina, el estudio sobre el bienestar en la vejez se vuelve importante y puede ser entendido como prioritario para ser profundizado en los campos de la investigación científica y social. En este artículo, cuantitativo y transversal, exploramos esta cuestión a partir de un mapeo sistemático de la literatura, utilizando el protocolo PRISMA 2020, mediante búsquedas en las bases de datos SciELO y LILACS, con el objetivo de analizar la producción científica sobre el bienestar de las personas mayores en países latinoamericanos en el período comprendido entre los años 2020 y 2025. A partir de la muestra final recopilada, de 179 artículos, fue posible someterlos a un análisis detallado de variables metodológicas, geográficas y conceptuales. Los resultados indicaron una predominancia de artículos cuantitativos (69,3%) con un corte temporal transversal (80,4%), además de una mayor concentración de material publicado en Brasil (62,6%). El tema del bienestar, a su vez, tendió a manifestarse de forma predominantemente periférica (83,8% de las publicaciones), apareciendo con frecuencia vinculado a marcos de salud y la medicina, y siendo comúnmente asociado a la ausencia de enfermedad. Se concluye destacando la necesidad de ampliar las investigaciones sobre el tema, buscando también profundizar en el estudio del bienestar más allá de las características biológicas, como recurso esencial para el envejecimiento.

Palabras clave: bienestar; envejecimiento; adultos mayores; América Latina.

Introduction

Well-being is one of the central themes of contemporary social sciences. Its study encompasses everything from the emotional and hedonic dimensions of human experience (related to pleasure, positive affect, and life satisfaction) to broader aspects connected to personal flourishing, self-actualization, and the positive functioning of the individual (Alexandrova, 2017). Although frequently associated with the concept of happiness, with which it shares philosophical roots and conceptual overlaps (Lyubomirsky & Layous, 2013), well-being has its own scope: it articulates objective life conditions with subjective evaluations, involves multiple dimensions (such as affective, cognitive, social, and spiritual), and manifests in distinct ways across different stages of life.

It is precisely in this variation across life stages that well-being in old age takes on particular relevance. Old age represents not only the final stage of aging, but also a period

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

marked by profound reconfigurations in the biological, psychological, social, and functional conditions of the individual. Schneider and Irigaray (2008) emphasize that aging is multifactorial and complex, influenced by biological, physiological, environmental, psychological, behavioral, and social aspects, and varies individually and/or collectively depending on gender, social class, culture, and health patterns. As Neri (2001) observes, aging begins at birth and occurs progressively, so that old age is the accumulated result of a long subjective process, unique to each individual. This complexity makes old age a privileged subject of study for understanding how well-being is shaped under specific life conditions. According to the World Health Organization (WHO, 2002), older people are considered to be those aged 60 or over in developing countries and 65 or over in developed countries. Even so, chronological age alone is not sufficient to understand the experience of aging; it is necessary to consider the lived context, choices made throughout life, and the functional capacity of the individual.

The demographic context of Latin America makes this investigation even more relevant. Countries in the region are undergoing an accelerated demographic transition, characterized by increasing life expectancy, falling fertility rates, and declining mortality. The result is significant population aging: according to Aranco et al. (2022): "Latin America and the Caribbean constitute the fastest-aging region in the world" (p. 11). This transformation is visible in the population pyramids published by CEPALSTAT (2022, as cited in Petrus & Pereira Júnior, 2023): while in 1990 the base of the pyramids was significantly wider than the top (that is, there were more births than people aging), by 2015 a more uniform distribution across age groups is already observed, reflecting greater longevity and the consequent growth of the older population. Demographic projections for the coming decades reinforce this trend (Mrejen et al., 2023), making the study of well-being in old age a growing priority for the social sciences in the region.

In light of this scenario, the present study presents the results of a systematic mapping of the scientific literature on well-being and aging produced in Latin America. The overall objective was to map and analyze how the topic has been researched in the region. The specific objectives were: to identify gaps and trends in research on well-being among the older population; to recognize particularities of Latin American scientific output on the topic; and to suggest opportunities for the field. From this analysis, the aim was to contribute to a more precise understanding of the state of the art and to indicate directions for research that can account for a population aging within a singular social, cultural, and economic context.

1. Literature Review

1.1. The Conceptual Complexity of Well-being: Philosophical and Psychological Considerations

Every empirical study on happiness or well-being begins with a choice that often goes unnoticed: how to measure its object. Is the respondent asked how satisfied they are with life? Is the frequency of their positive and negative effects measured? Is the extent to which they perceive meaning and purpose in their activities evaluated? Each of these options produces different numbers, ranks populations in different ways, and supports distinct conclusions, although all commonly circulate under the same generic label of "happiness" or "well-being." Before mapping what the Latin American literature has investigated on well-being and aging, it is therefore worth clarifying why this apparently technical question of instrument choice is, at bottom, a conceptual question.

In psychology, these measurement choices are organized around three major families of approaches (Alexandrova, 2017). The first, sometimes called hedonic, identifies happiness with the predominance of positive over negative affects and is typically operationalized through self-report instruments, such as the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988). The second, centered on life satisfaction, shifts the focus from feeling to evaluating: what matters is the judgment that a person makes of their own life, as a whole or in relation to a specific domain, captured through direct questions such as "How satisfied are you with your life as a whole?" The third, termed eudaimonic or flourishing, refuses to reduce the good life to affective states or satisfaction judgments, and incorporates dimensions such as meaning, purpose, and fulfillment, present in Ryff's (1989) psychological well-being model and in Ryan and Deci's (2000) Self-Determination Theory.

The relationship among these three families is itself a matter of dispute. For Diener (1984), one of the most influential authors in the field, the first two are complementary and together sufficient to evaluate well-being, as they combine an affective and a cognitive component of life. Eudaimonic approaches challenge precisely this point: for their proponents, affect and satisfaction miss what is most decisive in a good life and need to be supplemented or even replaced by measures of meaning and purpose. Added to this is a persistent terminological confusion. Although all three approaches are equally subjective in terms of method (since all depend on the person's own report), the expression "subjective well-being," formalized by Diener to designate the sum of affect and satisfaction, became generalized in part of the literature as a simple synonym for "self-reported measure," as opposed to "objective" indicators such as income or employment. The result is that the same term has come to designate different things depending on the discipline and the author, which complicates comparisons across studies.

These psychological distinctions, in turn, have roots in older philosophical

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

disagreements about what constitutes a good life. A classic organization of these positions, following Parfit (1984), distinguishes three major groups of theories: objective list theories, for which the good life consists in the presence of certain goods (such as friendship or knowledge), regardless of whether the person desires them or derives pleasure from them; hedonistic theories, which make the quality of life dependent on the balance between pleasant and unpleasant experiences; and desire satisfaction theories, which ground that quality in the fulfillment of the agent's own preferences. It is not difficult to recognize the kinship with the three psychological families described above: philosophical hedonism is close to the hedonic approach, and objective list theories are close to flourishing. The translation, however, is never perfect. The status of life satisfaction theories, so central in contemporary well-being science, remains open (at times treated as a variant of desire theories and at times claimed as a fourth independent tradition; Sewaybricker & Massola, 2023). Ultimately, as Alexandrova (2017) summarizes, well-being can be understood as a "synthesis value of the goods that matter to the agent for reasons that are not moral, aesthetic, or political" (p. 153), a deliberately broad formulation precisely because the content of those goods is what is in dispute.

It is not this article's place to adjudicate these disputes, nor to exhaustively survey the many traditions in the field (McMahon, 2006). What matters is to retain the methodological lesson that follows from them: measuring well-being is never a neutral operation. Every scale, every questionnaire, every instrument begins from some answer, even if implicit, to the question of what makes a life good. Whoever chooses to measure positive affect is betting, even without declaring it, on one conception; whoever chooses to ask about purpose and fulfillment is betting on another. For this reason, disagreements about how to measure well-being are rarely exhausted at the technical level: beneath them there is usually a deeper disagreement about what, after all, is being measured. This relationship between theoretical conception and methodological choice is central to the reading proposed here of Latin American scientific output on well-being and aging. As will be discussed in the Results section, much of this literature operates, without making it explicit, with a conception of well-being close to the mere absence of disease, which diverges from both eudaimonic and hedonic traditions and is itself one possible theoretical stance among others, even if rarely acknowledged as such.

1.2. Well-being and Aging: Evidence and Debates on the U-Curve

If the definition of well-being is already a matter of theoretical debate in its own right, its relationship with aging becomes even more complex. One concept studied in well-being science over the last two decades is the so-called U-curve of happiness across the life course. This theory has been applied across different countries and databases, showing that

self-assessments of happiness or well-being tend to follow a declining trend up to around age 40, followed by an increasing trend from that age onward (Blanchflower & Graham, 2021). This pattern has been interpreted in light of the understanding that older people tend to rate their own happiness most highly, a result that seems counterintuitive at first glance given the widely documented effects of aging, including the emergence of psychopathologies, growing financial difficulties, loneliness, cognitive losses, and distance from family (Oliveira et al., 2006). This finding even motivated the United Nations General Assembly, together with the World Health Organization, to declare 2020 the start of the Decade of Healthy Ageing (WHO, 2020).

However, despite its historical consistency in well-being science, the U-curve has also been subject to criticism and revision. Blanchflower (2021), in one of the most comprehensive studies on the topic, analyzed subjective well-being data from 145 countries and identified the U-shaped pattern in the vast majority of them. In response to methodological critiques by Bartram (2023), who questioned the generalizability of the U-curve to all European countries, Blanchflower et al. (2023) revisited the controversy and argued that the evidence is even more robust than previously assumed, reporting 618 published studies identifying the pattern across 145 countries. In support of the subjective evidence, the authors cited objective indicators that also exhibited a trough (a reduction in well-being indices during midlife) due to deaths of despair, antidepressant prescriptions, and psychiatric hospitalizations. However, Bartram (2024), in a reply published in the Journal of Happiness Studies, argued that part of the statistical robustness attributed to the U-curve results from the use of "bad controls" in the models (variables correlated with age itself, such as education, income, or marital status, which, when included in the equations, artificially inflate the coefficients for age and age squared).

More recently, there are signs that this configuration may be changing. Analyses from the Global Flourishing Study suggest that today, the decline in self-assessment indices is concentrated among younger age groups, while the higher levels among older people remain stable (VanderWeele et al., 2025). As a result, the curve, previously symmetrical, is taking on a J-shaped profile, observed with particular intensity in European countries and in the United States since 2020 (Twenge & Blanchflower, 2025). In terms of the raw data, the position of older people changes little, as they continue to appear among the most satisfied. What changes is the explanation that can be given for the phenomenon, since the attribution to a supposedly natural life cycle no longer holds. Alternative explanations must also consider generational transformations that affect young people specifically, and whose origin is distinct from the psychological processes of aging.

This shift in interpretation suggests a broader caution regarding the empirical bases

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

on which such comparisons rest. The World Happiness Report (Helliwell et al., 2025) is constructed from a single question, the Cantril Ladder, while the Global Flourishing Study itself bases its conclusions on two closed zero-to-ten questions (VanderWeele et al., 2025). The efficiency of these instruments for large-scale comparisons is undeniable, but there is a conceptual problem beneath the apparent simplicity: when two people answer "seven" to the same question, or when the same respondent gives "seven" today and "seven" twenty years from now, is it reasonable to assume they are evaluating the same thing? Bond and Lang (2019) and Fabian (2022) show that this assumption is generally fragile, and it becomes even more delicate when the comparison involves older adults. The typically high scores in this age group may reflect a life genuinely perceived as better, or scale norming over time, with the person adjusting their evaluation criteria as they age. Without instruments capable of discriminating between these two readings, any conclusion about "happiness in old age" drawn from this type of measure coexists with a fundamental ambiguity. In light of this limitation, part of the literature has sought to complement closed-ended scales with open-ended questions capable of capturing not just a happiness level, but the content that each respondent attributes to the concept. The question "What is happiness for you?", used by Delle Fave et al. (2011, 2016) and revisited in subsequent studies (Pereira et al., 2025), makes it possible to identify what enters, in each case, into the personal definition of a life considered good. The results confirm that age influences these definitions, and they reveal a feature that typically escapes quantitative surveys: the importance attributed by older people to spirituality and religion as components of their own happiness is significantly greater than in other age groups (Delle Fave et al., 2016). Findings of this kind offer concrete indications that happiness investigated through a single scale item does not fully capture what older people themselves understand by happiness.

1.3. Developmental Theories and the Aging Process

Over the course of the twentieth century, Developmental Psychology built a substantial body of theories aimed at understanding aging beyond aggregate well-being indices (Tomé & Formiga, 2020). Organized by the questions they seek to answer, these theories can be grouped around four concerns: how individuals preserve or redefine their identity as they age (Atchley, 1989; Erikson, 1959; Jung, 1971); how they manage losses and the awareness of finitude (Baltes & Baltes, 1990; Carstensen, 1995; Cumming & Henry, 1961); how they sustain or redesign social engagement (Buhler, 1935; Havighurst, 1951; Neugarten & Neugarten, 1987); and how they relate to control over life events (Diehl, 1999; Heckhausen & Schulz, 1995). Despite their differences in emphasis, these frameworks converge on a common orientation: they place the subjective perspective of the older person at the center, examining how individuals reassess decisions, reconstruct bonds, and make sense of their own trajectories.

This centrality of subjective experience is precisely what is at stake in the reading proposed in this article. As will be discussed in the Results section, a significant portion of the Latin American literature on well-being and aging relies on predominantly biomedical instruments that leave little room for this level of analysis, measuring the presence or absence of clinical symptoms rather than the texture of the lived experience of aging.

1.4. Latin America in the Well-being Debate

All of the debate described up to this point (philosophical traditions, U-curve, J-curve, and developmental theories) was built on data predominantly produced in United States and European contexts. There are, however, indications that the very form of the relationship between age and well-being varies from region to region. Steptoe et al. (2015) observed that the U-shaped pattern was identifiable in high-income, English-speaking countries, but that this configuration did not repeat uniformly in other regions of the world. According to the authors, in Sub-Saharan Africa, well-being tended to remain stable throughout life. In the former Soviet Union and Eastern Europe, well-being showed a progressive and marked decline with advancing age (without the recovery characteristic of the U-curve). This characteristic is also observed among respondents from Latin America. For this reason, the study suggests that the trajectory of well-being throughout aging is not a universal, biologically determined phenomenon, but is modulated by psychosocial conditions, reinforcing the need for specific regional investigations.

The relationship between well-being, age, and Latin American cultural context had already received attention in another strand of the literature, predating the debate on the U-curve, in the form of the "Latin American paradox" of happiness. This line of research, developed in depth by Mariano Rojas, starts from the observation that Latin American countries consistently report higher life satisfaction levels than those predicted by their income indicators, when compared to other regions of the world (Rojas, 2016). Although part of the literature initially attributed this pattern to a "cultural bias" in responses, the author argues that this explanation is unsatisfactory and that the phenomenon instead reflects the importance of close and abundant interpersonal relationships (strongly present in the culture studied and relatively independent of income) as determinants of subjective well-being in the region (Rojas, 2016; 2020).

In this way, the theories converge on the point that it is essential not only to question how much has been researched on well-being and aging in Latin America, but also to seek to understand with what conception of well-being and from what theoretical perspectives this scientific output has been constructed.

Considering the publication of articles concerning the well-being of older adults in Latin America, it was possible to observe that, upon examining recent publications, the

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

majority seek to explore related themes, such as those tied to the medical logic of health (presence versus absence of disease or a given condition) or to the social sphere (social inequality or quality of life), with the aim of aggregating results. In the case of this systematic mapping, given the breadth of the field under investigation and the diversity of concepts involved, the objective is not to synthesize empirical findings by rendering them homogeneous, but rather to map and analyze methodological prevalences, their thematic emphases, and to identify the methods employed.

2. Methodology

This research was grounded in a systematic literature mapping on well-being and aging, aimed at identifying and analyzing articles published in Latin American journals that addressed the subject. James et al. (2016) argued that systematic mapping pursues to compile, describe and catalogue the available evidence on a broad topic, establishing the state of knowledge and identifying key knowledge gaps and clusters through a rigorous and transparent methodological proceedings. To this end, the tool used was PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) (Page, 2021), with the first step being the formulation of a guiding question: "What has been published and studied in the scientific field regarding aging and well-being in Latin American countries?" Based on this question, it was possible to establish the article search channels: SciELO (Scientific Electronic Library Online) and LILACS (Latin American and Caribbean Literature in Health Sciences). The descriptors chosen were "Aging," "Older Adults," "Well-being," and "Well being," combined in Boolean searches: in Portuguese [*envelhecimento* or *idosos*] AND [*bem-estar* or "*bem estar*"]; in English [aging or ageing or elderly] AND [wellbeing or "well being"]; in Spanish [*envejecimiento o ancianos*] AND [*bienestar*].

The inclusion criteria were: articles published between 2020 and 2025; written in Portuguese, English, and/or Spanish; published in Latin American journals; articles submitted through the peer review process; published in open access, with the possibility of consulting the full text; and investigations that used data or participants from Latin America. The exclusion criteria were: articles based on literature reviews (whether narrative, integrative, or systematic); essays and specifically theoretical texts; and case reports, experience reports, or project reports.

The article search and analysis were conducted in two waves: a first wave using search strings in English and Portuguese in November 2025, and a second, complementary wave, using search strings in Spanish in September 2026. Although temporally separate, both waves were carried out following the same steps, which, for ease of reading, are grouped together below.

In the first stage, the references that served as the basis for the search were identified (N=633). These were imported into the online platform Rayyan.ai, essential for assisting in the screening of the found material. This process made it possible to exclude duplicate documents (N=292), leaving the articles to be analyzed individually (N=341). Besides that, two researchers participated in the study selection and coding processes (LK and LS). Both defined the search strategies and inclusion/exclusion criteria. Reliability in article selection was ensured by having LK screen the first 100 articles (in the first wave), which were subsequently validated by LS, before LK evaluated the remaining studies. For the second wave, LS screened all articles.

The articles *(N=341)* were exported to an Excel spreadsheet with the following information: title, author(s), year, journal, volume, issue, pages, URL, abstract, and keywords. For each article, the following variables were coded: use or non-use of a database (secondary data); type of sample population (specific or random); sample details; sample size; geographical affiliation of participants; classical well-being instruments used; other measurement instruments; variables of interest; method (qualitative and/or quantitative); temporal scope (longitudinal or cross-sectional); whether well-being was central or peripheral; and additional observations.

After reading the abstracts of the selected articles and following the pre-established inclusion and exclusion criteria, a new round of exclusions was carried out *(N=162)*. These were excluded for not meeting the previously established exclusion criteria. In the end, 179 articles remained for detailed data analysis. The complete flow of article search and selection can be verified in Figure 1.

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

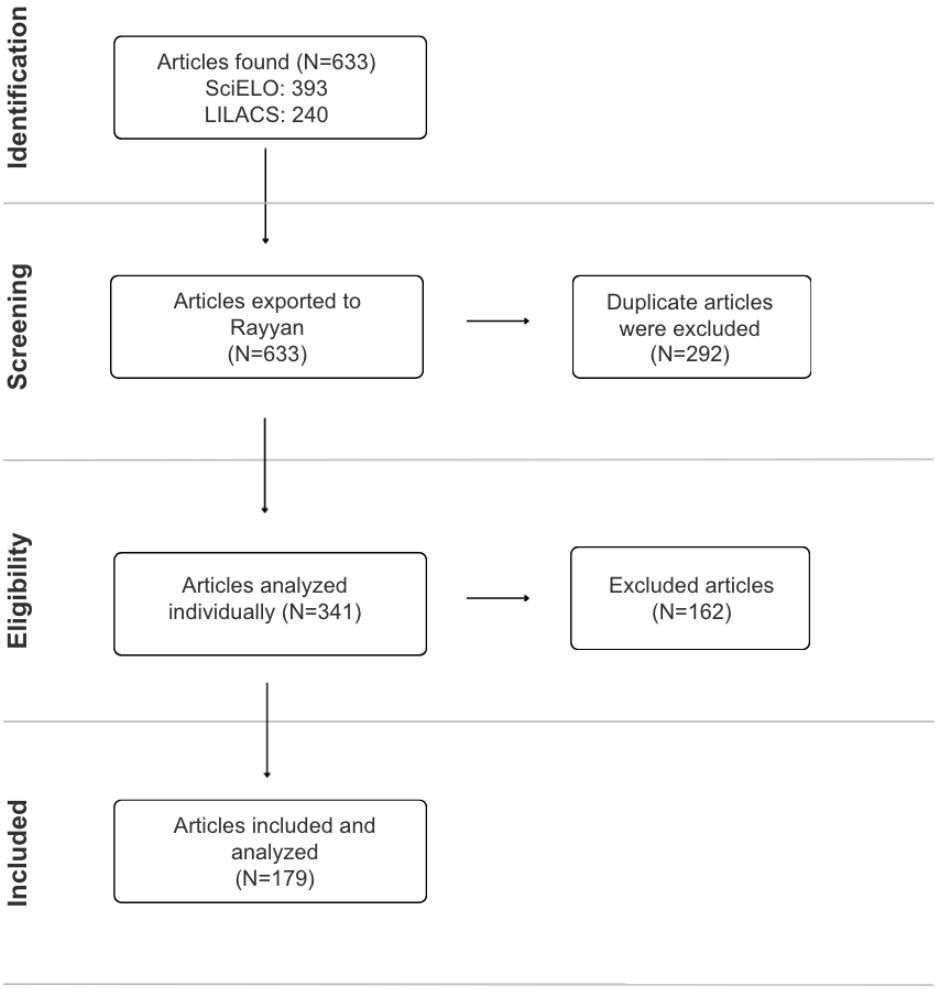


Figure 1. Article selection flow (PRISMA 2020 model)
Source: Elaborated by the authors.

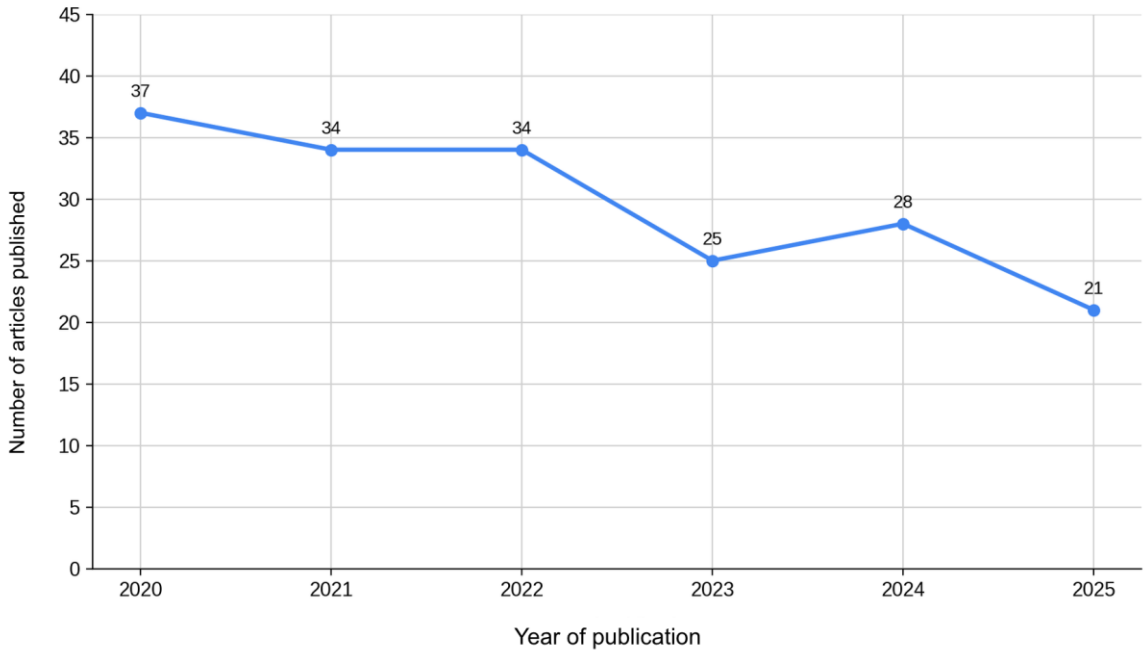
It is from the reading of the remaining articles (N=179) and the analysis of the constructed table that the Results section, presented below, was developed.

3. Results

3.1. Publication Period

Considering articles published between 2020 and 2025, the annual volume of publications associating aging with well-being showed a downward, though non-linear, trend. The highest output occurred in 2020 (37; 20.7%), followed by 2021 and 2022 (34 each; 19.0%), before falling to 25 in 2023 (14.0%), rising slightly to 28 in 2024 (15.6%), and reaching 21 in 2025 (11.7%), as shown in Graphic 1. Although this reflects an apparent 43% reduction between 2020 and 2025, this variation must be interpreted with caution. Portuguese and English searches ended in November 2025, leaving the final weeks underrepresented by 8.3% to 16.7%, while Spanish-language sources were searched

later, in September 2026. Coupled with indexing lags in SciELO and LILACS that might be over a month, these differing observation windows indicate that the observed reduction for 2025 should be regarded as a conditional rather than definitive trend.



Graphic 1. Distribution of articles by year of publication.

Note: Distribution of the 179 articles. Source: Elaborated by the authors.

3.2. Geographical Distribution

Regarding the geographical distribution and location of publication of the journals, the studies drew on participants from 24 Latin American and Caribbean countries. Brazil concentrated most of the output, appearing in 112 articles (62.6% of the articles and 51.4% of the 218 country mentions), followed at a considerable distance by Colombia (20; 11.2%), Mexico (16; 8.9%), Chile (14; 7.8%), and Cuba (12; 6.7%). Argentina (8), Ecuador (6), and Peru (4) complete the group of countries with more than three studies, while Barbados, Bolivia, Costa Rica, Paraguay and Uruguay are tied with three published articles by each country (Table 1).

At the other end of the distribution, 11 countries (Bahamas, Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Nicaragua, Panama, Trinidad and Tobago, and Venezuela) appear only once, and in every case through the same multinational study covering 24 countries of the region. None of these countries was the object of a dedicated study within the mapped sample, which suggests a potential gap in regional representation within indexed open-access literature, particularly in Central America and in

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

the Caribbean outside Cuba.

Table 1. Distribution of articles by sample location.

Sample location	Articles (n)	% of articles (N = 179)	% of country mentions (n = 218)
Brazil	112	62.6	51.4
Colombia	20	11.2	9.2
Mexico	16	8.9	7.3
Chile	14	7.8	6.4
Cuba	12	6.7	5.5
Argentina	8	4.5	3.7
Ecuador	6	3.4	2.8
Peru	4	2.2	1.8
Barbados	3	1.7	1.4
Bolivia	3	1.7	1.4
Costa Rica	3	1.7	1.4
Paraguay	3	1.7	1.4
Uruguay	3	1.7	1.4
Bahamas, Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Nicaragua, Panama, Trinidad and Tobago, Venezuela	1 each	0.6 each	0.5 each

Note: The count was calculated based on the total of 179 articles; the sum exceeds the total number of articles because some studies used more than one population country, so the number of countries mentioned (218) exceeds the number of articles (179).

3.3. Method and Design

Of the 179 articles analyzed, the data indicated a predominantly quantitative nature (124; 69.3%) and cross-sectional (144; 80.4%). Qualitative studies totaled 45 articles (25.1%), and only 10 (5.6%) combined quantitative and qualitative approaches. Longitudinal designs appeared in 35 articles (19.6%), more than half of which (19) relied on secondary databases, that is, on the small number of large population cohorts available in the region (Table 2).

3.4. Database and Sample Distribution

Regarding the source of the data, as indicated in Table 2, 55 articles (30.7%) used secondary databases, while 124 (69.3%) were based on primary data collected by the researchers themselves. As for the type of sample, 39 studies (21.8%) used random or probabilistic samples (for example, older adults in general), whereas 140 (78.2%) worked with specific or intentional samples (for example, older adults with a particular health condition, institutionalized older people, or caregivers).

Sample sizes varied widely, from single-case studies to 340,968 participants, with a median of 135 participants. Fifty-six studies had fewer than 50 participants, most of them qualitative (42), while 13 exceeded 10,000 participants. These large samples came from national or regional population surveys: the Health, Well-being, and Aging Survey (SABE), including its Colombian edition; the Brazilian Longitudinal Study of Aging (ELSI-Brazil); the Brazilian National Health Survey (PNS); the Mexican ENASEM, ENSANUT, and ENDIREH surveys; and one large online health survey conducted during the COVID-19 pandemic.

3.5. Well-being as a Central or Peripheral Theme

Regarding the role of well-being in the analyzed articles, a relevant distinction was observed between studies in which the topic was treated as the central object of investigation (that is, in which the article's own objective was to investigate well-being) and studies in which it appeared peripherally (as one among various variables used to understand another phenomenon). The first group comprised 29 articles (16.2%), while the second, largely dominant, comprised 150 articles (83.8%) (Table 2). This distribution is central to the reading of the results that follow: both the instruments used and the variables of interest associated with well-being vary systematically depending on whether the topic occupies a central or peripheral position in the investigation.

It is also worth noting that the studies centered on well-being were almost entirely quantitative: 26 of the 29 articles (89.7%) used quantitative designs, one used mixed methods, and only two were qualitative.

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

Table 2. Characteristics and categories of articles.

Characteristic	Category	n	%
Method	Quantitative	124	69.3
	Qualitative	45	25.1
	Mixed	10	5.6
Temporality	Cross-sectional	144	80.4
	Longitudinal	35	19.6
Data sources	Primary collection	124	69.3
	Secondary database	55	30.7
Sampling	Specific/Intentional	140	78.2
	Random/Probabilistic	39	21.8
Centrality	Central	29	16.2
	Peripheral	150	83.8

Note: All categories were calculated from the 179 articles.

3.6. Instruments Used

The instruments used in the analyzed articles were coded and grouped according to what they effectively assess, regardless of whether they belong to the well-being literature. After harmonizing equivalent labels, 167 distinct instruments were identified, totaling 381 occurrences across the 179 articles.

Before examining this full set, it is useful to isolate the instruments that the science of well-being itself treats as its core measures, here called classical instruments. These are instruments developed to measure well-being as a positive construct, rather than inferring it from the absence of illness, and they operationalize the psychological families described in Section 2.1: the evaluative approach, centered on life satisfaction (SWLS, Temporal SWLS, Life Satisfaction Index A, and single broad questions on life satisfaction); the hedonic approach, centered on positive and negative affect (PANAS); and the eudaimonic or flourishing approach, centered on meaning, purpose, and positive functioning (Ryff's Psychological Well-Being Scale and the Purpose in Life Test). The group also includes integrative measures that combine these dimensions (WHO-5, CASP-19, and the Pemberton

Happiness Index) and the WHOQOL-bref, a generic self-report measure of quality of life developed by the World Health Organization and widely used as an indicator of subjective well-being.

Table 3. Classical well-being instruments by conceptual domain.

Istrument	Approach and construct measured	Reference	Occurrences	%
Ryff's Psychological Well-Being Scale (PWB)	Eudaimonic: six dimensions of psychological well-being	Ryff (1989)	8	19.0
Satisfaction with Life Scale (SWLS)	Evaluative: global life satisfaction	Diener et al. (1985)	8	19.0
WHOQOL-BREF/OLD	Subjective quality of life: physical, psychological, social, and environmental domains	WHOQOL Group (1998)	8	19.0
PANAS	Hedonic: positive and negative affect	Watson et al. (1988)	6	14.3
Life satisfaction (single broad question)	Evaluative: overall life satisfaction	OECD (2025)	4	9.5
WHO-5 Well-Being Index	Integrative: positive mood, vitality, and interest	Topp et al. (2015)	3	7.1
CASP-19	Integrative: control, autonomy, self-realization, and pleasure in later life	Hyde et al. (2003)	1	2.4
Life Satisfaction Index A (LSI-A)	Evaluative: life satisfaction in old age	Neugarten et al. (1961)	1	2.4
Pemberton Happiness Index	Integrative: hedonic, eudaimonic, and social well-being	Vázquez et al. (2013)	1	2.4
Purpose in Life Test (PIL)	Eudaimonic: meaning and purpose in life	Crumbaugh & Maholick (1964)	1	2.4
Temporal Satisfaction with Life Scale (TSWLS)	Evaluative: past, present, and future life satisfaction	Pavot et al. (1998)	1	2.4
Total			42	100

Note: Percentages calculated on the 42 occurrences of classical instruments. The eight occurrences of the WHOQOL-bref correspond to five articles, three of which also applied

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

the WHOQOL-OLD module. Source: Elaborated by the authors.

Eleven classical instruments were identified, totaling 42 occurrences, which correspond to only 6.6% of the distinct instruments and 11.0% of all instrument occurrences in the corpus (Table 3). Evaluative measures predominate (14 occurrences; 33.3%), led by the SWLS, followed by the WHOQOL-bref (8; 19.0%), eudaimonic measures (9; 21.4%), mainly Ryff's scale, the hedonic PANAS (6; 14.3%), and integrative measures (5; 11.9%). Five of the eleven instruments appear in a single article, and only two were developed specifically for later life: the CASP-19 and the Life Satisfaction Index A, with one occurrence each.

At the level of articles, only 27 of the 179 articles (15.1%) used at least one classical instrument. These are concentrated in the studies in which well-being is the central theme (20 of 29), while only seven of the 150 articles in which well-being is peripheral (4.7%) used any of them. Even among the 29 articles centered on well-being, therefore, nine did not use any classical instrument.

Table 4 organizes the full set of 381 instrument occurrences into six conceptual domains.

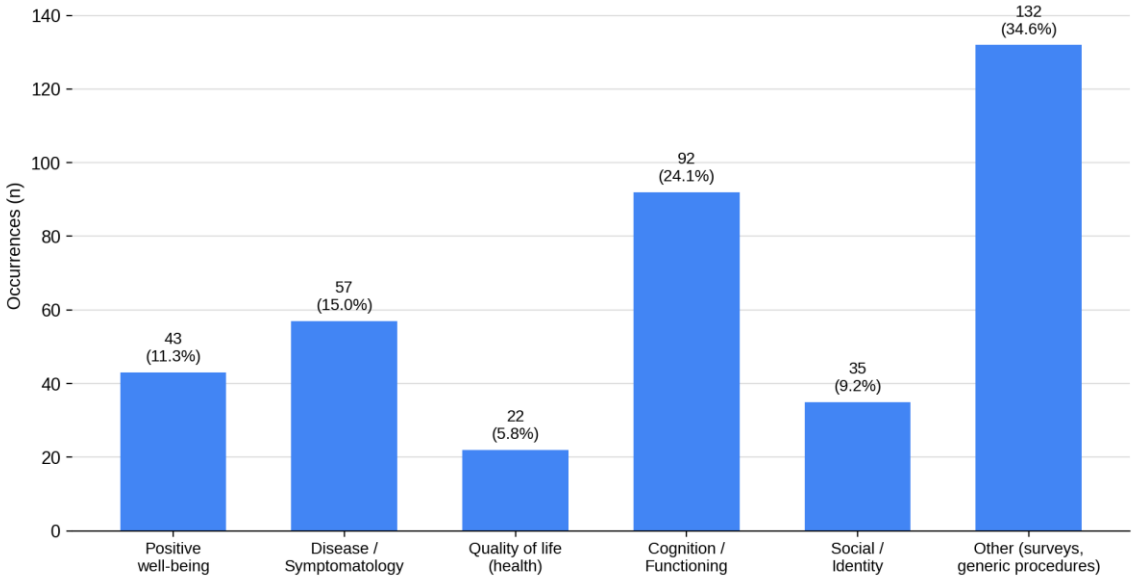
Table 4. Instruments by conceptual domain.

Domain	Instruments (examples)	Distinct instruments	Occurrences	%
Positive well-being	Ryff-PWB (8), SWLS (8), PANAS (6), Life satisfaction single/broad question (4), WHO-5 (3), Philadelphia Geriatric Center Morale Scale (2), VIA-IS (2)	17	43	11.3
Disease / Symptomatology	GDS, all versions (13), Visual analogue scales (4), BDI (2), CES-D (2), Zarit Burden Interview (2), Fatigue Severity Scale (2)	38	57	15.0
Quality of life (health)	WHOQOL-BREF/OLD (8), SF-8/12/36 (5), GOHAI (2)	10	22	5.8
Cognition / Functioning	MMSE (9), Barthel Index (5), Katz Index (5), Anthropometric measures (4), Lawton-Brody IADL (4), SPPB (3), Fried frailty criteria (3), IPAQ (3)	53	92	24.1
Social / Identity	Rosenberg Self-Esteem Scale (4), LOT-R (2), MSPSS (2), Spirituality Self-Rating Scale (2)	29	35	9.2
Other (surveys and generic procedures)	Interviews (38), SABE study (31), Unnamed questionnaires (28), Family APGAR (5), Field observation (5), Focus groups (5)	20	132	34.6
Total		167	381	100

Source: Elaborated by the authors.

Note: An instrument used in several articles is counted once per article.

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.



Graphic 2 (visual version). Distribution of instruments by conceptual domain.
Source: Elaborated by the authors.

The domain of positive well-being accounts for only 43 occurrences (11.3%). It comprises the central instruments other than the WHOQOL-bref, which is classified here under health-related quality of life, together with seven less widespread measures, such as the Philadelphia Geriatric Center Morale Scale and the VIA Inventory of Strengths. Instruments of biomedical origin (clinical symptom scales, health-related quality of life measures, and cognitive or functional assessments) total 171 occurrences (44.9%), four times as many. If the generic procedures grouped under “Other” are set aside and only named instruments are considered (249 occurrences), the contrast remains: 17.3% are positive well-being instruments, against 68.7% of biomedical origin. Among the validated scales, the most frequently used was the Geriatric Depression Scale (GDS; 13 occurrences across its versions), a depression screening tool, followed by the Mini-Mental State Examination (MMSE; 9), a cognitive screening test. Only then do the first well-being scales appear: Ryff’s Psychological Well-Being Scale and the Satisfaction with Life Scale, with eight occurrences each.

The “Other” category, which accounts for more than a third of all occurrences (34.6%), reinforces this pattern. It includes large surveys and secondary databases, with particular emphasis on the SABE study (31 occurrences), and generic data collection procedures such as interviews (38) and unnamed questionnaires (28), each more frequent than any single named scale. This suggests that, in a significant portion of the analyzed literature, well-being is not assessed through validated and named instruments, but through procedures

constructed ad hoc for each study, which hinders comparison across studies and obscures the theoretical conception of well-being adopted. By contrast, open-ended questions about what happiness or well-being means to the respondent appeared in a single article.

3.7. Variables of Interest

Beyond the instruments used, each article was coded for its variables of interest: the constructs researchers sought to understand, whether measured by validated instruments or not. These variables were grouped into 11 thematic categories, and each article could fall into more than one category. Table 5 reports the number and percentage of articles in which each category appears.

Table 5. Variables of interest by thematic category.

Category	Scope	Most frequent variables	Articles (n)	Total (%)
Well-being and quality of life	Constructs directly linked to subjective and psychological well-being and to quality of life.	Unspecified well-being (34), Quality of life (32), Psychological well-being (10), Subjective well-being (8), Life satisfaction (8)	78	43.6
Functional and physical health	Functional capacity, physical activity, frailty, cognition, sleep	Functional capacity/ADL (23), Cognitive function (18), Physical activity (15)	68	38.0
Healthcare and clinical conditions	Chronic conditions, clinical care, access to services	Chronic conditions (19), Health services and nursing care (15), Oral health (6)	66	36.9
Sociodemographic factors	Income, education, gender, race, age	Gender, race and inequalities (14), Income/socioeconomic level (12)	59	33.0
Mental health	Symptoms and psychopathological disorders	Depressive symptoms (25), Loneliness/isolation (11), Anxiety (8)	54	30.2
Social factors	Social support, family, caregiving, participation	Family (15), Social support (11), Caregiving (8), Social participation (8)	51	28.5
Personal identity and self-perception	Self-perception, self-esteem, autonomy, spirituality	Spirituality and meaning (12), Self-rated health (11), Autonomy (6), Self-esteem (5)	48	26.8

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

Aging	Trajectories, typologies and perceptions of aging	Healthy, active or successful aging (11), Attitudes and perceptions about aging (8)	26	14.5
Lifestyle and environment	Habits, built environment, technology	Digital technology (6), Built/urban environment (5), Health behaviors (4)	23	12.8
Nutrition and body composition	Nutritional status, diet, anthropometry	Food and diet (7), Nutritional status (5), BMI/anthropometry (5)	15	8.4
COVID-19 effects	Pandemic impacts	COVID-19/pandemic effects (15)	15	8.4

Note: The count was calculated based on the total of 179 articles; the sum exceeds the total number of articles because some studies used more than one variable.

Well-being and quality of life is the most frequent single category, present in 78 articles (43.6%). However, when the four categories directly related to health are considered together (functional and physical health, mental health, healthcare and clinical conditions, and nutrition), they appear in 141 articles (78.8%). In 84 articles (46.9% of the sample), health-related variables were investigated without any well-being or quality-of-life variable. The gap is sharper among studies in which well-being is peripheral: only 50 of these 150 articles (33.3%) list any well-being or quality-of-life construct among their variables of interest, which suggests that, in two-thirds of them, well-being operates as a framing term rather than as an object of measurement. Latin American literature on aging thus approaches well-being predominantly through the lens of physical and mental health, and only secondarily as an autonomous psychological construct.

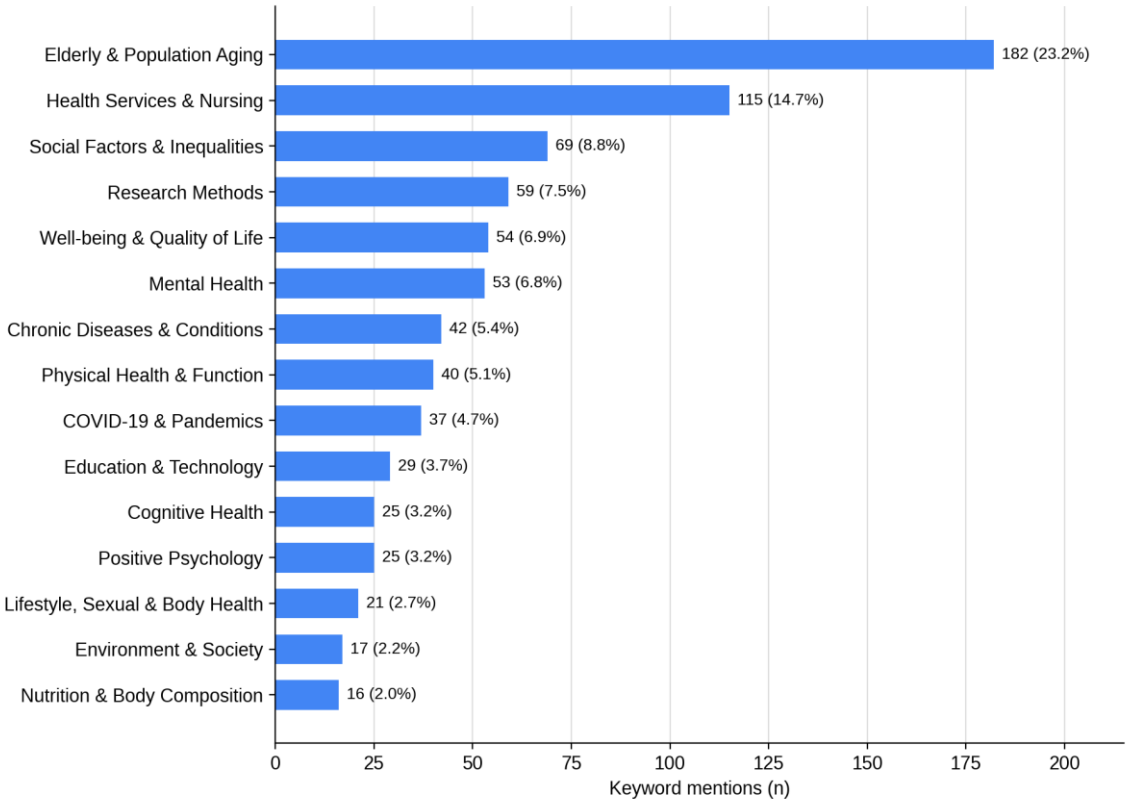
3.8. Keywords

Keywords correspond to the descriptors assigned by the authors themselves at the time of publication, offering an independent source of evidence complementary to the abstract-based coding of variables. Since 176 of the 179 articles present keywords in English (whether due to editorial requirements or the multilingual nature of Latin American publications), this set was analyzed exclusively, ensuring comparability across articles published in Portuguese, Spanish, or English.

A total of 414 unique keywords in English were identified, totaling 784 mentions, and grouped into 15 thematic categories (Graphic 3). The set is highly dispersed: 308 keywords (74.4%) appear only once. The most frequent category was Elderly & Population Aging (182 mentions; 23.2%), formed by generic descriptors such as “Aged” (38), “Aging” (38), “Elderly”

(18), and “Older adults” (12), which function predominantly as standardized indexing terms (MeSH/DeCS) rather than deliberate analytical choices by the authors. It was followed by Health Services & Nursing (115; 14.7%), with descriptors such as “Nursing” (10), “Health of the Elderly” (9), and “Primary health care” (7), reflecting the literature’s strong ties to nursing and public health; Social Factors & Inequalities (69; 8.8%), with terms such as “Caregivers” (8), “Social support” (5), “Family” (5), and “Social determinants of health” (4); and Research Methods (59; 7.5%).

The Well-being & Quality of Life category appears only in fifth place (54 mentions; 6.9%), with descriptors such as “Quality of life” (25), “Well-being” (8), “Psychological well-being” (5), and “Subjective well-being” (3), practically tied with Mental Health (53; 6.8%), represented by terms such as “Depression” (12), “Mental health” (10), and “Loneliness” (6). Positive Psychology adds a further 25 mentions (3.2%). Finally, the pandemic left a clear mark on the indexing of this literature: “COVID-19” was the third most frequent individual keyword (27 mentions), and the COVID-19 & Pandemics category totaled 37 mentions (4.7%).



Graphic 3. Keywords in English by thematic category.

Note: 784 mentions of 414 unique keywords from 176 articles.

Source: Elaborated by the authors.

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

3.9. Journals and Authorship

The 179 articles analyzed were published in 118 different journals, of which 87 (73,7%) contributed only one article to the sample, indicating dispersed scientific output with no strong editorial concentration. Nevertheless, some journals stood out (Table 6): Cadernos de Saúde Pública led with 11 articles (6.1%), followed by Estudos Interdisciplinares sobre Envelhecimento and Revista Brasileira de Geriatria e Gerontologia with six articles each, and Ciência & Saúde Coletiva with five. The most frequent journals are linked to Brazilian public health, epidemiology, and gerontology, together with two Colombian health journals (Revista Salud Uninorte and Revista de la Universidad Industrial de Santander. Salud). No journal specifically dedicated to positive psychology, subjective well-being, or happiness appears among the most frequent in the sample.

Table 6. Journals with the highest number of publications.

Journal	Articles	%
Cadernos de Saúde Pública	11	6.1
Estudos Interdisciplinares sobre Envelhecimento	6	3.4
Revista Brasileira de Geriatria e Gerontologia	6	3.4
Ciência & Saúde Coletiva	5	2.8
Dementia & Neuropsychologia	4	2.2
Revista Salud Uninorte	4	2.2
Fisioterapia em Movimento	3	1.7
Psico (Porto Alegre)	3	1.7
Rev Rene	3	1.7
Revista Brasileira de Enfermagem	3	1.7
Revista Brasileira de Epidemiologia	3	1.7
Revista de la Universidad Industrial de Santander. Salud	3	1.7

Note: Percentages calculated on the 179 articles. Source: Elaborated by the authors.

As for authorship, 727 unique authors were identified, of whom 688 (94,6%) participated in only one article in the sample, suggesting a broad field not yet consolidated around stable production centers (Table 7). The most notable exception is Yeda Aparecida de Oliveira Duarte, present in 19 articles (10.6% of the sample) as coordinator of the SABE study, the most-used secondary database in the corpus. Other authors with relevant output were Fabiola Bof de Andrade (7 articles) and Jair Licio Ferreira Santos (5 articles), both linked to population-based studies. All authors with three or more articles worked exclusively with Brazilian samples; researchers publishing in Spanish-speaking countries appear, at most, in two articles each.

Table 7. Authors with the highest number of publications.

Author	Articles
Duarte, Yeda Aparecida de Oliveira	19
Andrade, Fabíola Bof de	7
Santos, Jair Licio Ferreira	5
Ferreira, Heloísa Gonçalves	4
Alves, Luciana Correia	3
Andrade, Flávia Cristina Drumond	3
Barros, Marilisa Berti de Azevedo	3
Batistoni, Samila Sathler Tavares	3
Eulálio, Maria do Carmo	3
Moraes, Juliano Teixeira	3
Neri, Anita Liberalesso	3
Silva Júnior, Edivan Gonçalves da	3

Note: Neither of the cited authors above are the authors of this present article.

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

4. Discussion

4.1. The Contrast Between Demographic Acceleration and Scientific Output in Latin America

The number of publications relating well-being and aging fell from 37 in 2020 to 21 in 2025. Although this trajectory is not linear, with a slight recovery in 2024, the overall picture appears to point toward a potential mismatch between the observed publication output and the region's accelerated demographic transition. This finding is surprising, though the 2025 figures warrant caution given the asymmetric search window and indexing lag.

Taking into account the advancing aging of the population in Latin American countries, according to CEPAL (2022), by 2050 the older population will be 2.1 times larger than in 2022, with projections indicating that by 2053 the region will have an aged society (that is, with a greater number of older people compared to other age groups). Advancing scientific research in the field is thus essential, given the growing demand for current knowledge.

Also noteworthy is the disparity of publications from Brazil compared to other Latin American countries (62.6% of the articles, against 11.2% for Colombia, the second most represented country). This disparity can be read in light of two factors. The first is structural: the heterogeneity of the region encompasses significant structural factors, including social inequalities, poverty, isolation, and disparities in health and education (Tamer et al., 2024), which affect both the aging process of populations and the scientific enterprise itself, shaping which research questions are considered viable and well-resourced. The second is methodological. Brazilian journals might be disproportionately represented in SciELO and LILACS. Even so, regional coverage remains precarious: 11 of the 24 countries represented appear only through a single multinational study, so that none of them was the object of dedicated research in the period.

The dispersed distribution of journals and authorship patterns (73.7% of the journals and 94.6% of the authors contributing a single article) further suggests a relatively unconsolidated field, where the relative scarcity of specialized frameworks may incline researchers toward established health and epidemiology traditions, reinforcing the editorial concentration observed. The main exceptions, namely the presence of Yeda Duarte in 19 articles and the 31 occurrences of the SABE study, show that the most continuous lines of production are anchored in population-based health surveys.

The COVID-19 pandemic also left its mark on this output: “COVID-19” was the third most frequent keyword, and 15 articles, mostly published between 2021 and 2023, addressed its effects, directing part of the literature toward isolation, loneliness, and vulnerability. The

pandemic does not, however, explain the peak observed in 2020, since only one article from that year dealt with the topic.

4.2. Limitations in Light of the Methodological Characteristics

Regarding the methodological characteristics identified, these proved to be heterogeneous when compared to one another, notably indicating a greater publication of quantitative and cross-sectional articles (69.3% and 80.4%, respectively), while longitudinal studies account for only 19.6% of articles. Moreover, longitudinal evidence depends largely on a few population cohorts: 19 of the 35 longitudinal studies used secondary databases such as SABE and ELSI-Brazil, surveys designed primarily around health rather than well-being.

Taking into account aging as a gradual, subjective process that unfolds over time, it is worth reflecting on the benefits of conducting more qualitative and longitudinal research, aimed not only at exploring different meanings and perspectives, but also at studies that can follow the same population over an extended period - and that promote deeper, more specific knowledge about older people and well-being, including comparisons within the same age group. This resonates with earlier points on scale norming (Bond & Lang, 2019; Fabian, 2022) and the value of open-ended questions for capturing subjective well-being (Delle Fave et al., 2011, 2016). This need is sharpened by the fact that the studies in which well-being is the central object are almost exclusively quantitative (26 of 29), and that only one article in the entire corpus asked participants, through an open-ended question, what happiness or well-being means to them. The strand of research that investigates lay definitions of happiness, which could help address the problem of scale norming, is thus practically absent from the region's output on well-being in old age.

4.3. Well-being Associated with a Medical and Health Bias

The predominance of well-being as a peripheral theme (83.8% of the articles), addressed as a secondary variable for understanding other phenomena, points to a deeper conceptual problem. In two-thirds of the peripheral studies, no well-being or quality-of-life construct appears among the variables of interest, and only 27 of the 179 articles (15.1%) used at least one of the central instruments of well-being science, just seven of them among the 150 peripheral studies. Well-being thus frequently operates as a framing term rather than as an object of measurement. A substantial portion of the analyzed corpus appears to operate, implicitly, with a conceptualization of well-being oriented primarily toward the absence of disease, reducing it to clinical mental health screening and functional assessment and departing from its broader conception, especially the eudaimonic understanding of well-being as the presence of positive functioning, meaning, and flourishing. Even among the central instruments, those developed specifically for later life (the CASP-19 and the Life

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

Satisfaction Index A) appear only once each. Developing instruments that treat well-being as a central object of study, rather than a byproduct of clinical measurement, would contribute to greater precision, comparability, and depth in the field.

4.4. Beyond the Absence of Disease: Other Perspectives on Well-being

From this perspective, considering that instruments designed for clinical screening, functional assessment, or health-related quality of life account for 44.9% of all instrument occurrences (68.7% of named instruments), against 11.3% for instruments of positive well-being, well-being should not be predominantly reduced to measuring and qualifying functional-biological and clinical health-related aspects, but rather understood as a fundamental and positive resource for healthy aging, recognizing its autonomous psychological and subjective construct.

The predominance of biomedical instruments in this literature can be connected to a broader cultural pattern described as ageism (Butler, 1969). According to the WHO (2025) and the Pan American Health Organization, (*Organização Pan-Americana da Saúde* - OPAS, 2022 in Portuguese), ageism encompasses stereotypes, prejudices, and discriminatory practices toward people based on age, and permeates institutions including healthcare and research itself, where older people tend to be excluded from data collection initiatives and assessed primarily through deficit-based frameworks. Institutional ageism, as Melo and Amorim (2022) observe, manifests in the standards and norms that govern scientific inquiry, shaping which aspects of older people's lives are considered worth measuring. The observed findings of this study tend to align with that pattern: when well-being is operationalized primarily through clinical screening and functional assessment, older people may be implicitly framed as passive subjects of disease management rather than active agents of their own experience.

A corrective to this framing requires recognizing older people in line with the flourishing and hedonistic traditions: as protagonists of their own experience, capable of positive affect, meaningful engagement, and the kind of self-defined happiness that open-ended research instruments are better equipped to capture than standardized clinical scales.

4.5. Culture, Language and the Latin American Specificity of Well-being

The mapped literature engages only marginally with the specificity of the Latin American region. Only two studies focused on Indigenous communities (the Kankuama people in Colombia and the Nahuas of southern Veracruz, Mexico), both retrieved through the Spanish-language search, and ethnicity or skin color appears mainly as a variable of inequality. Social relationships, strongly associated with the mechanism of well-being in the region (Rojas, 2016; 2020), are present in 28.5% of the articles, but predominantly through a

deficit lens (caregiver burden, family dysfunction, violence, abandonment) or as a protective factor against depression, rather than as constitutive of well-being itself. Spirituality and meaning in life, which older people value more than other age groups (Delle Fave et al., 2016), appear in only 12 articles.

Moreover, because the literature studies almost exclusively people aged 60 or over, mostly in specific samples, it cannot contribute to the debate on whether the U-curve (or the J-curve) holds in the region, and the finding by Steptoe et al. (2015) that well-being declines with age in Latin America remains without regional empirical dialogue. Finally, mapping Latin American research on well-being requires, at a minimum, working across Portuguese, Spanish, and English, and ideally also across Indigenous languages and non-indexed sources.

5. Conclusion

Through this article, it was possible to present the results of a systematic mapping of the scientific literature on well-being and aging produced in Latin America, offering an overview of materials published between 2020 and 2025.

In a first step, the topic was introduced, understanding well-being as a complex, multidimensional field that can be approached both through philosophical theories (hedonistic, desire satisfaction, and objective list) and through psychological operationalization (hedonic, life satisfaction, and eudaimonic/flourishing). Relating well-being to aging, which involves biopsychosocial changes manifesting in singular and subjective ways, made it possible to engage with references such as the U-curve and J-curve of happiness and the developmental theories that ground the research. The Latin American context, with its particular cultural features and the well-documented "Latin American paradox" of happiness, adds a regional dimension that shapes both the findings and their interpretation.

When conducting the mapping and analysis of how the topic has been researched, it was observed that, despite the context of accelerated demographic transition in the region, there are still significant gaps, particularly in relation to: the volume of materials published over the years; the geographical distribution, concentrated in Brazil, with 11 countries represented only through a single multinational study; the methodological characteristics, which stand out as notably quantitative and cross-sectional, with longitudinal evidence dependent on a few health surveys; the way well-being is addressed in the articles, frequently peripherally and often as a framing term rather than a measured construct; the use of instruments whose main purpose is clinical screening, diagnosis, or functional assessment,

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

which outnumber positive well-being instruments four to one, while the central instruments of well-being science appear in only 15.1% of the articles; and the near-absence of approaches that ask older people what well-being means to them or that engage with the cultural and ethnic diversity of the region.

As limitations of the research, it is important to highlight the exclusive use of the SciELO and LILACS databases, in addition to considering only the open-access literature, which excludes potentially relevant journals published in internationally validated databases and those articles that are not openly accessible. Moreover, the coding of the articles relied mainly on their abstracts, which may underestimate instruments and variables reported only in the full text. On the other hand, the use of descriptors in Portuguese, Spanish, and English broadened the regional coverage of the mapping and showed that the language of the search itself shapes the portrait obtained of the field. In addition, the final weeks of 2025 were only partially covered by the searches in Portuguese and English.

Despite these limitations, it seems reasonable to argue for a greater centrality of well-being in aging research for the Latin American population. Besides considering the particularities of the region, there is an opportunity to go beyond biological aspects. Three directions are suggested. First, regional studies should address questions the literature leaves open: what well-being means for older Latin Americans, given that it is a contested concept; how its determinants are expressed in older age; and which particularities of Latin American aging shape it. Second, measurement requires greater unity in the instruments used, and aging research would benefit from a closer dialogue with the broader field of well-being science. Third, longitudinal designs of any kind would be welcome, as current evidence rests on a few health surveys. Together, these steps may help highlight the complexity of well-being in aging and make it a central theme for future research.

Bibliographic references

Alexandrova, A. (2017). *A philosophy for the science of well-being*. Oxford University Press.

Aranco, N., Bosch, M., Stampini, M., Azuara, H. O., Goyeneche, L., Ibarrarán, P., Oliveira, D., Torre, M. R. R., Savedoff, W. D., & Torres Ramirez, E. (2022). Envelhecer na América Latina e Caribe: proteção social e qualidade de vida entre pessoas idosas. https://publications.iadb.org/pt/envelhecer-na-america-latina-e-caribe-proteco-social-e-qualidade-de-vida-entre-pessoas-idosas

Atchley, R. C. (1989). Continuity theory of normal aging. *The Gerontologist, 29*(2), 183-190. https://doi.org/10.1093/geront/29.2.183

Baltes, P. B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P. B. Baltes & M. M. Baltes (Eds.), *Successful aging: Perspectives from the behavioral sciences* (pp. 1-34). Cambridge University Press. https://doi.org/10.1017/CBO9780511665684.003

Bartram, D. (2023). Is happiness U-shaped in age everywhere? A methodological reconsideration for Europe. *National Institute Economic Review, 263*, 61-75. https://doi.org/10.1017/nie.2022.1

Bartram, D. (2024). To evaluate the age-happiness relationship, look beyond statistical significance. *Journal of Happiness Studies, 25*. https://doi.org/10.1007/s10902-024-00728-9

Blanchflower, D. G. (2021). Is happiness U-shaped everywhere? Age and subjective well-being in 145 countries. *Journal of Population Economics, 34*(2), 575-624. https://doi.org/10.1007/s00148-020-00797-z

Blanchflower, D. G., & Graham, C. (2021). The U shape of happiness: A response. *Perspectives on Psychological Science, 16*(6), 1435-1446. https://doi.org/10.1177/1745691620984393

Blanchflower, D. G., Graham, C., & Piper, A. T. (2023). Happiness and age: Resolving the debate. *National Institute Economic Review, 263*(1), 76-93. https://doi.org/10.1017/nie.2023.1

Bond, T. N., & Lang, K. (2019). The sad truth about happiness scales. *Journal of Political Economy, 127*(4), 1629-1640. https://doi.org/10.1086/701679

Buhler, C. (1935). The curve of life as studied in biographies. *Journal of Applied Psychology, 19*(4), 405-409.

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

Butler, R. N. (1969). Ageism: Another form of bigotry. *Gerontologist, 9*(4), 243-246.

Carstensen, L. L. (1995). Evidence for a life-span theory of socioemotional selectivity. *Current Directions in Psychological Science, 4*(5), 151-156. https://doi.org/10.1111/1467-8721.ep11512261

Crumbaugh, J. C., & Maholick, L. T. (1964). An Experimental Study in Existentialism: The Psychosomatic Approach to Frankl's Concept of Noogenic Neurosis. *Journal of Clinical Psychology, 20*, 200-207. http://dx.doi.org/10.1002/1097-4679(196404)20:2<200::AID-JCLP2270200203>3.0.CO;2-U

Cumming, E., & Henry, W. E. (1961). *Growing old: The process of disengagement*. Basic Books.

Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D., & Wissing, M. (2011). The eudaimonic and hedonic components of happiness: Qualitative and quantitative findings. *Social Indicators Research, 100*, 185-207. https://doi.org/10.1007/s11205-010-9632-5

Delle Fave, A., Brdar, I., Wissing, M. P., Araújo, U., Castro Solano, A., Freire, T., Hernández-Pozo, M. R., Jose, P., Martos, T., Nafstad, H.E., Nakamura, J., Singh, K., & Soosai-Nathan, L. (2016). Lay definitions of happiness across nations: The primacy of inner harmony and relational connectedness. *Frontiers in Psychology, 7.* https://doi.org/10.3389/fpsyg.2016.00030

Delle Fave A, Brdar I, Wissing MP, Araujo U, Castro Solano A, Freire T, Hernández-Pozo MDR, Jose P, Martos T, Nafstad HE, Nakamura J, Singh K and Soosai-Nathan L (2016) Lay Definitions of Happiness across Nations: The Primacy of Inner Harmony and Relational Connectedness. Front. Psychol. 7:30. doi: 10.3389/fpsyg.2016.00030

Diehl, M. (1999). Self-development in adulthood and aging: The role of critical life events. In C. D. Ryff & V. W. Marshall (Eds.), *The self and society in aging process* (pp. 150-183). Springer.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*(3), 542-575. https://labs.psychology.illinois.edu/~ediener/Documents/Diener_1984.pdf

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*(1), 71-75. https://doi.org/10.1207/s15327752jpa4901_13

Erikson, E. H. (1959). *Identity and the life cycle.* International Universities Press.

Fabian, M. (2022). Scale norming undermines the use of life satisfaction data for welfare analysis. *Journal of Happiness Studies, 23*(4), 1509-1541. https://doi.org/10.1007/s10902-021-00460-8

Havighurst, R. J. (1951). *Developmental tasks and education*. Longman Green.

Heckhausen, J., & Schulz, R. (1995). A life-span theory of control*. Psychological Review, 102*(2), 284-304. https://doi.org/10.1037/0033-295X.102.2.284

Helliwell, J. F., Layard, R., Sachs, J. D., De Neve, J.-E., Aknin, L. B., & Wang, S. (Eds.). (2025). *World happiness report 2025.* University of Oxford, Wellbeing Research Centre.

Hyde, M., Wiggins, R. D., Higgs, P., & Blane, D. B. (2003). A measure of quality of life in early old age: the theory, development and properties of a needs satisfaction model (CASP-19). *Aging & mental health*, *7*(3), 186-194. https://doi.org/10.1080/1360786031000101157

James, K.L., Randall, N.P. & Haddaway, N.R. (2016). Uma metodologia para mapeamento sistemático em ciências ambientais. *Environ Evid,* 5, (7). https://doi.org/10.1186/s13750-016-0059-6

Jung, C. G. (1971). The stages of life. In J. Campbell (Ed.), *The portable Jung* (pp. 3-22). Viking.

Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase well-being? *Current Directions in Psychological Science, 22*(1), 57-62. https://doi.org/10.1177/0963721412469809

McMahon, D. M. (2006). *Happiness: A history*. Atlantic Monthly Press / Grove Press.

Melo, R. H. V., & Amorim, K. P. C. (2022). O idadismo no contexto do trabalho da Estratégia Saúde da Família: projeção de saberes ao tetragrama dialógico de Morin. *Interface (Botucatu), 26*(Supl. 1), e220209. https://doi.org/10.1590/interface.220209

Mrejen, M., Nunes, L., & Giacomin, K. (2023). *Envelhecimento populacional e saúde dos idosos: O Brasil está preparado?* (Estudo Institucional n. 10). Instituto de Estudos para Políticas de Saúde. https://ieps.org.br/wp-content/uploads/2023/01/Estudo_Institucional_IEPS_10.pdf

Neri, A. L. (2001). *Palavras-chave em gerontologia*. Alínea.

Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The Measurement of Life Satisfaction. *Journal of Gerontology, 16,* 134-143. https://doi.org/10.1093/geronj/16.2.134

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

Neugarten, B. L., & Neugarten, D. A. (1987). The changing meanings of age. *Psychology Today, 21*(5), 29-33.

Oliveira, D. A., Gomes, L., & Oliveira, R. F. (2006). Prevalência de depressão em idosos que frequentam centros de convivência*. Revista de Saúde Pública, 40*, 734-736. https://doi.org/10.1590/S0034-89102006000500026

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hrobjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S…. & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ, 372*, (71). http://dx.doi.org/10.1136/bmj.n71

Parfit, D. (1984). *Reasons and persons*. Oxford University Press.

Pavot, W., Diener, E., & Suh, E. (1998). *Temporal Satisfaction with Life Scale (TSWLS)* [Database record]. APA PsycTests. https://doi.org/10.1037/t73111-000Pereira, D. S., Araujo, U. F., & Delle Fave, A. (2025). Psychological and contextual definitions of happiness among teachers: A comparative study across professional roles. *Trends in Psychology.* https://doi.org/10.1007/s43076-025-00471-x

Petrus, J. K. B., & Pereira Junior, M. V. (2023). Envelhecimento populacional: diferenças demográficas dos países da América do Sul. *Boletim de Geografia, 41*, 142-159. https://doi.org/10.4025/bolgeogr.v41.a2023.e64804

Rojas, M. (Ed.). (2016). *Handbook of happiness research in Latin America*. Springer.

Rojas, M. (2020). *Well-Being in Latin America: drivers and policies*. Springer.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68-78. https://doi.org/10.1037/0003-066X.55.1.68

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069-1081. https://doi.org/10.1037/0022-3514.57.6.1069

Schneider, R. H., & Irigaray, T. Q. (2008). O envelhecimento na atualidade: aspectos cronológicos, biológicos, psicológicos e sociais. *Estudos de Psicologia (Campinas), 25*(4). https://periodicos.puc-campinas.edu.br/estpsi/article/view/7037

Sewaybricker, L. E., & Massola, G. M. (2023). Against well-being: A critique of positive

psychology. *History of the Human Sciences, 36*(1), 131–148. https://doi.org/10.1177/09526951221114733

Steptoe, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *The Lancet, 385*(9968), 640-648. https://doi.org/10.1016/S0140-6736(13)61489-0

Tamer, N., Arias, C., Côrte, B., Manso, M., Álvarez, E., Fraiz, T., Cáceres, X., León, M., Lena, M., Berriel, F., & Tirro, V. (2024). Ed. 86 - O envelhecimento populacional é um dos principais desafios da América Latina e do Caribe. *Sesc São Paulo*. https://www.sescsp.org.br/editorial/ed-86-o-envelhecimento-populacional-e-um-dos-principais-desafios-da-america-latina-e-do-caribe/

Tomé, A. M., & Formiga, N. S. (2020). Teorias e perspectivas sobre o envelhecimento: conceitos e reflexões. *Research, Society and Development, 9*(7), e874974589. https://doi.org/10.33448/rsd-v9i7.4589

Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and psychosomatics*, *84*(3), 167-176. https://doi.org/10.1159/000376585

Twenge, J., & Blanchflower, D. G. (2025). *Declining life satisfaction and happiness among young adults in six English-speaking countries*. Working Paper, No. 33490. National Bureau of Economid Research (NBER). http://www.nber.org/papers/w33490

VanderWeele, T. J., Johnson, B. R., Bialowolski, P. T., Bonhag, R., Bradshaw, M., Breedlove, T., Case, B., Chen, Y., Chen, Z. J., Counted, V., Cowden, R. G., de la Rosa, P. A., Felton, C., Fogleman, A., Gibson, C., Grigoropoulou, N., Gundersen, C., Jang, S. J., Johnson, K. A., ... Yancey, G. (2025). The Global Flourishing Study: Study profile and initial results on flourishing. *Nature Mental Health, 3*(6), 636–653. https://doi.org/10.1038/s44220-025-00423-5

Vázquez, C., Duque, A., & Hervás, G. (2013). Satisfaction with Life Scale in a Representative Sample of Spanish Adults: Validation and Normative Data. *The Spanish journal of psychology*, *16*(E82). https://doi.org/10.1017/sjp.2013.82

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54*(6), 1063-1070. https://doi.org/10.1037/0022-3514.54.6.1063

Esta obra está bajo una Licencia Creative Commons Atribución 4.0 Internacional.

Other Documents Consulted

Comissão Econômica para a América Latina e o Caribe (CEPAL). (2022). *Envelhecimento na América Latina e no Caribe: inclusão e direitos das pessoas idosas. Q*uinta Conferência Regional Intergovernamental sobre Envelhecimento e Direitos das Pessoas idosas na América Latina e no Caribe. https://www.cepal.org/pt-br/noticias/cepal-examina-o-panorama-atual-envelhecimento-regiao-bem-como-os-avancos-desafios-o

Organisation for Economic Co-operation and Development (OECD). (2025). *OECD Guidelines on Measuring Subjective Well-being (2025 Update).* Paris, https://doi.org/10.1787/9203632a-en

Organização Pan-Americana da Saúde (OPAS). (2022). *Relatório mundial sobre o idadismo.* https://doi.org/10.37774/9789275724453

WHOQOL Group (1998). The World Health Organization Quality of Life Assessment (WHOQOL): development and general psychometric properties. *Social science & medicine*, *46*(12), 1569–1585. https://doi.org/10.1016/s0277-9536(98)00009-4

World Health Organization (WHO). (2002). *Active ageing: A policy framework.* https://iris.who.int/server/api/core/bitstreams/0418705f-1c82-4fe2-82d6-d4faee89dfa0/content

World Health Organization (WHO). (2020). *UN Decade of Healthy Ageing: Plan of Action*. https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/decade-proposal-final-apr2020-en.pdf

World Health Organization (WHO). (2025). *Ageing: Ageism*. https://www.who.int/news-room/questions-and-answers/item/ageing-ageism