Journal of Gerontology Research and Reports

SCIENTIFIC Research and Community

Review Article

Open Access

Happiness at the End of the Road: Contentment, Peace and the Final Years of Life

Ahmed F Alanazi

College of Medicine, Imam Mohammed Ibn Saud Islamic University, Riyadh, Saudi Arabia

ABSTRACT

The final years of life present a paradox: subjective well-being is often maintained or even enhanced in old age, yet longitudinal research consistently reveals a sharp terminal decline in life satisfaction as death approaches. This paper synthesizes empirical evidence on the trajectory of well-being in the last years of life, examining the phenomenon of terminal decline, the factors that buffer or exacerbate it, and the subjective experiences of peace and happiness among the dying. Drawing on longitudinal studies from multiple countries, the paper argues that while life satisfaction demonstrates a marked deterioration approximately four years before death, this decline coexists with, and is sometimes accompanied by, a profound sense of inner peace, narrative consolidation, and bittersweet emotional richness. The paper concludes by reflecting on the implications of these findings for end-of-life care and our understanding of what it means to die well.

***Corresponding author**

Ahmed F. Alanazi, College of Medicine, Imam Mohammed Ibn Saud Islamic University, Riyadh, Saudi Arabia.

Received: September 26, 2026; **Accepted:** October 06, 2026; **Published:** October 10, 2026

Keywords: Terminal Decline, Life Satisfaction, Subjective Well-Being, Inner Peace, end-of-Life Care, Aging, Death and Dying, Narrative Consolidation

Introduction

The question of whether happiness persists into the final years of life has occupied philosophers and scientists for millennia. At first glance, the evidence appears contradictory. On one hand, older adults consistently report levels of life satisfaction that rival or exceed those of younger populations, a phenomenon so robust it has been termed the "well-being paradox [1]. This paradox has been documented across multiple countries and age cohorts, suggesting that characteristic levels of subjective well-being are remarkably stable throughout adulthood, even in the face of declining physical health and functional capacity [2,3]. On the other hand, a growing body of longitudinal research demonstrates that as death approaches, life satisfaction declines precipitously, not merely because of aging, but because of dying itself [4]. This terminal decline represents one of the most consistent findings in the psychology of aging, yet its implications for how we understand the subjective experience of the dying person remain underexplored [5].

The tension between these two bodies of evidence, the apparent stability of well-being in old age and the documented deterioration as death approaches, raises profound questions about the nature of happiness at the end of life. Is the well-being paradox merely an artifact of cross-sectional designs that fail to capture the final years? Or does terminal decline represent a distinct process that coexists with, rather than contradicts, the stability of well-being throughout most of later life? This paper takes the latter position, arguing that the dying process involves not only loss but also a distinctive form of psychological consolidation, a turning inward that, for some, yields a sense of peace that coexists with the sorrow of impending separation [6].

The paper proceeds through five sections. The first examines the empirical evidence for terminal decline, drawing on longitudinal studies from Germany, Israel, Japan, and other countries. The second explores the domains of life most affected by terminal decline, with particular attention to the differential trajectories of health satisfaction, happiness, and family satisfaction. The third considers the factors that buffer or exacerbate terminal decline, focusing on social connection and religiosity. The fourth examines the subjective experience of peace at the end of life, drawing on cross-cultural research and philosophical analyses of narrative self-authorship. The fifth and final section synthesizes these findings into a portrait of the bittersweet emotional landscape of the final years, before the conclusion reflects on the implications for end-of-life care and our understanding of what it means to die well.

The Evidence for Terminal Decline

The most rigorous evidence for terminal decline in life satisfaction comes from longitudinal studies that track individuals until death. These studies are methodologically demanding, requiring large samples of older adults followed over many years, with sufficient mortality to permit the modeling of change as a function of distance-to-death rather than chronological age. The seminal contribution in this area comes from who used 12-year longitudinal data from the Berlin Aging Study (N = 414 aged 70-103 at first occasion) to examine whether old and very old individuals exhibit terminal decline in reported life satisfaction [4]. Their findings were striking: mortality-related decline accounted for more variance in life satisfaction change than age-related decline, and

average rates of decline were twice as steep when plotted by distance-to-death compared to chronological age.

Critically, change-point growth models identified a point approximately four years before death at which decline showed a twofold increase in steepness relative to the preterminal phase [7]. For the oldest old (85+ years), a threefold increase was observed. This finding suggests that terminal decline is not a gradual, linear process but rather a phase transition, a relatively stable preterminal period followed by a steeper terminal phase. The concept of a change point, borrowed from statistical models of nonlinear change, has proven useful in characterizing the trajectory of well-being as death approaches, allowing researchers to identify the approximate timing of the transition from preterminal to terminal decline [8].

These findings were replicated and extended in the German Socio-Economic Panel Study (SOEP), which followed 1,637 participants who provided 10,162 observations [9]. The terminal decline hypothesis, which posits that late-life changes in life satisfaction are better understood as a transition between two phases, a relatively stable preterminal phase followed by a steeper terminal phase, provided the best fit to the data. Prototypically, the rate of life satisfaction decline steepened at around four years prior to death by a factor of three. The consistency of this finding across two independent German samples, the Berlin Aging Study and the SOEP, lends considerable credibility to the terminal decline hypothesis and suggests that the phenomenon is robust to differences in sampling, measurement, and modeling strategy.

Further evidence comes from the Cross-Sectional and Longitudinal Aging Study (CALAS) in Israel, which examined 1,360 participants aged 75-94 at baseline [7]. This study compared the effects of aging and dying on subjective well-being and subjective health, hypothesizing that dying effects would be stronger than aging effects. The results confirmed this hypothesis: evaluative indicators of well-being were vulnerable to decline at the very end of life, even though the well-being paradox suggests that characteristic levels are sustained into later life despite functional decline. The study also found that death-related decline in subjective well-being was more pronounced than in subjective health when controlling for background characteristics. This finding is particularly important because it suggests that the decline in well-being at the end of life is not merely a reflection of declining health but reflects something distinctive about the dying process itself.

The universality of terminal decline across cultures is supported by research on Japanese older adults. , using 15-year longitudinal data from 1,119 deceased Japanese participants (age at death: M = 79.2 years), found that life satisfaction exhibited pronounced deteriorations with approaching death, with sizeable interindividual variations in levels and changes [10]. This suggests that terminal decline is not merely a Western phenomenon but reflects fundamental processes associated with dying. The Japanese findings are particularly noteworthy because Japan has a distinctly different cultural context from Germany and Israel, with different family structures, religious traditions, and attitudes toward aging and death. The replication of terminal decline in this context strengthens the claim that the phenomenon reflects universal processes associated with dying rather than culture-specific patterns.

Additional evidence for terminal decline comes from research on cognitive abilities [11]. examined the onset of terminal decline in cognitive abilities in individuals without dementia, finding that cognitive decline accelerates in the years before death. This finding parallels the terminal decline observed in life satisfaction and suggests that the approach of death may trigger a broad range of psychological and cognitive changes. The convergence of evidence across different domains of functioning, subjective well-being, cognitive ability, and health, suggests that terminal decline is not an artifact of any particular measurement instrument but reflects a fundamental process associated with the end of life.

The evidence for terminal decline must be interpreted in light of the well-being paradox. If older adults consistently report high levels of life satisfaction, how can life satisfaction decline so steeply in the final years? The resolution of this paradox lies in the distinction between age-related and mortality-related change. Age-related change refers to the gradual changes that occur with advancing age, which may be relatively benign for subjective well-being. Mortality-related change refers to the changes that occur as death approaches, which appear to be more pronounced [4]. The well-being paradox is thus not contradicted by terminal decline but rather complemented by it: well-being may be stable throughout most of later life, only to decline sharply in the final years. This distinction has important implications for how we understand the trajectory of well-being across the lifespan, suggesting that the final years of life represent a distinctive phase that cannot be understood solely in terms of chronological age.

Domains of Life Most Affected

The decline in life satisfaction at the end of life is not uniform across life domains. Understanding which domains are most affected, and which remain relatively stable, provides insight into the nature of terminal decline and its implications for the subjective experience of the dying person. applying growth models to 9-year annual longitudinal data from 864 participants in the German Socio-Economic Panel, examined how discrete affective states (happy, angry, fearful, sad) and satisfaction with key life domains (health, leisure, family) change as people approach death [12]. Their findings revealed commonalities and specificities in terminal change: six of seven facets became increasingly fragile late in life, exhibiting 6 to 35 times steeper terminal change than age change. However, the rates of change varied vastly. Steep declines were observed in happiness and satisfaction with health, while anger remained relatively stable.

The health domain appears particularly vulnerable to terminal decline. This is perhaps unsurprising, given that the processes leading to death are often accompanied by increasing disability, pain, and functional limitation [5]. The finding that satisfaction with health declines steeply in the final years is consistent with the objective deterioration in health that typically accompanies dying. However, the finding that satisfaction with family life follows a different trajectory is noteworthy. Participants living with a partner were happier and more satisfied with family life throughout their last years, but also reported more fear and steeper increases in sadness [12]. This pattern, characterized as "bittersweet emotions at the end of life," suggests that close relationships simultaneously enhance well-being and intensify the pain of anticipated separation.

The differential trajectories of life domains have important implications for understanding the subjective experience of dying. If health satisfaction declines steeply but family satisfaction remains stable or even increases, then the dying person's overall life satisfaction may be sustained by the compensating effects of close relationships. This suggests that the terminal decline in

global life satisfaction may understate the complexity of the dying person's emotional experience, which may involve simultaneous increases in some domains and decreases in others. The concept of "bittersweet emotions" captures this duality, suggesting that the end of life is not simply a time of decline but a time of intensified emotional experience in which joy and sorrow, love and grief, coexist [12].

Research on the relative importance of life domains for global life satisfaction among older adults provides additional context. Using data from the Health and Retirement Study (N = 12,046 respondents aged 50+ found that "daily life and leisure activities" had the strongest explanatory power for global life satisfaction, followed by "financial situation," "family life," and "health." The "conditions of the place where you live" domain was relatively least important. Importantly, heterogeneity was evident according to disability or health status and exposure to early-life adverse events, suggesting that the domains most critical for well-being shift as functional capacity declines [13]. This finding has implications for understanding terminal decline: as health deteriorates in the final years, the domains that matter most for well-being may shift, with family and daily life activities becoming increasingly important relative to health.

The finding that daily life and leisure activities are particularly important for global life satisfaction among older adults suggests that the loss of these activities in the final years may contribute to terminal decline. As dying progresses, the capacity to engage in daily activities and leisure pursuits diminishes, potentially undermining a key source of life satisfaction [13]. This interpretation is consistent with the steep decline in happiness observed by which may reflect the loss of pleasurable activities and positive experiences. At the same time, the finding that family life remains relatively stable or even increases in importance suggests that close relationships may provide a buffer against the loss of other sources of satisfaction [12].

Additional research on life satisfaction among older adults in specific national contexts provides further context. examined the determinants of life satisfaction and happiness among older individuals in Türkiye using binary and ordered choice models, finding that health, income, and social relationships were significant predictors. Explored life satisfaction among community-dwelling older adults in Xiamen, China, identifying factors such as family support, health status, and social participation as important influences [14-16]. examined successful aging among Spanish older adults, highlighting the role of psychosocial resources such as optimism, resilience, and social support. These studies, while not directly focused on terminal decline, provide insight into the factors that shape well-being in later life and may moderate the trajectory of decline as death approaches.

The domain-specific nature of terminal decline also has implications for measurement. If different domains follow different trajectories, then global measures of life satisfaction may obscure important variation in the dying person's experience. The Satisfaction with Life Scale for example, asks respondents to evaluate their life as a whole, which may mask domain-specific changes [17]. Measures that assess satisfaction with specific domains, such as health, family, and leisure, may provide a more nuanced picture of the dying person's well-being. Similarly, measures of positive and negative affect, such as the CES-D may capture different aspects of emotional experience than global life satisfaction measures [18]. The use of multiple measures in terminal decline research is thus important for capturing the full complexity of the dying person's subjective experience.

Social Connection and Religiosity as Buffers

If terminal decline is a robust phenomenon, the question becomes what factors might buffer its severity. Understanding the factors that protect against or exacerbate terminal decline has important implications for end-of-life care, suggesting potential targets for intervention. Social integration has emerged as a significant protective factor. found that more diverse social relationships were associated with higher levels of life satisfaction at one year before death [10]. Moreover, individuals who exhibited more decline in social participation and perceived less support showed more pronounced decline with increasing proximity of death. The authors concluded that sustaining an active social life and supportive social interactions may help mitigate terminal decline in well-being.

The importance of social connection is underscored by research examining trajectories of psychological and social well-being preceding death. A study using 22 years of data from the Memory and Aging Project examined six dimensions of psychological and social well-being, depression symptoms, cognitive activity, social activity, social network size, loneliness, and purpose in life, in relation to mortality [19]. The findings revealed a hierarchical pattern of vulnerability: purpose in life showed significant differences between decedents and survivors as early as 13 years before death, while cognitive activity differences emerged only 3 years before death. The trajectory of social network size was particularly revealing: decedents initially had larger social networks but experienced significantly smaller networks than survivors in the 2-4 years prior to death.

This finding suggests that the erosion of social connections precedes death by several years and may contribute to terminal decline. The contraction of social networks likely reflects both the loss of peers, as friends and family members die, and the withdrawal that sometimes accompanies dying, as individuals become less able or willing to maintain social connections [20]. The finding that social integration predicts higher life satisfaction at one year before death suggests that those who maintain connections to the end may experience a gentler decline [10]. This has important implications for end-of-life care, suggesting that efforts to maintain social connection, even in the face of diminishing capacity, may help buffer terminal decline.

The concept of loneliness is particularly relevant to understanding the social dimension of terminal decline. Loneliness, the subjective experience of social isolation, has been linked to a range of negative health outcomes, including depression, cognitive decline, and mortality [21]. In the context of terminal decline, loneliness may exacerbate the decline in life satisfaction by intensifying the sense of isolation and loss that accompanies dying. Conversely, social support may buffer against terminal decline by providing emotional comfort, practical assistance, and a sense of meaning and purpose. The development of measures such as the Rasch-type loneliness scale has facilitated research on the relationship between loneliness and well-being in later life, though further research is needed to understand how loneliness changes as death approaches [21].

Religiosity and spirituality also appear to play a protective role. A cross-sectional study of 538 Brazilian older adults (ages 60-101) found that intrinsic religiosity influenced successful aging indirectly through life satisfaction and depressive symptoms, with no significant direct effect [22]. This suggests that religiosity may enhance successful aging by improving life satisfaction and reducing depressive symptoms. Research in rural northern Ghana

similarly identified religiosity/spirituality as a key dimension of well-being among older adults, noting that in impoverished contexts lacking a welfare system, religion provides support against emotional and financial distress [23].

The finding that religiosity influences well-being indirectly through life satisfaction and depressive symptoms suggests that the protective effects of religiosity may operate through multiple pathways [22]. Religion may provide a sense of meaning and purpose, a framework for understanding suffering and death, and a community of support that buffers against the losses of dying. The research on religious coping has identified a range of strategies through which individuals use religion to cope with stress and adversity, including benevolent reappraisal, collaborative coping, and seeking spiritual support [24]. These strategies may be particularly relevant in the context of terminal decline, helping dying individuals to find meaning and comfort in the face of impending death.

The cross-cultural evidence for the protective role of religiosity is particularly noteworthy. Research in rural northern Ghana found that religiosity/spirituality was a key dimension of well-being among older adults, providing support against emotional and financial distress in a context of poverty and limited welfare provision [23,24]. Similarly, research among Ghanaian older adults found that spirituality was associated with subjective well-being, with optimism and meaning in life as mediators [25]. These findings suggest that the protective effects of religiosity may be particularly pronounced in contexts of adversity, where religion provides a crucial source of support and meaning. The relevance of these findings to terminal decline is clear: if religiosity buffers against the negative effects of adversity, it may also buffer against the decline in well-being that accompanies dying.

The broader literature on religion, spirituality, and health provides additional context. reviewed the research on religion, spirituality, and health, finding that religious involvement is associated with better mental and physical health, including lower rates of depression, anxiety, and mortality [26]. The mechanisms underlying these associations include social support, healthy behaviors, and psychological resources such as meaning, optimism, and hope. These mechanisms may be particularly relevant in the context of terminal decline, where religion may provide a sense of meaning and purpose that buffers against the loss of other sources of well-being.

The Experience of Peace at the End of Life

While the quantitative literature on terminal decline documents the erosion of life satisfaction, a complementary body of research suggests that the end of life may also be a time of profound psychological consolidation. A philosophical analysis of narrative self-authorship at the end of life argues that the dying process may facilitate interpretive self-authorship, the process of making sense of one's life and its events [6]. When someone has a terminal illness and knows the parameters of their remaining time, life acquires a determinate time horizon. Paradoxically, this limitation may enhance capacities for interpretive self-authorship: more of one's life is complete, and the narrative arc is nearing its end, allowing for definitive evaluations.

The concept of narrative self-authorship draws on the broader literature on narrative identity, which holds that individuals construct a sense of self through the stories they tell about their lives [6]. At the end of life, when the future is foreshortened, the narrative arc of one's life becomes more complete, allowing for a definitive evaluation of what one's life has meant. This process of narrative consolidation may provide a sense of coherence and meaning that buffers against the losses of dying. The finding that purpose in life declines as early as 13 years before death suggests that the erosion of future-oriented purpose may be accompanied by a deepening of retrospective meaning, a shift from "what I will do" to "what my life has meant [6-19].

The concept of "inner peace" as central to well-being in older adulthood has been documented in cross-cultural research. A study of older adults aged 60 and over in rural northern Ghana found that well-being was conceptualized as multidimensional, with inner peace, a low-arousal positive affect, central to experiencing the good life. Unlike most prior studies that found health, happiness, and inner peace as separate well-being concepts, this research suggests these are inextricably connected, with inner peace reflecting both the health and affective dimensions of well-being. The authors note that rather than high-arousal positive affect, inner peace was central for experiencing well-being, a pattern typical in socially-oriented societies [23-27].

This finding challenges the dominance of high-arousal positive affect in Western models of well-being. In Western psychology, well-being is often equated with happiness, excitement, and enthusiasm, high-arousal positive states that are associated with approach motivation and active engagement with the world [28]. In contrast, the Ghanaian research suggests that inner peace, a low-arousal positive state characterized by calm, contentment, and equanimity, may be more central to well-being in some cultural contexts. This has important implications for understanding well-being at the end of life, where high-arousal positive affect may be difficult to maintain but inner peace may be more accessible. The finding that inner peace is central to well-being in non-Western contexts suggests that the terminal decline in happiness observed in Western samples may not capture the full range of positive experience at the end of life [20,23].

The possibility of finding meaning at the end of life is exemplified by the experience of Morrie Schwartz, the Brandeis University sociology professor whose reflections on dying became the subject of Tuesdays with [29]. Schwartz used his illness as an opportunity to reflect on and find meaning in the experience of dying and to reflect at length on the character and contours of his own life. The analysis notes that suffering can, for some, be the occasion for acquiring a deeper sense of meaning and purpose, and that people appear to become more spiritual as they enter later life [26]. Schwartz's experience illustrates the potential for growth and meaning-making at the end of life, even in the face of physical decline and impending death [29].

The concept of post-traumatic growth, the positive psychological change that can occur in the aftermath of adversity, provides a framework for understanding the potential for growth at the end of life. Research on post-traumatic growth has identified several domains of growth, including improved relationships, greater appreciation of life, increased personal strength, new possibilities, and spiritual development. These domains may be relevant to the dying process, where individuals may experience a deepening of relationships, an intensified appreciation of life, and a sense of spiritual connection. The finding that suffering can be the occasion for acquiring a deeper sense of meaning and purpose is consistent with the post-traumatic growth literature, suggesting that the dying process may provide opportunities for psychological growth and consolidation [29].

The concept of "gerotranscendence," proposed by Tornstam, provides another framework for understanding the potential for positive change at the end of life. Gerotranscendence refers to a shift in meta-perspective from a materialistic and rational view of the world to a more cosmic and transcendent one, accompanied by increased life satisfaction and a greater sense of connection with past and future generations. This shift may be particularly relevant to the dying process, where individuals may become more reflective, more focused on meaning and less on material concerns, and more connected to something larger than themselves. The finding that people appear to become more spiritual as they enter later life is consistent with the concept of gerotranscendence, suggesting that the final years may be a time of spiritual development and consolidation [26].

The Bittersweet Landscape of Final Years

The picture that emerges from this synthesis is not one of simple decline but of a complex emotional landscape in which loss coexists with consolidation, sorrow with peace, and fragility with resilience. The concept of "bittersweet emotions at the end of life" captures this duality [12]. Those living with a partner, for example, experience both greater happiness and more fear, both greater satisfaction with family life and steeper increases in sadness [12]. The presence of loved ones intensifies both joy and grief.

This complexity is reflected in the finding that different well-being facets exhibit vastly different rates of terminal change. While happiness and health satisfaction decline steeply, anger remains relatively stable, and satisfaction with family life may even be maintained or enhanced [12]. The terminal decline in life satisfaction, then, is not a global deterioration of subjective experience but a domain-specific erosion that leaves other sources of meaning and contentment relatively intact [4]. This finding has important implications for understanding the dying person's experience: even as some aspects of well-being decline, others may be maintained or even enhanced, allowing for a more nuanced and potentially more positive experience of the final years.

The research on purpose in life provides a particularly poignant illustration. Purpose in life shows significant decline as early as 13 years before death, much earlier than other well-being domains [19]. This finding suggests that the sense of having goals, direction, and meaning may be among the first psychological resources to erode in the dying process. Yet the narrative consolidation literature suggests that this erosion of future-oriented purpose may be accompanied by a deepening of retrospective meaning, a shift from "what I will do" to "what my life has meant" [6]. This shift may provide a sense of coherence and meaning that compensates, at least in part, for the loss of future-oriented purpose.

The social network trajectory adds another layer to this picture. Decedents initially have larger social networks but experience significant shrinkage in the 2-4 years before death This contraction likely reflects both the loss of peers and the withdrawal that sometimes accompanies dying [19]. Yet the finding that social integration predicts higher life satisfaction at one year before death suggests that those who maintain connections to the end may experience a gentler decline [10]. The maintenance of social connection may thus be a key factor in determining the quality of the dying experience, buffering against the losses that accompany the end of life.

Plus, the notion of socioemotional selectivity theory provides a framework for understanding changes in social networks and emotional experience at the end of life. According to this theory, as individuals perceive their time horizon as limited, they prioritize emotionally meaningful goals and relationships over those that are less emotionally significant [30]. This shift in priorities may lead to a narrowing of social networks but an intensification of emotional experience in the relationships that remain. The finding that satisfaction with family life remains stable or increases in the final years is consistent with this theory, suggesting that the dying person's emotional investments may become more focused and intense even as their social world contracts [12].

The literature on emotional aging provides additional context for understanding the bittersweet landscape of the final years. Research has found that older adults often show improved emotional regulation, greater emotional complexity, and a positivity effect in attention and memory [3-31]. These changes may contribute to the maintenance of well-being in later life, even in the face of declining health and functional capacity. However, the terminal decline literature suggests that these emotional resources may be overwhelmed in the final years, as the approach of death poses challenges that exceed the regulatory capacities of even the most emotionally skilled individuals.

The finding that anger remains relatively stable while happiness declines steeply is particularly intriguing. This pattern suggests that terminal decline is not simply a matter of increased negative affect but rather a specific loss of positive affect [12]. The stability of anger may reflect the continued presence of frustrations and grievances even as other aspects of emotional experience change. Alternatively, it may reflect a general negativity bias that emerges when emotional resources are depleted. The differential trajectories of specific emotions highlight the importance of examining discrete affective states rather than global measures of positive and negative affect, which may obscure important variation in the emotional experience of dying.

The concept of "ideal affect" provides another framework for understanding cultural variation in emotional experience at the end of life. Research has found that individuals in different cultures value different types of positive affect, with European Americans preferring high-arousal positive states (excitement, enthusiasm) and East Asians preferring low-arousal positive states (calm, contentment) [28]. These cultural differences in ideal affect may shape the emotional experience of dying, with individuals in different cultures striving for different types of positive experience in their final years. The finding that inner peace is central to well-being in rural northern Ghana is consistent with this research, suggesting that the emotional landscape of the final years may vary across cultures depending on the types of positive affect that are most valued [23].

Discussion

The evidence reviewed in this paper paints a portrait of the final years of life as a time of profound paradox. Life satisfaction declines steeply in the last four years before death, with a magnitude that dwarfs the effects of aging alone. The domains most affected, health satisfaction and happiness, are those most directly tied to the physical realities of dying. Yet this decline coexists with other phenomena: the maintenance of satisfaction with family life, the possibility of narrative consolidation and interpretive self-authorship, the centrality of inner peace in culturally diverse conceptions of well-being, and the bittersweet intensification of emotion that accompanies close relationships.

The theoretical implications of these findings are significant. The well-being paradox, the finding that older adults report levels of life satisfaction that rival or exceed those of younger populations, must be reconciled with the evidence for terminal decline. The resolution lies in the distinction between age-related and mortality-related change: well-being may be stable throughout most of later life, only to decline sharply in the final years. This distinction suggests that the final years of life represent a distinctive phase that cannot be understood solely in terms of chronological age. The terminal decline literature thus complements rather than contradicts the well-being paradox, providing a more complete picture of the trajectory of well-being across the lifespan.

The domain-specific nature of terminal decline has important implications for measurement and intervention. If different domains follow different trajectories, then global measures of life satisfaction may obscure important variation in the dying person's experience. Measures that assess satisfaction with specific domains, such as health, family, and leisure, may provide a more nuanced picture of the dying person's well-being. Similarly, interventions that target specific domains, such as efforts to maintain social connection or to facilitate narrative consolidation, may be more effective than interventions that target global life satisfaction. The finding that social integration buffers terminal decline suggests that efforts to maintain social connection, even in the face of diminishing capacity, may help to mitigate the decline in well-being.

The cross-cultural evidence for the centrality of inner peace in non-Western conceptions of well-being challenges the dominance of high-arousal positive affect in Western models and suggests that care should attend to quiet contentment as much as to active happiness. This finding has important implications for end-of-life care, suggesting that interventions should be tailored to the cultural values and preferences of the dying person. In some cultural contexts, the goal may be to facilitate inner peace and acceptance, while in others, the goal may be to maintain active engagement and positive emotion. The recognition that narrative consolidation may be facilitated by the very limitations of dying suggests that opportunities for life review and meaning-making should be supported, perhaps through interventions such as dignity therapy or life review.

The limitations of the existing research should be acknowledged. Most of the longitudinal studies on terminal decline have been conducted in Western, industrialized countries, with a few notable exceptions such as research conducted in Japan. The cross-cultural evidence for the centrality of inner peace comes primarily from research in rural northern Ghana, which may not be representative of other non-Western contexts. Future research should examine terminal decline in a wider range of cultural contexts, using measures that are sensitive to cultural variation in the conceptualization of well-being. Additionally, most of the research on terminal decline has relied on self-report measures, which may be influenced by factors such as social desirability, cognitive impairment, and the stigma associated with dying. Future research should incorporate multiple methods, including behavioral observation, physiological measures, and reports from caregivers, to provide a more complete picture of the dying person's experience.

Another limitation is the focus on life satisfaction as the primary outcome. While life satisfaction is an important aspect of subjective well-being, it is not the only aspect. Other dimensions of well-being, such as positive affect, negative affect, meaning in life, and psychological well-being, may follow different trajectories as death approaches. The finding that purpose in life declines earlier than other well-being domains suggests that different dimensions of well-being may have different terminal trajectories. Future research should examine multiple dimensions of well-being to provide a more comprehensive understanding of the dying person's experience.

The practical implications for end-of-life care are significant. The finding that social integration buffers terminal decline suggests that maintaining connection, even in the face of diminishing capacity, should be a priority. This may involve efforts to facilitate social interaction, such as arranging visits from family and friends, providing transportation to social events, or using technology to maintain connection with distant loved ones. The importance of inner peace in non-Western conceptions of well-being challenges the dominance of high-arousal positive affect in Western models and suggests that care should attend to quiet contentment as much as to active happiness. This may involve creating environments that are calm and peaceful, providing opportunities for reflection and meditation, and respecting the dying person's preferences for quiet versus active engagement. The recognition that narrative consolidation may be facilitated by the very limitations of dying suggests that opportunities for life review and meaning-making should be supported, perhaps through interventions such as dignity therapy, life review, or narrative therapy.

Conclusion

The sadness at the heart of this topic lies not only in the documented decline of life satisfaction but in the recognition that the dying process involves the gradual unraveling of the threads that have woven a life together. Purpose erodes years before death. Social networks contract. The future narrows to a point. And yet, within this narrowing, something else may emerge: a turning toward the past, a consolidation of meaning, and for some, a peace that is not the absence of sorrow but its companion.

Ultimately, the study of happiness at the end of the road tells us something about the human condition that extends beyond the final years. It suggests that well-being is not a stable state but a dynamic process, vulnerable to the approach of death yet capable of transformation. It suggests that peace and sorrow can coexist, that meaning can be found in limitation, and that the end of life, for all its sadness, may also be a time of profound and quiet significance. The dying process, in this view, is not simply a decline but a transformation, a passage through which the dying person may discover new sources of meaning and new forms of peace. The challenge for researchers and clinicians alike is to understand and support this transformation, helping dying individuals to find peace and meaning even as they confront the ultimate limitation of human existence.

References

1. Kunzmann U, Little TD, Smith J (2000) Is age-related stability of subjective well-being a paradox? Cross-sectional and longitudinal evidence from the Berlin Aging Study. Psychology and Aging, 15: 511-526.
2. Steptoe A, Deaton A, Stone, AA (2015) Subjective wellbeing, health, and ageing. The Lancet 385: 640-648.
3. Charles ST, Carstensen LL. (2010) Social and emotional aging. Annual Review of Psychology 61: 383-409.
4. Gerstorf D, Ram N, Estabrook R, Schupp J, Wagner GG, et al. (2008) Delineating terminal change in subjective well-being and subjective health: Brief report. Journals of Gerontology Series B: Psychological Sciences and Social Sciences 63: P20-P24.

5. Baltes PB, Smith J (2003) New frontiers in the future of aging: From successful aging of the young old to the dilemmas of the fourth age. Gerontology 49: 123-135.
6. Bortolotti L, Nagasawa Y (2024) Narrative self-authorship and the end of life. Medicine, Health Care and Philosophy 27: 345-356.
7. Gerstorf D, Ram N, Röcke C, Lindenberger U, Smith, J (2008) Decline in life satisfaction in old age: Longitudinal evidence for links to distance-to-death. Psychology and Aging 23: 154-168.
8. Gerstorf D, Ram N, Röcke C, Lindenberger U, Smith J (2008) Life satisfaction shows terminal decline in old age: Longitudinal evidence from the German Socioeconomic Panel Study. Developmental Psychology 44: 1148-1159.
9. Cudeck R, Harring JR (2007) Analysis of nonlinear patterns of change with random coefficient models. Annual Review of Psychology 58: 615-637.
10. Nakagawa T, Hülür G (2020) Social integration and terminal decline in life satisfaction among older Japanese. Journals of Gerontology: Series B 75: 2122-2131.s
11. Thorvaldsson V, Hofer SM, Berg S, Skoog I, Sacuiu S, et al. (2008) Onset of terminal decline in cognitive abilities in individuals without dementia. Neurolog 71: 882-887.
12. Gerstorf D, Hülür G, Wagner GG, Kunzmann U, Ram N (2018) Terminal change across facets of affective experience and domain satisfaction: Commonalities, differences, and bittersweet emotions at the end of life. Developmental Psychology 54: 2382-2402.
13. Chen Y (2025) Relative importance of key life domains in explaining life satisfaction among older adults. Journal of Psychosomatic Research 195: 112-202.
14. Kutlu M (2026) Determinants of life satisfaction and happiness levels of older individuals in Türkiye using binary and ordered choice models. Anemon Muş Alparslan Üniversitesi Sosyal Bilimler Dergisi 14: 1225-1263.
15. Zhang Z, Xiao L, Lin Y, Sun T (2026) Life satisfaction of older adults and its influencing factors: An exploratory study of community-dwelling older adults in Xiamen, China. Frontiers in Public Health. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1699050/full.
16. Tomás JM (2025). Successful aging in Spanish older adults: The role of psychosocial resources. International Psychogeriatrics, 37: 45-58.
17. Diener E, Emmons RA, Larsen RJ, Griffin S (1985) The Satisfaction with Life Scale. Journal of Personality Assessment 49: 71-75.
18. Radloff LS (1977) The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measurement 1: 385-401.
19. Wilson RS, Jiao Wang, Jie Guo, Abigail Dove, Xinjie Zhang (2025) Trajectories of psychological and social well-being preceding death. Journal of Neurology, Neurosurgery & Psychiatry. Advance online publication.
20. de Jong-Gierveld J, Kamphuis F (1985) The development of a Rasch-type loneliness scale. Applied Psychological Measurement 9: 289-299.
21. de Oliveira LM (2026) Religion's influence on successful aging: Mediating mechanisms of life satisfaction and depressive symptoms among community-dwelling older adults in Brazil. Journal of Religion and Health. Advance online publication 65:3587-3600.
22. Avilsah MA, Haisma HH, Zotor FB, Vogt TC (2025) Inner peace is the good life: Conceptualizations of subjective well-being among older adults aged 60 and over in rural Northern Ghana. Journal of Happiness Studies 26: 1-28.
23. Pargament KI, Koenig HG, Perez LM (2000) The many methods of religious coping: Development and initial validation of the RCOPE. Journal of Clinical Psychology 56: 519-543.
24. Aglozo EY, Akotia CS, Osei-Tutu A, Annor F (2019) Spirituality and subjective well-being among Ghanaian older adults: Optimism and meaning in life as mediators. Aging & Mental Health 25: 306-315.
25. Koenig HG (2012) Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry 278-730.
26. Tsai JL (2017) Ideal affect in daily life: Implications for affective experience, health, and social behavior. Current Opinion in Psychology 17: 118-122.
27. Albom M (1997) Tuesdays with Morrie: An old man, a young man, and life's greatest lesson. Doubleday https://www.abebooks.com/9780385484510/Tuesdays-Morrie-Old-Man-Young-0385484518/plp.
28. Carstensen LL, Isaacowitz DM, Charles ST (1999) Taking time seriously: A theory of socioemotional selectivity. American Psychologist 54: 165-181.
29. Scheibe S, Carstensen LL (2010) Emotional aging: Recent findings and future trends. Journals of Gerontology Series B: Psychological Sciences and Social Sciences 65: 135-144.
30. Consedine NS, Magai C (2002) The uncharted waters of emotion: Ethnicity, trait emotion and emotion expression in older adults. Journal of Cross-Cultural Gerontology 17: 71-100.
31. Isaacowitz DM, Livingstone KM, Castro VL (2017) Aging and emotions: Experience, regulation, and perception. Current Opinion in Psychology 17: 79-83.
32. Jylhä M (2009) What is self-rated health and why does it predict mortality? Towards a unified conceptual model. Social Science & Medicine 69: 307-316.
33. Kitayama S, Markus HR, Kurokawa M (2000) Culture, emotion, and well-being: Good feelings in Japan and the United States. Cognition & Emotion 14: 93-124.
34. Löckenhoff CE, Carstensen LL (2004) Socioemotional selectivity theory, aging, and health: The increasingly delicate balance between regulating emotions and making tough choices. Journal of Personality 72: 1395-1424.
35. Lyubomirsky S, Sheldon KM, Schkade D (2005) Pursuing happiness: The architecture of sustainable change. Review of General Psychology 9: 111-131.
36. Mefteh, KY, Wossen Lulie Teshome, Biset Yalew Abera, Aychiluhem Manaye Hailu, Nega Gedefaw Agmase (2026) The meaning of successful ageing: Insights from rural older adults lived experience. Journal of Gerontological Social Work 3: 1-16.
37. Ryff CD (1989) Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology 57: 1069-1081.
38. White SC, Jha S (2018) Towards an interdisciplinary approach to wellbeing: Life histories and subjective wellbeing in rural India. World Development 101: 1-12.
39. Wilson RS, Jiao Wang, Jie Guo, Abigail Dove, Xinjie Zhang, et al. (2025) Trajectories of psychological and social well-being preceding death. BMJ Mental Health 28: e301967.
40. Wissing, M. P., et al (2024). Well-being balance and lived experiences: Understanding the impact of life situations on human flourishing. Frontiers in Psychiatry, 15, 1516729.

Copyright: ©2026 Ahmed F Alanazi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.