“Aside from my limitations, I’m aging very successfully”: The definition of successful aging among older people with early-onset mobility disabilities

Version Post-print (Author Accepted Version)

The published version can be found at:

Villar, F., Zacarés, J. J., Jatahy, C., y Pinazo-Hernandis, S. (2025). ‘Aside from my limitations, I’m aging very successfully’: a qualitative approach to successful ageing among older people with early onset motor disabilities. *Aging & Mental Health, 29*(4), 660–668. https://doi.org/10.1080/13607863.2025.2450262

"Aside from my limitations, I'm aging very successfully": The definition of successful aging among older people with early-onset mobility disabilities

Abstract

Objectives

The concept of successful aging has been criticized for overlooking he experiences of certain collectives, among them older adults aging with disabilities. This omission may accentuate their segregation and consolidate inequities. This qualitative study explored how older people living with early-onset mobility disabilities define successful aging, whether their definitions differ from those proposed by academia and from lay definitions of older people without disabilities, and to what extent older people with mobility disabilities perceive themselves as aging successfully, according to their own definition.

Methods

Thirty-two people (20 women, 12 men) aged over 60 and living with physical disabilities for a minimum of 20 years were interviewed about their definition of successful aging and whether they considered that they were aging successfully. Responses were analyzed thematically.

Results

We identified five main themes: (a) activity, (b) supportive context, (c) proactive attitude, (d) autonomy and (e) adaptation. Most participants considered that they were aging successfully, according to the themes in their definition of successful aging.

Discussion and implications

Unlike academic definitions, our participants see successful aging as based far more on psychosocial than biomedical aspects. Successful aging is defined as an interactive process in which the maintenance of some desired activities and independence is

attained due to contextual and psychological resources, which allows most participant to perceive themselves as aging successfully.

Keywords

Mobility disabilities; Early-onset disabilities; Successful aging; Active aging; Supportive contexts; Adaptation

"Aside from my limitations, I'm aging very successfully": The definition of successful aging among older people with early-onset mobility disabilities

In recent decades, a new narrative of aging has emerged that, far from repeating the traditional narratives of decline, deterioration and loss (Gullette, 2018), emphasizes the capacity of older people to age well, maintaining their health, wellbeing and level of social participation. The concept of successful aging (Rowe & Kahn, 1998, 2015) is probably the epitome and most influential concept that defines this optimistic approach to aging. Despite its popularity, it has been criticized for setting high standards of "success". It overlooks the experiences, capabilities and resources of certain collectives, among them older adults aging with disabilities. This omission may accentuate their segregation and consolidate inequities (Calasanti, 2021; Martinson & Berridge, 2015). Consequently, it is important to gather such experiences to have a more complete comprehension of what aging well implies, particularly when disability has been part of a person's life since they were young. Unfortunately, there is still scarce research on this issue.

The aim of our study is to fill that gap by exploring how older people living with early-onset mobility disabilities define successful aging, whether their definitions differ from those proposed by academia and from lay definitions of older people without disabilities, and to what extent older people with mobility disabilities perceive themselves as aging successfully, according to their own definition.

Academic and lay perspectives on successful aging

Despite the absence of a consensual definition of what "successful aging" is (Depp & Jeste, 2006; Cosco et al., 2014; Menassa et al., 2023), the model proposed by Rowe and Kahn (1998) has been the most influential in recent decades. They defined

successful aging as including three main components: (a) low probability of disease and disability, (b) high cognitive and physical functional capacity, and (c) active engagement with life, shown in terms of rich social relationships and involvement in productive activities. In addition, Rowe & Kahn (1998) assume that leading a successful aging path depends to a large extent on lifestyle and, ultimately, on the individual who is aging, which downplays the role of social structures and inequities in the process (Calasanti & King, 2021). Rowe and Kahn's model of successful aging has also been criticized for its biomedical bias. It appears to include among its components both biomedical and social aspects, since they are hierarchically arranged. However, in practical terms it prioritizes the achievement of biomedical and clinical criteria over social aspects, which occupy the last trier of the staircase to success. Accordingly, lack of disability and high physical capacity is the component that is most frequently included within the many definitions of successful aging (Annele et al., 2019; Depp & Jeste, 2006).

Alternative concepts related to aging well seem to address this criticism and emphasize a more social approach. One of them is active aging, which was proposed by the WHO (2002a) as a policy framework to support optimal ways of aging. Unlike successful aging, active aging emphasizes the participation of older people in society, and the social use of their competences and knowledge, instead of simply achieving and maintaining a certain health and functionality status. Unfortunately, the practical implementation of the concept seems to have taken a productivistic bias. Most active aging policies have been related, precisely, to the lengthening of working careers and the prevention of illnesses and disability by incentivizing a (physically) active life (Forster & Walker, 2015).

Other authors propose alternative models of successful aging focused on the presence of psychological states and processes (e.g. Baltes & Baltes, 1990; Kahana et al., 2014). In such models, successful aging is defined as a process of adjusting to the diminishing resources associated with aging, or in response to certain age-specific biopsychosocial challenges and contextual stressors. For these models, the key to success is the process of adaptation (through the application of different coping or life management strategies) aimed at achieving not just optimal behavioral functioning, but also psychological outcomes such as wellbeing or happiness. This is opposed to Rowe and Kahn's version of successful aging, whose typical outcome is the compression of morbidity and the delay of disability as far as possible (Villar, 2012).

Most academic approaches to successful aging tend to define it in middle-aged or youthful terms. They conceive success in later life as the preservation of the levels of biomedical or psychosocial functioning of earlier stages, and ignore older people's experiences, which should be key to understanding and explaining aging. Some studies have attempted to fill this gap by exploring how older people define successful aging (e.g. Carr & Weir, 2017; Ferri et al., 2009; Joop et al., 2015; Nimrod & Ben-Shem, 2015; Reichstadt et al., 2010; Tate et al., 2012).

Results from systematic reviews (e.g. Cosco et al., 2013; Teater & Chonody, 2020) show that older people tend to include in their lay definitions of successful aging far more domains than academic definitions consider. Health or physical functioning appear in lay definitions, but their role seems to be less central than other dimensions such as activity, which appears to be the most important domain in most studies. Activity is understood as engagement in life, including physical activity or exercise, but also cognitive activity, social relationships and social activities (Carr & Weir, 2017). Even when physical activity is mentioned, the concept is more closely related to leisure

and social activities than to functional ability in everyday contexts (Ferri et al., 2009). Psychological factors also appear in lay definitions, normally in relation to optimism, self-acceptance and wellbeing (e.g. Nimrod & Ben-Shem, 2015), but also underlining acceptance and capacity to adjust to losses and difficult situations (e.g. Joop et al., 2015; Romo et al., 2012). Other dimensions, such as spirituality and meaning in life (e.g. Tate et al., 2013), having good social, care and health services (e.g. Reichstad et al., 2010) or having a good death (e.g. Chen et al., 2015) are also present in some studies on lay conceptions of successful aging, but they are less prominent.

Aging with early-onset disability and successful aging

A further critique to successful aging models, and particularly to Rowe and Kahn's model, is that it sets unrealistic standards for achieving successful aging; standards that only a minority of privileged older people can attain (Martinson & Berridge, 2015; Rubinstein & de Medeiros, 2015). As a consequence, such models do not consider disability as a part of successful aging at all. Furthermore, from Rowe and Kahn's point of view, people age successfully as long as they avoid or delay the onset of any disability, ideally until the end of life. Thus, successful aging and disability are viewed as radically opposed outcomes in the process of aging. Successful aging has been accused of being an ageist and ableist concept, since it may reinforce (or create) the stigma and discrimination experienced by older people with disabilities by excluding them from aging successfully (Molton & Ordway, 2017; Tesch-Römer & Wahl, 2017).

Furthermore, even older adults experiencing ill health or disability, who were supposedly aging 'unsuccessfully' according to academic definitions, may see themselves as aging well and successfully (e.g. Stawbridge et al., 2002; Tate et al.,

2003). Having a positive self-perception of aging while aging with disabilities could be very important, since studies suggest a strong relationship between a positive self-perception of aging and different quality of life indicators, including physical health, functioning, life satisfaction, self-esteem or self-efficacy (Tovel et al., 2019; Velaithan et al., 2024).

A disability-free concept of successful aging could be particularly damaging for people living with early-onset disability, i.e. people who age with disability rather than into disability. Thanks to advances in medical treatments, rehabilitation techniques or technological aids, the longevity of people with early-onset disabilities has increased dramatically, and the number of people reaching later life has multiplied in recent decades (LaPlante, 2014).

Some authors argue that the maintenance of health and functional abilities, which is at the core of academic and lay theories of successful aging, would not be as salient for older people with early-onset disabilities. These people have been living with functional limitations for many years, and they could be well-adapted to a basically unchangeable situation that has already been taken for granted. However, at the same time, they are also more prone to experience secondary problems (e.g. pain or fatigue) because of their condition, and experience aging-related illness earlier than their counterparts who are aging into disability or not experiencing disability at all (Clarke et al., 2019; LaPlante, 2014). In turn, older people living with early-onset disability also experience psychosocial challenges such as less probability of being with a partner or having children, having more limited experiences of social participation (including participation in the labor market) and retiring earlier, which is associated with a higher risk of poverty and depression (Denton et al., 2013; Duppen et al., 2020; Pituch et al., 2022).

From a disability and rehabilitation approach (WHO, 2002b), social and environmental context is particularly relevant for people living with disability, especially if this disability has been experienced for a long time. A person's level of autonomy and their participation in society do not depend solely on the specific condition, but also on the attitudinal and environmental barriers they have to cope with, and the available facilitators that help to overcome difficulties (Rurka & Riba, 2023, WHO, 2006). Due to an individualistic and health-focused approach, such contextual factors are rarely considered in academic theories of successful aging (Clarke et al., 2019). However, they have been partially in the model of healthy aging sponsored by the World Health Organization (WHO, 2015) and progressively adopted as social policy guidelines on aging by some countries (e.g. OHID, 2023).

The impact of these unique factors and their interaction may influence how older adults with early-onset disabilities define successful aging and the possibility of seeing themselves as successful in aging. However, research on how older adults with early-onset disabilities define successful aging remains scarce. In a seminal study, Ploughman et al. (2012) found that their participants highlighted social engagement, effective healthcare, healthy lifestyles and independence as important dimensions of healthy aging, with resilience, cognitive health, social support and financial flexibility prerequisites to achieving these factors. Similarly, Molton and Yorkston's (2017) participants underlined autonomy, resilience, social connectedness and physical health as the main components of successful aging. Finally, Giroux et al. (2021) showed that their participants connected themes related to health, independence and participation to successful aging. However, such studies may lack representativity due to the small sample size and homogeneity of participants. For instance, Ploughman et al. (2012) interviewed 18 persons older than 55, but all of them were living with multiple

sclerosis, which questions the specificity of their findings. In other studies, such as Giroux et al. (2021) and Molton & Yorkston (2017), the inclusion of a substantial number of middle-aged participants (e.g. older than 40 years) or participants who had been aging with disability for relatively few years (less than five) blurs the voice of older people with early-onset disabilities. In addition, none of these studies explored to what extent such definitions of successful aging may be related to self-perceptions of aging well.

The aim of our study was to fill that gap and explore how older adults aging with early-onset mobility disabilities define successful aging and whether their definitions differ from those proposed by academia and lay theories of older adults without disabilities. Additionally, we wanted to determine to what extent older adults with early-onset mobility disabilities perceived themselves as aging successfully, according to their own definition. Our findings would potentially lead to a more inclusive view of successful aging, a view that considers the experience of people aging with disabilities.

Methods

Participants

Thirty-two people (19 women, 13 men) participated in this study. Participants' ages ranged from 60 to 74 years old (M = 64.46 years). Eleven participants had university studies, 17 had secondary studies and four had only completed primary education. Table 1 provides a sociodemographic description of the participants.

INSERT TABLE 1 HERE

Participants were recruited in Valencia (Spain) and the surrounding region through collaborations with disability associations. Eight participants were members of these associations.

There were four inclusion criteria for the study: (1) individuals aged 60 years or older; (2) disability status officially recognized by the Spanish Ministry of Health and Social Security and exceeding the 33% threshold, which entitles the holder to specific financial, housing, transport or educational benefits; (3) having lived with a disability for at least 20 years; 4) absence of communication, cognitive, respiratory or other health problems that would prevent participation in an interview.

Among the participants, 15 had a disability due to post-polio syndrome, eight due to multiple sclerosis, seven to spinal cord injury and two to fibromyalgia.

Instrument

The authors of the study developed a semi-structured interview for a wider project on meaning in life among people with early-onset disabilities. The interview encompassed questions about the past (past attainments, difficulties and coping strategies), present (aging well, life priorities, contributions to others) and future (goals, legacies). The initial draft of the interview was revised and discussed with directors of two disability associations, who introduced just small amendments.

For the purpose of this study, only responses pertaining to the questions related to aging well (e.g. “What is aging well for you?”, “Do you know some people in your circumstances who are aging well?”, “What would you identify in that person that makes you think he or she is aging well?”, “In your case, are you aging well? Why?”) were analyzed.

Procedure

Authors 2 and 3 of this study contacted with the directors of two disability associations in the area of Valencia (Spain). They informed directors of the objectives of the study and, after obtaining their acceptation to participate, the research was advertised in the associations, including a telephone number and e-mail to contact the interviewer (fourth author of this study). Eight participants called the interviewer to participate in the study. After the interview, she asked these people to provide contact information for other potential participants who met the inclusion criteria and were interested in taking part in the study. The sample was subsequently completed using this snowball sampling strategy. The interviewer did not met participants before the interview was conducted.

Participants were interviewed at their homes. They did not receive any compensation for participating in the study. The interview was audio taped and the average length of the recordings was over an hour (M = 72.5 minutes, range = 42–95 minutes), although the responses included in the analysis took around 15 minutes. The interviewer (author 4) has extensive experience in conducting open-ended interviews such as the one used in the study. Nonetheless, after conducting two interviews, the recordings were reviewed and discussed with the research team to resolve any uncertainties and difficulties. The interview seemed to work well and no corrections were introduced.

As the recordings were available, they were transcribed verbatim (author 3). Since our study aim were quite specific but we wanted to cover the broadest possible range of variations of the phenomena studied, we considered that the information power attained with around 30 participants was sufficient in the light of the data obtained (Malterud et al, 2016). In fact, the research team listened to, read and discussed the transcriptions and

after approximately the 22rd or 23th interview, responses began to resemble previously obtained data, with no new ideas, concepts or nuances emerging. This may indicate that data saturation had been reached (Hennink & Kaiser, 2022). However, we continued with several scheduled interviews to ensure the robustness of the data collection process.

Prior to the interviews, participants provided written informed consent. The form included detailed information about the study's objectives, data collection methods, and issues of anonymity and confidentiality. Participants were also informed of their right to refrain from answering any questions and to withdraw from the study at any time. The transcribed version of the interview were provided to the participant. None of them made any correction or suggestion. Data were pseudonymized before analysis, and these pseudonyms are used in the presentation of the results. The study was approved by the University of Barcelona Ethics Committee (IRB 00003099) on 7th July 2022.

Data analysis

Data were thematically analyzed following the steps defined by Braun and Clarke (2022). The analysis was conducted utilizing Atlas.ti 23 software. An inductive approach was employed, generating codes without the use of any predetermined conceptual framework. The analysis consisted of six phases. Initially, we familiarized ourselves with the data by repeatedly reading the interview transcriptions and using memos in Atlas.ti to document initial thoughts. The second phase involved coding units of meaning that appeared in the transcripted text related to the objectives of the study. In the third phase, we organized these initial codes into primary themes and subthemes. Subsequently, in the fourth phase, we reviewed all themes and subthemes and examined the connections within and across them. In the fifth phase, we labeled and clearly

defined the boundaries of the themes to establish a final thematic structure. Finally, we linked each theme and subtheme with the study's objectives and relevant literature. Authors 1 and 2 conducted the primary analysis. To enhance the reliability of the findings, authors 3 and 4 performed a peer-debriefing process (Creswell & Miller, 2000), wherein they reviewed the themes and subthemes and challenged implicit and explicit assumptions through several meetings, resolving any disagreements until consensus was reached.

Although the interviews were conducted in Spanish or Catalan, specific quotations selected to illustrate each theme were translated into English by the official translation service of the University of Barcelona, which ensures the accuracy of the translation.

Results

What is successful aging for older adults with early-onset mobility disability?

We identified five main themes in our interviewees' responses in relation to the definition of successful aging (see Table 2 for a list and definition of themes and subthemes).

INSERT TABLE 2 HERE

Activity

Activity was mentioned by 19 participants, and was the most frequently mentioned theme. Most mentions of activity included keeping yourself busy, filling the day with leisure activities and things to do, whatever their nature. The key in most cases was doing what you like to do and can actually do, without differentiating some

activities as better than others in terms of successful aging. For instance, Iván, a 62-year-old man, told us:

> Being busy, keeping your mind busy, that's what I do. Aging well means having things to do and simply, if there are things you can't do, that's just bad luck. In other words, you should occupy your mind with something you can do, not with something you can't do. I believe that you have to have something to do in your life. Being busy and not worrying about things (P7, man).

In other cases, some kinds of activities were highlighted over the rest. For instance, for some participants, keeping up to date, being interested in public affairs and having some kind of cognitive activity (not necessarily something involving movement and physical participation) seem to be essential to age successfully. On the contrary, aging badly is not being cognitively active and leading a life constrained by yourself, as Adolfo, a 62 year-old man explained:

> When you age badly you lose interest in learning, it means disconnecting from reality. It is important to keep up to date with the news, to have communication with the outside world; you mustn't just think about yourself, you should think about what is happening in the outside world (P1, man).

Social activities and social connections were underlined by some participants. In this instance, successful aging means spending time with people and interacting with them. The opposite is social isolation and loneliness. The response of Vicenç, a 64 year-old man, is a good example of this:

> I do not know what it is, but probably what makes aging well difficult is the loneliness that many people experience, for example, people who live alone, whatever the reason, and disability doesn't help. The more people interact with

> others, the better they age… living alone and having few connections with people in your environment, that doesn't help you to age well (P5, man).

Supportive context

Eighteen participants mentioned different aspects of the context or environment as elements related to successful aging. However, these aspects were diverse. Some participants mentioned the availability of assistive technology needed to move around, to participate in activities or simply to be independent. For instance, Gloria, a 64-year-old woman, highlights how assistive technology has allowed her to be freer and enjoy outdoor activities, overcoming the difficulties caused by her disability:

> For me, aging well means having all the things you need to have a good life. For example, having my house adapted so that I can move around at home. Things like my handbike and my wheelchair, which help me connect with the outside, with my life outside, and help me face the difficulties (P2, woman).

For other participants, having a supportive context means being affluent enough to afford services (e.g. caring services) and devices (e.g. a wheelchair) to avoid stress and worries, live an independent lifestyle or participate in desired activities or social groups. For instance, Amalia, a 64 year-old woman, said that:

> Financial means are important, with money things are much easier. Thank God we don't have money problems. Money doesn't bring happiness, but it helps. And for the physically disabled, even more so. We are dependent on others. You live in a village and need a car, and you have to adapt the car, and that costs money. Well, these details are important to be able to lead a full life (P26, woman).

Finally, references to social support, of having the help of others, were also frequent. Sometimes support meant family support, but in other cases formal support

was also mentioned, either through professional caregivers helping at home or, more generally, through the existence of public care services and a society that prioritizes the needs of people living with disabilities. Mónica, a 61 year-old woman, gave a response that suggested this:

> It's important to go to a health center before you feel ill. The health center is essential, a doctor, a good physiotherapist so that when you have a problem they can solve it for you. The authorities should put themselves in our place and pay us more attention (P9, woman).

Proactive attitude

Fifteen participants mentioned ideas related to keeping a proactive attitude towards disability as a key element of successful aging. We identified at least two subthemes in this category. Firstly, some participants stressed positivity and optimism as a key aspect of aging well, trying to see the bright side of situations, an attitude that allows people to enjoy and make the most of life despite difficulties, as Quim, a 61 year-old man suggested:

> It all depends on your attitude. Attitude is essential. For me, attitude is the basis, because reality is what it is. If your attitude isn't positive, if you don't see the advantages, if you don't know what's really important… I always try to see the glass as half full and not half empty, so I depend less on others (P14, man).

Others emphasized the capacity to fight and overcome difficulties as a key attitude for aging successfully. In this case, attitude is portrayed as a way of compensating for hindrances posed by disabilities, trying to find alternative ways of attaining desired objectives or actively changing elements than may involve actual difficulties or

perceived threats. A good example is Rosa's response. She is a 62 year-old woman, who said that:

> Aging well means not giving up in the face of adversity... If you get scared, when you want to do something and the disability doesn't let you, it makes you very angry and you say "pfff", I can't, I literally can't, at that moment you feel really down, but it's important to tell yourself "well I'm going to do it, I'm going to do it another way, because yes, it can be done" (P6, woman).

As we can see in the excerpts, both types of attitude seem closely associated with activity (see above) and autonomy (see below). By being optimistic and positive, and having a combative approach, the person can carry out desired activities or remain autonomous and avoid dependency (or be as independent as possible). For instance, José, a 65-year-old man, differentiated clearly between those who age successfully (are active, try to learn) and those who do not (they are afraid of life and anchored in losses):

> People who are active and are really keen to learn things, to do new things, and they know that they still have a lot to learn and they're interested in things, those people are aging well. On the other hand, there are other people who are afraid of life. These people just gaze at their navels, about the things they have lost or that they never had, and they live in fear (P23, man).

Autonomy

On the theme of autonomy, participants mentioned being able to do activities of daily living on their own, particularly the most basic ones. The eight participants who brought up this topic tended to associate successful aging with not being a burden for others (particularly, for relatives) and with remaining functional and self-sufficient at home. We also included in this theme references to health, although they appeared

rarely and were mostly associated with the adverse consequences of bad health, such as pain. A good example of this category is that provided by Paquita, a 61-year-old woman, who seemed to relate aging well with being cognitively intact and not depending on anyone:

> Above all, if your head's still working all right, everything is fine. Well, I'd just like to stay the way I am. Although I notice that I'm getting worse. The important thing is to be able to take care of yourself, not having to depend on others. For me that's aging well (P11, woman).

Autonomy and activity seemed to be closely linked in some interviews. For some people, autonomy seems to be a prerequisite to be able to undertake the activities that you enjoy (e.g. "not suffering from any pain… pain crushes you and does not let you do anything that you really enjoy, your get imprisoned in your own home"; P22, woman). In other cases, the relationships seemed to be the other way round: being active was conceived as a way of keeping threats to autonomy at bay (e.g. "…if you exercise your muscles, your legs and your brain, you are fit enough to not depend on anyone", P30, woman).

Adaptation

Adaptation was mentioned by eight participants. It included responses in which the participant mentioned the capacity to come to terms with limitations, accept the situation and try to function as best as they can within such limits. People who do not accept and adapt to their situation just get frustrated because, in the end, they do not accept themselves. Alicia, a 60 year-old woman, expressed clearly that element of aging well:

> Aging well for me means accepting the situation, if you don't accept yourself, if you don't accept your condition and how far you can go, it's very difficult for you to age well, so I always bear that in mind (P12, woman).

As in other themes, in some responses adaptation was linked to activity and (less frequently) to autonomy. Thus, people who accept their limits can focus on investing their remaining capabilities in doing desired activities that are still accessible to them, and/or focus their efforts on preserving basic daily activities that keep dependency at bay.

Taken together, our participants seemed to organize the various themes related to successful aging in the way expressed in Figure 1: activity and autonomy, two interrelated elements, occupy a central position, while the other themes function as prerequisites or influencing factors. In addition, a supportive context enables activity and autonomy. The use of certain psychological dispositions and resources (positive attitude, adaptability) also facilitates the achievement of activity/autonomy, and, consequently, of successful aging.

INSERT FIGURE 1 HERE

Are our participants aging successfully?

As we have seen in some quotations included in the previous section, several participants explicitly refer to their own way of aging when they are asked about what successful aging is. They position themselves as successful agers.

This result was confirmed in analyses of responses to the question "Do you think you are aging successfully?" Twenty-three out of 32 participants stated that they were aging

successfully. The reasons they gave matched the themes in the definition of successful aging. Thus, some of them justified their perception of successful aging by mentioning the many activities in which they participated ("I'm physically and mentally active and agile, I have many hobbies"; P24, woman), their autonomy ("I try to do everything by myself, I do not need anybody to do my everyday tasks"; P17, man), the supportive resources available ("because I have full support from my family, and particularly from my wife"; P01, man), an attitude that is considered to be the right one ("I'm aging well because I never shrink from things, no problem scares me"; P30, woman) or the acceptance of limitations ("I think I'm aging successfully, since I accept what I can and cannot do, and I make the most of the possibilities I still have"; P20, woman).

In contrast, just four participants stated that they were not aging well. In most cases, they perceived recent physical losses and negative changes that affect their quality of life and make them more dependent. For example, Gloria, a 64 year-old woman, explained that: "I've lost a lot of strength, it's getting harder and harder to get from bed to wheelchair … I can't say I'm aging well!" (P02, woman). In other cases, the reason is more psychological, such as in the case of Juan, a 62-year-old man, who said: "I'm not aging well because when I was younger I did not have a strong will, I did not fight… and now I'm paying the toll" (P19).

The remaining five participants mentioned that while they were not aging well in some dimensions (typically alluding to physical changes in health and functionality), they were aging well in others (typically, related to psychological or social aspects). A good example is Pilar, a 60-year-old woman, who said:

> I think I'm aging well. I mean, I have had a lot of limitations, I led a basically normal life until a few years ago. And then some pathologies derived from my disability started to appear, such as diabetes and neuropathic pain. And I needed a prothesis for

my right leg, to avoid falling. But, apart from that, I'm very well, happy and with the support of my family (P24, woman).

Discussion

Our study aimed to explore two main goals: (1) determine how adults aging with early-onset mobility disabilities defined successful aging and how these definitions compare with academic and lay theories of older adults; and (2) explore to what extent older adults with early-onset mobility disabilities perceive themselves as aging successfully.

We found that the participants' definitions included more themes than those present in academic definitions of successful aging (e.g. Rowe & Kahn, 1998). They were similar to those reported in previous studies on lay theories gathered among healthy older people (e.g. Cosco et al., 2013) and older people living with disabilities (e.g. Molton & Yorkston, 2017; Giroux et al., 2021). However, despite the similarity, the definitions found in this study have two elements that distance them from past findings in this area.

Firstly, our participants seemed to have internalized an "active aging ideology". They put activity at the center of aging well, which is coherent with the great impact that the active aging discourse and policies have had in Europe over the last 20 years (Foster & Walker, 2015). Thus, aging successfully was grounded in the capacity to keep yourself busy and have some control over everyday activities, without discriminating or establishing a hierarchy among activities. Any activity (both individual and social) was valid as long as it has been chosen by the person and contributed to their wellbeing. In this context, health, which was arguably the key element in most academic definitions of successful aging (Annele et al., 2019; Depp & Jeste, 2006) and in some lay theories

of successful aging held by older people who age without disability (Cosco et al, 2013; Teater & Chonody, 2020), was almost absent from our participants' responses.

In our participants' view, it was not important to be healthy, but to be active enough and, ultimately, to be independent. Autonomy, which also occupied a central position in our participants' responses, seemed to be closely linked to activity, with which it interacted. Autonomy allowed activity, but it was also maintained due to being active. In this respect, grounding successful aging in doing some leisure activities and being able to still do the specific basic activities of daily living seemed to guarantee, at least for most of our participants, successful aging. Such a diminished, less demanding view of aging successfully helped people with disabilities to meet these criteria and see themselves as aging well.

Secondly, our findings highlight the role of context as key for successful aging in the case of disability. Maybe this is the most pronounced difference when our findings are compared to academic definitions of successful aging, and to some extent also to lay definitions obtained among older adults without disabilities. While academic definitions tend to be strictly individual (aging successfully, Rowe and Khan's terms, but also considering the active aging perspective, is conceived as an individual attribute that you can or cannot achieve), our participants seemed to see aging well as something that could be facilitated or hindered by the environmental resources within reach. In other words, maintaining a desired activity and autonomy depended not only on yourself, but also on the presence of a wide range of external resources (including technical aids, social support or social services) that could compensate for difficulties and make accessible what would not be possible in other contexts.

The fact that emphasis on context does not appear (or at least, not with the same importance) in lay theories of successful aging (e.g. Carr & Weir, 2017; Ferri et al.,

2009), stresses the specific views of successful aging held by older adults living with early-onset disabilities. Perhaps their level of "expertise in disability" (Molton & Yorkston, 2017) made them more aware of the importance of external support.

Possibly, such early experiences of disability also led our participants to emphasize the role of psychological resources to adapt to their situation and be able to age successfully, an element that is central to some psychological theories of successful aging (Baltes & Baltes, 1990). At least two types of adaptation strategies appeared in our findings. Some responses showed an attempt to overcome difficulties and barriers to attain successful aging (e.g. in terms of activities and independence). In contrast, other participants underlined coming to terms with limitations and assume that the range of available life goals and possibilities is reduced. Both strategies mirrored the difference between assimilative (tenacious goal pursuit) and accommodative (flexible goal adjustment) coping strategies proposed by Brandtstädter (2009; Brandtstädter & Renner, 1990) and were in line with previous results obtained by Boerner (2004), who showed how adults living with disabilities apply both types of strategies to maintain their agency and capacity for control.

Along with these two general or broad-spectrum strategies, the participants' responses clearly illustrated a whole set of more specific adaptive strategies that are widely shared by any person in the face of their aging process. Thus, some participants redefined the criteria of what it means to be "healthy" or "have health", which made it more possible for them to achieve this criterion. They also considered some areas to be more central than others in their definition of what it means to age well, as they perceived the biomedical area in a more peripheral way.

In connection with this idea, and regarding our second objective, according to our findings, most older adults aging with early-onset disabilities perceived themselves as

aging well. Thus, having a reduced and flexible view of successful aging, constrained to both self-chosen activities and basic activities of daily living and depending on contextual and psychological resources, may serve not just to maintain agency, but to see themselves in a positive light, enhancing their self-conception and self-esteem despite limitations that they may have taken for granted for decades.

The impact of having a positive self-perception of aging is not restricted to self-esteem. It has also been associated with better mental health and an increase in confidence in the capacity to control what happens to us and to face life challenges, which may lead to the practice of healthy behaviors, leading to better health outcomes (Tully-Wilson et al., 2021). In contrast, a negative self-perception of aging has been associated with depression and loneliness (Segel-Karpas et al., 2022). In consequence, one definition of successful aging that is broad and flexible enough to let ourselves be included as "successful older adults", even in apparently limiting circumstances, may have important, and positive, implications for positive functioning in health-related, psychological and social terms.

Several limitations should be noted for the interpretation of our findings. First, our sample was relatively small and not representative of the population of older adults living with disabilities. In fact, some of the participants were contacted from organizations of people with disabilities, therefore they may already be active members of their community and have a positive attitude to their abilities and capacity to advocate, which may have influenced the results. Similarly, the snowball sampling method could have selected participants with positive attitudes towards aging, or more active participants. Consequently, we should consider that maybe there are some missing voices in our study, those of people with live with less social contact and are less active. Adding these missing voices may have resulted in a different perception of

successful aging. Secondly, our sample did not include older adults living with disabilities other than mobility disabilities. As shown in the literature (Shandra, 2017), heterogeneity among disabilities is wide, and the type of disability could have an impact on definitions of successful aging. Finally, our sample was made up of older adults living with early-onset disability, so the results cannot be generalized to older adults who have recently developed a disability. Perhaps that collective, in which disability is more recent, would be more focused on adapting to a relatively new situation, and their definition of successful aging could be significantly different.

Despite limitations, this study contributes to the field of successful aging by underlining the importance of considering the perspectives of older adults who are aging and living with early-onset mobility disabilities. Our results suggest that academic approaches to successful aging do not reflect adequately the experience of that collective. Unlike many academic definitions, older adults aging with disabilities see successful aging as far more based on psychosocial than biomedical aspects. Successful aging is defined as an interactive process in which the maintenance of some desired activities and independence is attained due to contextual and psychological resources. Despite recognizing limitations, that view of successful aging allow them to consider themselves as aging well and maintaining agency, supporting a positive view of oneself that may have important consequences for physical health and wellbeing.

Our findings contribute to advancing a more inclusive conceptualization of successful aging, highlighting the significance of contextual factors (such as facilitators and barriers) and advocating for a comprehensive approach. This approach extends beyond a narrow focus on the presence or absence of biomedical conditions to encompass resources that support the preservation of agency, resilience, and social well-being (e.g., Kim et al., 2021). Such a perspective, which prioritizes contextual rather

than individualistic dimensions of aging well, underscores the critical role of social policies in enabling this process. Notably, these policies should also address the specific needs of older people both aging into disability and aging with disability.

Funding

This work was supported by the Spanish Ministry of Science and Innovation (MCIN), under Grant PID2020-116117GB-I00

Declaration of interest statement

The authors report there are no competing interests to declare.

Data Availability Statement

Authors have full control of primary data. Data associated with this study are available upon request to the corresponding author.

References

Annele, U., Satu, K. J., & Timo, E. S. (2019). Definitions of successful ageing: a brief review of a multidimensional concept. *Acta Bio Medica: Atenei Parmensis, 90*(2), 359-363. https://doi.org/10.23750/abm.v90i2.8376

Baltes, P., & Baltes, M. (1990). Psychological perspectives on successful aging: The Model of selective optimization with compensation. In: P. Baltes, & M. Baltes (Eds.), *Successful Aging: Perspectives from the Behavioral Sciences* (pp. 1-34). Cambridge University Press.

Boerner, K. (2004). Adaptation to disability among middle-aged and older adults: The role of assimilative and accommodative coping. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 59*(1), P35-P42. https://doi.org/10.1093/geronb/59.1.P35

Brandtstädter, J. (2009). Goal pursuit and goal adjustment: Self-regulation and intentional self-development in changing developmental contexts. *Advances in Life Course Research, 14*(1-2), 52-62.

Brandtstädter, J., & Renner, G. (1990). Tenacious goal pursuit and flexible goal adjustment: explication and age-related analysis of assimilative and accommodative strategies of coping. *Psychology and Aging, 5*(1), 58.

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology, 9*(1), 3–26. https://doi.org/10.1037/qup0000196

Calasanti, T., & King, N. (2021). Beyond successful aging 2.0: Inequalities, ageism, and the case for normalizing old ages. *The Journals of Gerontology: Series B, 76*(9), 1817-1827. https://doi.org/ 10.1093/geronb/gbaa037

Carr, K., & Weir, P. L. (2017). A qualitative description of successful aging through different decades of older adulthood. *Aging & Mental Health, 21*(12), 1317-1325. https://doi.org/10.1080/13607863.2016.1226764

Chen, L. (2015). Rethinking successful aging: Older female volunteers' perspectives in Taiwan. *Asian Journal of Women's Studies, 21*, 215–231. https://doi.org/10.1080/12259276.2015.1072939

Clarke, P., Twardzik, E., Meade, M. A., Peterson, M. D., & Tate, D. (2019). Social participation among adults aging with long-term physical disability: The role of socioenvironmental factors. *Journal of Aging and Health*, *31*(10_suppl), 145S-168S. https://doi.org/ 10.1177/0898264318822238

Cosco, T. D., Prina, A. M., Perales, J., Stephan, B. C., & Brayne, C. (2014). Operational definitions of successful aging: a systematic review. *International Psychogeriatrics*, *26*(3), 373–381. https://doi.org/10.1017/S1041610213002287

Cosco, T. D., Prina, A. M., Perales, J., Stephan, B. C., & Brayne, C. (2013). Lay perspectives of successful ageing: A systematic review and meta-ethnography. *BMJ Open, 3*(6), 1–9. https://doi.org/10.1136/bmjopen-2013-002710

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice, 39*(3), 124-130. https://doi.org/10.1207/s15430421tip3903_2

Denton, M, Plenderleith, J. & Chowhan, J. (2013). Impact of retirement type on income for people with disabilities. *Disability & Society, 28*(3), 338-352. https://doi.org/10.1080/09687599.2012.705058

Depp, C. A., & Jeste, D. V. (2006). Definitions and predictors of successful aging: a comprehensive review of larger quantitative studies. *The American Journal of Geriatric Psychiatry, 14*(1), 6-20. https://doi.org/10.1097/01.JGP.0000192501.03069.bc

Duppen, D., Lambotte, D., Dury, S., Smetcoren, A. S., Pan, H., & De Donder, L. (2020). Social participation in the daily lives of frail older adults: Types of participation and influencing factors. *The Journals of Gerontology: Series B, 75*(9), 2062-2071. https://doi.org/10.1093/geronb/gbz045

Ferri, C., James, I., & Pruchno, R. (2009). Successful aging: Definitions and subjective assessment according to older adults. *Clinical Gerontologist*, *32*(4), 379-388. https://doi.org/10.1080/07317110802677302

Foster, L., & Walker, A. (2015). Active and successful aging: A European policy perspective. *The Gerontologist, 55*(1), 83-90. https://doi.org/10.1093/geront/gnu028

Giroux, E. E., Allan, V., Casemore, S., Clarke, T. Y., McBride, C. B., & Gainforth, H. L. (2021). Exploring meanings of successful aging among people with long-term spinal cord injury. *Rehabilitation Psychology, 66*(2), 213. https://doi.org/10.1037/rep0000373

Gullette, M. M. (2018). Against 'aging'–how to talk about growing older. *Theory, Culture & Society, 35*(7-8), 251-270. https://doi.org/10.1177/0263276418811034.

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine, 292*, 114523. https://doi.org/10.1016/j.socscimed.2021.114523

Kim, E. S., Tkatch, R., Martin, D., MacLeod, S., Sandy, L., & Yeh, C. (2021). Resilient aging: Psychological well-being and social well-being as targets for the promotion of healthy aging. *Gerontology and Geriatric Medicine, 7*, 1-12. https://doi.org/10.1177/23337214211002951

Jopp, D. S., Wozniak, D., Damarin, A., K., de Feo, M., Jung, S., & Jeswani, S. (2015). How could lay perspectives on successful aging compliment scientific theory?

Findings from a U.S. and a German life-span sample. *The Gerontologist, 55*, 91–106. https://doi.org/10.1093/geront/gnu059

Kahana E, Kahana B., & Lee, J.E. (2014). Proactive approaches to successful aging: one clear path through the forest. *Gerontology, 60*(5), 466-74. https://doi.org/10.1159/000360222

LaPlante, M. P. (2014). Key goals and indicators for successful aging of adults with early-onset disability. *Disability and Health*, *7*(1), S44-S50. https://doi.org/10.1016/j.dhjo.2013.08.005

Martinson, M., & Berridge, C. (2015). Successful aging and its discontents: A systematic review of the social gerontology literature. *The Gerontologist, 55*(1), 58-69. https://doi.org/10.1093/geront/gnu037

Menassa, M., Stronks, K., Khatami, F., Díaz, Z.M.R., Espinola, O. P., Gamba, M., Itodo, O.A. Buttia, C., Wehrli, F., Minder, B., Rivas-Velarde, Minerva., & Franco, O.H. (2023). Concepts and definitions of healthy ageing: a systematic review and synthesis of theoretical models. *EClinicalMedicine, 56*. https://doi.org/10.1016/j.eclinm.2022.101821

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative Health Research, 26*(13), 1753-1760. https://doi.org/10.1177/1049732315617444

Molton, I. R., & Ordway, A. (2019). Aging with disability: Populations, programs, and the new paradigm: An introduction to the special issue. *Journal of Aging and Health*, *31*(10_suppl), 3S-20S. https://doi.org/10.1177/089826431988012

Molton, I. R., & Yorkston, K. M. (2017). Growing older with a physical disability: A special application of the successful aging paradigm. *The Journals of Gerontology*

Series B, Psychological Sciences and Social Sciences, 72(2), 290–299. https://doi.org/10.1093/geronb/gbw122

Nimrod, G., & Ben-Shem, I. (2015). Successful Aging as a Lifelong Process. *Educational Gerontology, 41*(11), 814–824. https://doi.org/10.1080/03601277.2015.1050904

OHID [Office for Health Improvement and Disparities] (2023). *Healthy ageing: consensus statement*. Government of the United Kingdom. https://www.gov.uk/government/publications/healthy-ageing-consensus-statement/a-consensus-on-healthy-ageing

Pituch, E., Bindiu, A.M., Grondin, M., & Bottari, C. (2022). Parenting with a physical disability and cognitive impairments: A scoping review of the needs expressed by parents. *Disability and Rehabilitation, 44*(13), 3285-3300. https://doi.org/10.1080/09638288.2020.1851786

Ploughman, M., Austin, M. W., Murdoch, M., Kearney, A., Fisk, J. D., Godwin, M., & Stefanelli, M. (2012). Factors influencing healthy aging with multiple sclerosis: a qualitative study. *Disability and Rehabilitation*, *34*(1), 26-33. https://doi.org/10.3109/09638288.2011.585212

Reichstadt, J., Sengupta, G., Depp, C. A., Palinkas, L. A., & Jeste, D. (2010). Older adults' perspectives on successful aging: Qualitative interviews. *The American Journal of Geriatric Psychiatry, 18*, 567–575. https://doi.org/10.1097/jgp.0b013e3181e040bb

Romo, R.D., Wallhagen, M.I., Yourman, L., Yeung, C.C., Eng, C., Micco, G., Pérez-Stable, E.J. & Smith, A.K. (2013). Perceptions of successful aging among diverse elders with late-life disability. *The Gerontologist, 53*(6), 939-949. https://doi.org/10.1093/geront/gns160

Rowe J.W., & Kahn R.L. (1998). *Successful aging*. Pantheon/Random House.

Rowe, J. W., & Kahn, R. L. (2015). Successful aging 2.0: Conceptual expansions for the 21st century. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 70*(4), 593-596. https://doi.org/10.1093/geronb/gbv025

Rubinstein, R. L., & de Medeiros, K. (2015). "Successful aging," gerontological theory and neoliberalism: A qualitative critique. *The Gerontologist, 55*(1), 34-42. https://doi.org/10.1093/geront/gnu080

Rurka, M.M., & Riba, M.L. (2023). Organizations' perspectives on successful aging with long-term physical disability. *Disabilities*, *3*(2), 217-234. https://doi.org/10.3390/disabilities3020015

Segel-Karpas, D., Cohn-Schwartz, E., & Ayalon, L. (2022). Self-perceptions of aging and depressive symptoms: The mediating role of loneliness. *Aging & Mental Health, 26*(7), 1495-1501. https://doi.org/ 10.1080/13607863.2021.1991275

Shandra, C.L. (2017). Disability and social participation: The case of formal and informal volunteering. *Social Science Research, 68*, 195-213. https://doi.org/10.1016/j.ssresearch.2017.02.006

Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being: Self-rated compared with Rowe and Kahn. *The Gerontologist, 42*(6), 727-733. https://doi.org/10.1093/geront/42.6.727

Tate R., Leedine L., &Cuddy T .(2003). Definition of successful aging by elderly Canadian males: The Manitoba follow-up study. *The Gerontologist, 43*, 735–744. https://doi.org/10.1093/geront/43.5.735

Tate, R.B., Swift, A.U., & Bayomi, D. (2013). Older men's lay definitions of successful aging over time: The Manitoba follow-up study. *The International Journal of Aging and Human Development, 76*, 297–322. https://doi.org/10.2190/AG.76.4.b

Teater, B., & Chonody, J.M. (2020). How do older adults define successful aging? A scoping review. *The International Journal of Aging and Human Development, 91*(4), 599-625. https://doi.org/10.1177/009141501987120

Tesch-Römer, C., & Wahl, H.W. (2017). Toward a more comprehensive concept of successful aging: disability and care needs. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 72*(2), 310-318. https://doi.org/10.1093/geronb/gbw162

Tully-Wilson, C., Bojack, R., Millear, P. M., Stallman, H. M., Allen, A., & Mason, J. (2021). Self-perceptions of aging: A systematic review of longitudinal studies. *Psychology and Aging, 36*(7), 773. https://doi.org/10.1037/pag0000638

Velaithan, V., Tan, M. M., Yu, T. F., Liem, A., Teh, P. L., & Su, T. T. (2024). The association of self-perception of aging and quality of life in older adults: a systematic review. *The Gerontologist, 64*(4), gnad041. https://doi.org/10.1093/geront/gnad041

Tovel, H., Carmel, S., & Raveis, V.H. (2019). Relationships among self-perception of aging, physical functioning, and self-efficacy in late life. *The Journals of Gerontology: Series B, 74*(2), 212-221. https://doi.org/10.1093/geronb/gbx056

WHO [World Health Organization] (2002a). Active ageing: a policy framework. World Health Organization. http://whqlibdoc.who.int/hq/2002/who_nmh_nph_02.8.pdf.

WHO [World Health Organization] (2002b) Towards a Common Language for Functioning, Disability and Health – ICF. World Health Organization.

WHO [World Health Organization] (2006). Convention on the Rights of Persons with Disabilities. World Health Organization https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-articles

WHO [World Health Organization] (2015). World Report on Ageing and Health. World Health Organization. https://iris.who.int/handle/10665/186463

Table 1. Participants' sociodemographic characteristics

Code	*Gender*	*Age*	*Marital status*	*Recognized disability (%)*[1]	*Education level*[2]	*Type of disability*
P01	M	62	Single	75%	University	CP
P02	F	64	Married	67%	University	PPS
P03	M	66	Divorced	75%	Secondary	SCI
P04	M	65	Married	67%	Secondary	PPS
P05	M	64	Single	75%	University	PPS
P06	F	62	Married	67%	University	CP
P07	M	62	Married	67%	Secondary	SCI
P08	F	62	Widowed	50%	Primary	MDH
P09	F	61	Married	50%	Secondary	PPS
P10	F	66	Single	67%	University	PPS
P11	F	61	Single	65%	Secondary	PPS
P12	F	60	Married	33%	Secondary	PPS
P13	M	62	Married	37%	University	PPS
P14	M	61	Married	67%	Secondary	MS
P15	F	70	Divorced	70%	Secondary	MS

P16	F	61	Married	67%	Secondary	MS
P17	M	60	Married	67%	Secondary	SCI
P18	F	71	Divorced	75%	University	PPS
P19	M	62	Married	75%	Secondary	MS
P20	F	68	Married	70%	Secondary	MS
P21	F	72	Divorced	67%	University	MHD
P22	F	72	Married	33%	University	PPS
P23	M	65	Widowed	70%	University	SCI
P24	F	60	Married	75%	Secondary	CP
P25	F	64	Widowed	70%	Secondary	SCI
P26	F	64	Married	67%	Secondary	SCI
P27	M	62	Married	67%	University	PPS
P28	M	62	Divorced	67%	Primary	CP
P29	F	74	Married	37%	Secondary	PPS
P30	F	65	Married	75%	Primary	SCI
P31	F	62	Single	70%	Secondary	MHD
P32	F	71	Married	67%	Primary	CP

Note - CP = cerebral palsy; MHD = multiple herniated discs; MS = multiple sclerosis; PPS = post-polio syndrome; SCI = spinal cord injury

1. The percentage of disability was determined and assessed according to the guidelines included in the Law 171/1999 of the Spanish Ministry of Work and Social Affairs (https://www.boe.es/buscar/pdf/2000/BOE-A-2000-1546-consolidado.pdf). It involves the application of standardized assessment instruments included in the Law. Any percentage greater than 33% involves some difficulty to complete daily life activities and need of help.

2. In our participants' generation, primary studies involved formal education until 14 years old (eight years of formal education) and secondary studies involved formal education until 18 years old (12 years of formal education.

Table 2. Themes and subthemes identified in the interviews

Theme	*Definition*	*Subthemes*
Activity	Mentions being busy and investing time in behaviors focused on an external aim	Leisure
		Learning and keeping up to date
		Social activities
Supporting context	Mentions elements of the physical or social environment	Technical aids
		Money and material resources
		Family support
		Formal support
Proactive attitude	Mentions particular ways of facing disabilities	Positivity and optimism
		Fighting spirit
Adaptation	Mentions the capacity to come to terms with disability, accepting limitations	
Autonomy	Mentions being able to do activities of daily living by yourself	

Figure 1. Definition of successful aging according to our participants (main themes in uppercase, subthemes in lowercase).