

Aging Well with Disability in Later Life: A Gender-Comparative Narrative Review Through the Selection, Optimization, and Compensation Framework

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ABSTRACT

Background: Population aging worldwide has increased the prevalence of chronic illness and functional disability in later life. Older adults who live with disability face compounded disadvantage, yet dominant models of successful aging exclude them by requiring the absence of disease as a precondition.

Aim: The present narrative review examines how elderly individuals with physical or sensory disabilities sustain life quality through the Selection, Optimization, and Compensation (SOC) model, with gender as a critical moderating variable and the Turkish policy environment as a structural case study.

Method: A narrative review was conducted across Web of Science, PubMed, Scopus, TR Dizin, and DergiPark, covering peer-reviewed publications from 2015 to 2026 in English and Turkish.

Findings: SOC strategies enable disabled older adults to maintain functional independence and psychological equilibrium. Social isolation raises depression risk by approximately 60%. Gender moderates coping: men tend toward avoidance-oriented responses linked to identity loss; women leverage socio-emotional networks yet carry higher frailty burdens and face intersectional discrimination. Turkish policy has shifted toward community-based care and barrier-free design, but implementation remains uneven. **Conclusion:** Aging well with disability requires gender-differentiated intervention and structural accessibility as a precondition for individual adaptation.

Keywords: Aging Well, Disability, SOC Model, Gender Differences, Social Isolation

1. INTRODUCTION

Population aging is one of the defining demographic shifts of the twenty-first century. As life expectancy rises, so does the probability of acquiring chronic illness or functional limitation after the age of 60, with the WHO (2015) estimating that approximately 46% of individuals over 60 live with at least one significant functional difficulty. Türkiye illustrates the trend sharply. Data from the Turkish Statistical Institute (TÜİK, 2024) show that the population aged 65 and older reached 10.6% by 2024, which corresponds to roughly 9.1 million individuals, with projections exceeding 33% by 2080. Within the current elderly cohort, nearly 79% manage at least one chronic condition and approximately 8.7% hold an official disability health board report (Üstün & Şen, 2024). Rapid urbanization has fractured the multi-generational household model that traditionally cushioned elderly Turks against isolation, and the result is a widening gap between cultural expectations of familial care and the lived reality of aging with insufficient support.

When advanced age intersects with acquired disability, the result is a compounded vulnerability termed the "double disadvantage" (Üstün & Şen, 2024). Socially isolated older adults face a 60% higher likelihood of developing clinical depression (Byeon, 2026), and isolation directly elevates the incidence of dementia and all-cause mortality (Lyu et al., 2024). Dominant theoretical frameworks have struggled to accommodate these realities. Rowe and Kahn's (1987, 1997) influential model defined successful aging as the absence of disease and disability, high functioning, and active engagement. Waddell et al. (2025), in a narrative review published in *The Gerontologist*, argued that this definition is exclusionary: it consigns individuals with disability to "unsuccessful" aging by definitional fiat. A systematic review reached the same conclusion (Martinson & Berridge, 2015). Waddell et al. proposed "aging well" as an alternative term that permits disability and adaptation to coexist.

Among the theoretical alternatives, the Selection, Optimization, and Compensation (SOC) model (Baltes & Baltes, 1990) provides the most productive framework for understanding adaptation among disabled older adults, because it presupposes loss and asks how individuals respond rather than requiring health as a precondition. A second organizing dimension is gender. Carmel (2019) presented international evidence that women outlive men yet live more years with disability and score lower on subjective well-being and coping resources. Lalani et al. (2026) found that men resist help-seeking while women leverage socio-emotional networks. In SOC terms, these patterns translate into gender-differentiated compensation trajectories with distinct failure modes. The present review synthesizes evidence across five domains (theoretical framework, physiological decline, psychological resilience, gendered coping, and structural accessibility), and adopts the term "aging well" following Waddell et al. (2025).

Method

A narrative review was conducted with searches covering Web of Science, PubMed, Scopus, TR Dizin, and DergiPark with keyword combinations: "aging" OR "elderly" AND "disability"; "SOC model" OR "selection optimization compensation"; "gender differences" AND "coping" AND "older adults"; "social isolation" AND "elderly," and Turkish equivalents. Peer-reviewed articles and institutional reports published between 2015 and 2026 were eligible; seminal earlier works such as Baltes and Baltes, 1990 were included when foundational to current debates. Conference abstracts, dissertations, and non-peer-reviewed content were excluded. Findings were organized through thematic synthesis across five a priori domains. Where sources presented contradictory findings, both positions were retained and the conditions under which each holds were examined.

2. THEORETICAL FRAMEWORK

The SOC Model

Paul and Margret Baltes (1990) developed the SOC model as a meta-theoretical account of lifespan development, premised on the idea that development at every stage involves a continuous negotiation between gains and losses. Individuals manage these shifting ratios through three interdependent regulatory processes (Freund & Baltes, 1998). *Selection* involves deliberate narrowing of goals; for disabled older

adults, loss-based selection predominates as prior goals are abandoned when the resources to pursue them are no longer available. Successful adaptation requires cognitive flexibility to restructure the goal hierarchy, not mere resignation (Freund, 2008). *Optimization* involves refining and applying means to achieve outcomes within the narrowed goal set: systematic pacing of daily tasks, adherence to rehabilitation regimens, deliberate practice of remaining skills. Teshale and Lachman (2016) found that older adults who actively optimized reported higher daily happiness and greater contentment with aging. *Compensation* activates substitute mechanisms when skills or resources are permanently lost: assistive technologies, human support from caregivers or municipal services, or digital tools that bypass physical limitations. Koon et al. (2020) mapped daily adaptive responses of adults with long-term mobility impairments onto the SOC framework, and Koh et al. (2025) showed that digital literacy functions as both optimization and compensation, the skill refines information-processing capacity and substitutes for lost physical mobility.

Within the Turkish context, Oğlak (2018) evaluated SOC as the theoretical cornerstone of national active-aging policies, and argued that sustaining well-being among the Turkish elderly requires societal facilitation of all three processes. The critical limitation, however, is that compensation depends on resources the individual cannot always supply. A hearing aid requires economic means; a wheelchair requires accessible streets; telehealth requires reliable internet. When societal structures fail to provide these supports, the individual's SOC capacity is truncated regardless of motivation. SOC therefore functions not only as a psychological theory but as a diagnostic framework for evaluating the adequacy of structural supports (Steverink, 2014).

3. COMPETING MODELS AND THE PROBLEM OF EXCLUSION

Rowe and Kahn (1987, 1997) defined successful aging as absence of disease, high functioning, and active engagement. A systematic review found that these criteria reflected (Martinson & Berridge, 2015) culturally biased standards that excluded individuals with disability. Ryff (1989) proposed a psychological well-being model (self-acceptance, autonomy, environmental mastery, purpose, personal growth, positive relationships) that did not require physical health but said little about environmental conditions enabling autonomy. A different approach, the lifespan control model (Schulz & Heckhausen, 1996), centered on "primary control" over one's environment, and permitted the use of assistive aids, but placed the adaptation burden almost entirely on the individual. By contrast, Pruchno et al. (2015) reframed successful aging as resilience in response to accumulated adversity, a reframing that aligns with SOC because both treat adaptation, rather than absence of loss, as the meaningful criterion. Earlier work had established resilience as a cultivable capacity (Masten & Reed, 2001), a position with direct intervention implications.

Waddell et al. (2025) synthesized these strands, comparing seven major models (Table 1 of their review). SOC was the only framework whose defining characteristic was adaptation itself, with no prerequisite conditions regarding health or functioning. The present review adopts both their terminological recommendation ("aging well" over "successful aging") and the SOC model as its primary analytical lens. Table 1 below applies SOC to late-life disability with gender-differentiated patterns.

Table 1: SOC Mechanisms Applied to Late-Life Disability: Gender-Differentiated Patterns and Structural Dependencies

SOC Component	Definition	Male Pattern	Female Pattern	Structural Dependency	Key Sources
Selection	Narrowing goals to domains where capacity remains	Abrupt loss-based selection after acute events (stroke, cardiac); may resist narrowing due to identity rigidity	Gradual, repeated downward revision across a longer disability trajectory; often while maintaining caregiver duties	Rehabilitation counseling; psychosocial support for goal restructuring	Freund, 2008; Bhattacharya et al., 2025
Optimization	Refining means to achieve outcomes within narrowed goals	Task-focused skill practice; energy conservation through physical pacing; reluctance to modify routines	Strategic use of social relationships as optimization tools; higher engagement with rehabilitation regimens	Physical therapy access; structured rehabilitation programs	Teshale & Lachman, 2016; Koon et al., 2020
Compensation	Activating substitute mechanisms for lost skills or resources	Resistance to external support; under-utilization of assistive devices, community services, and help-seeking	Active network mobilization; acceptance of instrumental aid; but compensatory capacity eroded by economic disadvantage and caregiving burden	Assistive technology; accessible infrastructure; affordable home care; digital literacy programs	Lalani et al., 2026; Koh et al., 2025; Carmel, 2019

4. PHYSIOLOGICAL DIMENSIONS: FRAILTY AND THE MORBIDITY-MORTALITY PARADOX

Chronic conditions accumulate after the sixth decade, restricting the functional domains available for selection and raising the compensation threshold. Frailty, defined as increased vulnerability from age-associated decline in reserve across multiple organ systems (Hubbard & Rockwood, 2011), captures this translation more precisely than disease counts alone. Critically, frailty is gendered. Gordon et al. (2017), in a systematic review and meta-analysis, found that elderly women carry a higher frailty index (0.69 vs. 0.61 for men), a finding replicated in low- and middle-income countries (Nair et al., 2021). Gordon and Hubbard (2020) attributed the disparity to women's greater accumulation of chronic conditions over longer lifespans, higher abdominal fat deposition, and the physiological costs of decades of caregiving. Men tend toward fatal comorbidities that kill before frailty accumulates. The result is Carmel's (2019) morbidity-mortality paradox: women outlive men yet spend a larger proportion of their years living with disability and diminished well-being.

For SOC, the gendered distribution of frailty carries a direct implication. Women face protracted, incremental loss-based selection over a longer disability trajectory, often while maintaining caregiver duties that society does not revise downward in parallel. Men face sharper but briefer selection crises: a stroke may

eliminate entire functional domains overnight, and abrupt goal restructuring follows. Whether gradual or abrupt, the physiological substrate determines the starting conditions for psychological adaptation.

5. PSYCHOLOGICAL RESILIENCE AND SOCIAL ISOLATION

When mobility or sensory capacity declines, the spatial radius of social contact contracts. Byeon (2026), in a meta-analysis, found that socially excluded older adults face a 60% higher likelihood of clinical depression (OR = 1.60). Lyu et al. (2024), analyzing longitudinal data from over 13,000 adults aged 50 and older, reported that increased isolation directly elevated incidence of disability, dementia, and all-cause mortality. The biological mechanisms include elevated inflammatory biomarkers, disrupted sleep, and exacerbated cardiovascular risk (Cacioppo & Patrick, 2008).

Within Türkiye, isolation among disabled older adults carries a distinct cultural dimension. Traditional norms place a premium on multi-generational cohabitation, yet urbanization and family nuclearization have fractured these arrangements. Qualitative interviews reveal that disabled elderly Turks experience the gap between cultural expectation and lived reality as a specific form of distress; participants describe social circles evaporating entirely once mobility ceases (Üstün & Şen, 2024). Instrumental care (feeding, medication, bathing) alone is insufficient; disabled older adults harbor a parallel need for socio-emotional validation.

Depression and loneliness, the primary psychological sequelae of isolation, are themselves gendered. Meta-analytic evidence indicates that older women score lower on self-concept and well-being despite maintaining larger social networks (Pinquart & Sörensen, 2001). Girgus et al. (2017) found that older women report more depressive symptoms. Loneliness follows a more complex pattern: Maes et al. (2019) found that men experience more severe effects of loneliness after spousal loss because they have invested less in non-spousal relationships, while Carmel (2019) reported that elderly women express a significantly weaker will to live. Such a finding complicates any narrative in which women's network advantage translates straightforwardly into better outcomes. Resilience mediates these relationships. Pruchno et al. (2015) argued that resilience is a cultivable capacity that enables the deployment of SOC strategies; interventions building resilience may therefore function as upstream enablers of the entire SOC sequence.

6. GENDER AS MODERATOR: DIVERGENT COPING TRAJECTORIES

6.1. Men: Identity Fracture and Compensation Refusal

In patriarchal contexts, masculinity is tied to physical autonomy and economic provision (Silkin Ün, 2024). Disability strips the material basis of that identity. Lalani et al. (2026) found that older men exhibit avoidance-oriented coping: they resist disclosing distress, refuse counseling, and decline community services at significantly higher rates than women. Bhattarai et al. (2025) reported that disabled men's identities remain rigidly tied to physical independence, and psychosocial decline steepens when those anchors are lost. In SOC terms, compensation is blocked because masculine socialization frames acceptance of external support as weakness. Bereavement compounds the problem: men experience more severe loneliness effects after spousal loss (Maes et al., 2019) and more persistent complicated grief (Bierhals et al., 1995).

6.2. Women: Network Resilience Under Structural Erosion

Lalani et al. (2026) found that women leverage socio-emotional networks as a primary compensatory resource, seeking emotional support and accepting instrumental aid without interpreting it as identity destruction. Parallel evidence points to higher resilience through emotion-focused coping and positive reframing (Bhattarai et al., 2025). In SOC terms, women compensate more effectively because lifelong socialization has built the relational infrastructure that compensation demands. Yet three forces erode the advantage: the morbidity-mortality paradox means women spend more years in the disability zone (Carmel, 2019); traditional norms demand continued domestic labor from disabled elderly women (Silkin Ün, 2024); and economic disadvantage, including lower pensions and fewer assets, leaves women's compensatory networks vulnerable to collapse when informal support dissolves. Pinquart and Sörensen (2001) found that

women scored lower on well-being despite larger networks, consistent with the interpretation that network size does not guarantee protection when the network is itself a source of obligation.

6.3. Convergence, Divergence, and Implications

Table 2: Gender Gaps Across Health and Well-Being Domains in Old Age: Direction, Trajectory, and SOC Implications

Health/Well-Being Indicator	Disadvantaged Gender	Trajectory in Old Age	SOC Implication	Key Sources
Life expectancy	Men	Gap narrows in developed nations due to rising female risk behaviors	Men face shorter but more acute adaptation risk window	Carmel, 2019
Frailty	Women (higher index)	(higher) Diverges; accumulate frailty over longer lifespan	women Prolonged overselection sustained flexibility	loss-based Gordon et al., 2017; demands Gordon & Hubbard, 2020
Functional disability (ADL/IADL)	Women	Persists or widens with aging	Greater compensation resource demand over more years	Carmel, 2019; Nair et al., 2021
Depression	Women	Gap narrows slightly in oldest-old cohorts	Undermines motivation for optimization; under-report	Girgus et al., 2017; Pinquart & Sörensen, 2001
Loneliness (post-bereavement)	Men (more severe effects)	Men's networks collapse after spousal loss	narrower Compensation failure: no infrastructure to mobilize	Maes et al., 2019; relational Bierhals et al., 1995
Will-to-live	Women (weaker)	Persists across cohorts	Questions sustainability of women's network-based compensation	long-term Carmel, 2019
Coping resources (self-efficacy, mastery)	Women (lower scores)	Persists	Reduces optimization capacity stronger compensation via networks	Pinquart & Sörensen, 2001; Carmel, 2019
Economic status (pensions, assets)	Women	Persists; intensifies poverty risk	widowhood Economic gate access to technology and services	resources Carmel, 2019; Silkin Ün, 2024

Carmel (2019) concluded that gender gaps in some indicators narrow in very old age, but gaps in functional disability and depression persist to women's disadvantage. Applied to SOC, gender differences in coping do not converge; the mechanisms of disadvantage shift. Men are most vulnerable at disability onset (acute identity crisis and compensation refusal); women are most vulnerable over the long haul (cumulative depletion of adaptive reserves). Table 2 summarizes these patterns across eight health and well-being indicators.

7. STRUCTURAL ENVIRONMENT: ACCESSIBILITY AND POLICY IN TURKIYE

Individual SOC strategies operate within, and are constrained by, the built and institutional environment. Turkish elderly care has evolved from institutional placement toward community integration and barrier-free design. The historical foundation is the Darülaceze charitable institution and social service system, rooted in Ottoman philanthropy. Çelik (2025), analyzing the Sivas Darü'r-Râha Foundation, noted that such

institutions provided essential shelter but operated on a custodial logic that reduced the elderly to passive care recipients, a pattern that accelerates cognitive decline. Recent policy has pivoted toward community-based care under the concept of social municipality. Şener and Tekin (2020) found that municipal day centers, including senior community centers and day care centers, outperformed institutional alternatives in terms of social integration and well-being. For SOC, such facilities serve as societal compensation mechanisms: they provide relational and recreational resources that a homebound elderly person with a disability cannot access on their own.

Physical infrastructure determines whether disabled older adults can reach these services. Demirci Canbulat and Bilge Özdamar (2025), studying the Etimesgut Municipality Center for Barrier-Free Living in Ankara, documented design requirements under the TS 12576 national standard: obstacle-free corridors, tactile paving, auditory signals, ergonomic equipment, and high-contrast visual markers. When a facility meets these criteria, the environment itself becomes the compensatory tool. The Turkish Ministry of Family and Social Services (2023) extends similar principles to residential settings and public transport. Implementation, however, remains uneven: non-standardized service quality across municipalities, political favoritism in resource allocation, and insufficient accessibility auditing persist (Silkin Ün, 2024). A second concern is that specialized centers risk segregating disabled elderly from the broader public sphere. The long-term objective must embed accessibility into all public infrastructure so that disabled older adults can exercise adaptive strategies across the full range of daily life.

CONCLUSION AND IMPLICATIONS

Three findings stand out from the evidence reviewed here. First, social isolation constitutes the most severe threat to disabled older adults, it operates through psychological and physiological pathways to accelerate depression, cognitive decline, and mortality. Second, gender moderates coping trajectories in ways that demand differentiated intervention: men are most vulnerable at disability onset, when identity fracture and compensation refusal produce rapid withdrawal; women face cumulative depletion as sustained frailty, economic disadvantage, and caregiving expectations erode their adaptive networks over time. Third, the structural environment determines whether individual SOC strategies can function; barrier-free urban design and community-based services act as societal compensation mechanisms without which personal agency is insufficient.

Interventions for disabled elderly men should prioritize destigmatizing help-seeking and constructing alternative sources of self-worth beyond physical autonomy. For women, policy must relieve the expectation of continued unpaid labor and protect socio-emotional networks. Türkiye's shift toward social municipality and barrier-free design represents a significant advance, but extending universal design from specialized centers to the full urban infrastructure is a precondition for enabling SOC strategies across all dimensions of daily life. The United Nations Convention on the Rights of Persons with Disabilities (2006) provides the normative foundation; that convention frames accessibility as a fundamental right rather than a welfare benefit.

Limitations include the narrative design, reliance on a limited Turkish empirical base with restricted indexing, and uncertain transferability to other cultural settings. Future research should pursue longitudinal, gender-stratified designs with explicit measurement of structural accessibility as a moderating variable. Cross-national comparison between Türkiye and other transitioning economies would clarify which findings generalize. What the evidence already supports is a conclusion with both theoretical and practical force: when an elderly person's adaptive strategies fail, the appropriate question is not what capacity the individual lacks, but what resource the surrounding environment has failed to provide.

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