



Gendered experiences in midlife: Implications for age identity

Anne E. Barrett

*Department of Sociology, Florida State University, 636 W. Call St., Pepper Institute on Aging and Public Policy,
Tallahassee, FL 32306-1121, United States*

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Abstract

Prior work reports that women maintain younger identities than men; however, few studies have explored factors that may produce gendered self-perceptions of age. Drawing on several theoretical streams, including perspectives on the self (e.g., situational identity, the self-enhancement principle, role-identities, and social identity) and the life course (e.g., linked lives), this study examines how gendered experiences in the domains of family, work, and health are related to gender differences in age identity. Data are drawn from the National Survey of Midlife Development in the United States ($n=2681$). The results indicate that, compared with men, women have significantly worse health, lower levels of perceived control over their marriages/partnerships, a lesser likelihood of employment, and a greater likelihood of having older partners, all of which are associated with older identities. Controlling for these factors, women report significantly more youthful identities than men. The findings also suggest that, rather than acting as markers of one's age status, family and work roles influence age identity through the patterning of demands that individuals face and the sense of control they have over their lives.

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1. Introduction

As a result of negative stereotypes of elderly persons and the high cultural value placed on youth in the U.S., few people eagerly anticipate the process of moving through the middle and later years of life. This cultural pattern is likely to have implications for the age-related identities and self-evaluations of Americans. The connection between the cultural devaluation of the elderly and age identities of

E-mail address: abarrett@fsu.edu.

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American adults is illuminated by social psychological theories and life course perspectives. Because age is used to define the opportunities, constraints, roles, and statuses of members of any society, it can be viewed as a structure through which individual lives flow (Kertzer, 1989; Settersten & Mayer, 1997). As examples, age determines eligibility for various social provisions (e.g., Social Security, Medicare, and public schooling), and age norms or timetables exist regarding formal life transitions, such as parenthood and retirement (Settersten & Hagestad, 1996a, 1996b), as well as more mundane behaviors, including dress and leisure activities. Individuals are likely to have perceptions not only of the age structure through which lives flow but also their location in it. In other words, a component of identity, one's "cumulative sense of place relative to others" (Hewitt, 1976: 81), centers on age.

2. The self-concept

Social psychologists have long-recognized the impact of social structure on self-conceptions (Gecas, 1982; Gecas & Burke, 1995; Hewitt, 1976; Holstein & Gubrium, 2000; Mead, 1934; Stryker, 1980). For example, Stryker (1980) focuses on role-identities, self-conceptions stemming from one's position in social structure. Of particular importance in the structural approach to identity are individuals' ongoing social relationships that are located within institutional contexts, such as work or family; examples of role-identities include mother, wife, and paid worker (see also McCall & Simmons, 1996; Thoits, 1991). Other locations in social structure form bases for identity, such as race–ethnicity, gender, and social class (Weigart, Teitge, & Teitge, 1986). Although it has received less attention in research on the self, age also can be seen as a structure that influences self-conceptions. An age-related component of identity is implied by not only the structural approach, but also the biographical–historical orientation to identity (Hewitt, 1989). For example, Hewitt (1989: 153) argues that a central element of identity is continuity, "the feeling that one's experiences of self make temporal sense, that what one is doing, thinking, and feeling now is meaningfully related to what has gone before and to what will come later."

Social psychological perspectives on the self provide explanations for the patterns in age identity observed over the adult life course. Consistent with adages about aging, individuals tend to postpone the perceived markers of various life stages, such as old age, as they themselves approach them and identify with ages that are increasingly younger than their actual ages (Goldsmith & Heiens, 1992; Kaufman & Elder, 2002; Montepare & Lachman, 1989; Seccombe & Ishii-Kuntz, 1991). An explanation is provided by the self-enhancement perspective which argues that individuals are motivated to sustain a positive conception of themselves (Rosenberg, 1979). Given the devaluation of older adults in U.S. society, the maintenance of youthful identities, even in the face of contradictory evidence such as physical signs of the biological process of aging, can be interpreted as a self-enhancement strategy. Drawing from the situational orientation to the self (Goffman, 1959), individuals attempt to manage the impression they make on others in order to construct a valued identity, which for middle-aged and older adults may be defined, in part, as a youthful identity. Identification with younger ages is also consistent with an intergroup application of the self-enhancement motive, social identity theory, which holds that individuals desire to belong to positively valued social groups (Taylor & Moghaddam, 1994).

The cultural devaluation of age may influence the self-perceptions of both women and men; however, it has been argued that the social and psychological consequences of aging are greater for women. In the magazine article that popularized the double standard of aging hypothesis, Sontag (1972) made the case that qualities most highly valued in men – competence, autonomy, and earnings potential – increase over

the middle decades of life, while those most highly valued in women – physical attractiveness and sexual availability to men – decline with age. The cultural equation linking women’s social value to their sexual and reproductive potential may be linked with the observed gender difference in age identity: Women tend to maintain more youthful identities than men of the same chronological age (Pinquart & Sorensen, 2001). Considering this pattern from the point of view of the socially situated self (Goffman, 1959), women may have greater incentives than men to present and maintain youthful appearances enabling them to protect their valued identities as “young women.” Consistent with this claim, signs of aging are viewed more negatively in women, and women are more likely than men to use age concealment techniques (Harris, 1994). Providing another illustration of the greater devaluation of age in women, both sexes tend to view the onset of middle and old age as occurring at younger chronological ages among women (Neugarten, Moore, & Lowe, 1965; Seccombe & Ishii-Kuntz, 1991; Zepelin, Sills, & Heath, 1986–87).

Given the motivations to both “maintain one’s self-picture” and enhance self-conceptions (Rosenberg, 1979: 53), women may hold more youthful identities than men in order to resist the particularly “spoiled identity” (Goffman, 1963) of being an elderly woman. Failing to maintain identities congruent with the roles and characteristics that are most highly valued for one’s gender can have social consequences. As Gecas and Burke (1995: 43) note, “Identities are social fictions. . . . but they are highly valued fictions having real consequences for the interactants and the course of interaction. Money, power, love, or other resources may be at stake.” Support for the self-enhancing effect of maintaining youthful identities is provided by research revealing that younger identities are associated with higher life satisfaction, lower levels of depression, higher morale, less loneliness, and higher self-esteem (Barak & Stern, 1986). However, because much of this research is cross-sectional, causal order is unclear: Higher psychological well-being may be a cause rather than a consequence of youthful identities.

Research indicates that women use this self-enhancing strategy to a greater degree than men (Pinquart & Sorensen, 2001); however, few studies have gone beyond documenting this pattern to explore other questions about gender and self-perceptions of age. I argue that the implications of gender inequality for age identities have been largely unexplored in prior work. Gendered experiences in important domains of middle adulthood, namely health, family, and work, are likely to be associated with the observed gender difference in age identity. This study extends the literature by incorporating an examination of men’s and women’s different experiences in key domains of midlife, in particular work, family, and health. Prior work suggests that role transitions, such as parenthood and retirement, shape age identity, perhaps by marking one’s passage through the adult life course or by shaping the contours of daily life, including the demands, stresses, and rewards that one encounters (Logan, Ward, & Spitz, 1992). Gendered expectations and experiences in work and family domains, as illustrated by the persistence of a gender gap in wages (Padavic & Reskin, 2002), inequitable division of labor in household work (Shelton, 1992), and cultural norms about the appropriate roles of women and men, may have implications for the age identities of women and men. Gender differences also are found in the risks of health declines and disability (McDonough & Walters, 2001; McNeil, 2001; Verbrugge, 1989), as well as the experience of spousal caregiving (Allen, 1994; Allen, Goldscheider, & Ciambone, 1999; Bookwala & Schulz, 2000). Because worse health is associated with older identities (Barrett, 2003; Logan et al., 1992; Sherman, 1994; Ward, LaGory & Sherman, 1988), and having an older or ill spouse is likely to influence one’s age identity, these patterns may produce variation in the way women and men think about their own age and life course.

3. The life course

Some research indicates that role transitions, such as marriage, parenthood, widowhood, and retirement, are associated with age identity; however, observed relationships are not consistent across transitions, indicators of age identity, or race and gender groups (George, Mutran, & Pennybacker, 1980; Logan et al., 1992; Mutran & Burke, 1979; Mutran & George, 1982; Mutran & Reitzes, 1981). The inconsistency may stem from the absence of attention to mechanisms through which roles shape self-perceptions of age. Because work and family transitions are commonly recognized markers of the adult life course, including both role entrances (e.g., becoming employed or marrying) and role exits (e.g., retiring and children leaving home), they may influence age identity by indicating, both to oneself and to others, one's passage through a normative adult life course. Drawing from social comparison theory (Festinger, 1954), individuals may assess their own age and location in the life course by comparing the occurrence and timing of their own major transitions (or the absence of transitions at ages normative for one's gender) with those of their social network members. Indeed, it has been argued that "there exists a prescriptive timetable for major life events. . . . Men and women are aware not only of social clocks that operate in their own lives, but they are aware of their timing" (Neugarten et al., 1965: 22–23).

The possibility that the timing of family and work transitions affects age identity has not been empirically examined; however, other research suggests that experiencing normative events, such as widowhood, menopause, and retirement, "off-time" relative to one's peers is associated with worse psychological outcomes (Lennon, 1982; Lopata, 1979; McGoldrick, 1989; Rook, Catalano, & Dooley, 1989). As Neugarten (1979) noted, deviating from social clocks may generate unfavorable comparisons of the self with others and may also be more stressful because less social support is available or the role demands are greater (e.g., early parenthood).

Because individuals tend to evaluate themselves by making comparisons with others considered appropriate referents (Festinger, 1954), experiencing a normative transition marking movement through the adult life course, such as parenthood, at an earlier age than one's peers may lead the parent to adopt an older identity, and experiencing a transition at a later age may generate a more youthful identity. On the other hand, it is possible that experiencing a transition later than one's age peers would lead to an older identity, while an earlier transition would produce a younger identity. Whether an early or late transition would be associated with an older or younger identity depends, of course, on the selection of one's reference group, which in the parenthood example is likely to be either one's age peers or members of one's parenthood cohort. Selected reference groups are difficult to predict, given the limited attention to this issue in prior work on age identities. However, social comparison theory generates a general prediction: If the purpose of the comparison is self-enhancement, individuals tend to select reference groups producing downward social comparisons that lead to more favorable self-evaluations, while upward social comparisons, which produce less favorable self-evaluations, are made for the purpose of inspiring oneself (Wood, 1989).

In contrast with the argument that the timing of role transitions influences age identity, the work of several life course scholars positing that highly standardized, age-graded life trajectories are disappearing suggests that such transitions have little impact on age identity (Buchmann, 1989; Neugarten & Neugarten, 1986). Using data from a nationally representative sample of high school graduation cohorts of 1960 and 1980, Buchmann (1989) finds greater variety in the timing and sequencing of educational, occupational, and family transitions in the early adult lives of the 1980 cohort. In brief, cultural and structural shifts, including the escalating need for educational credentials,

changes in the occupational sphere creating less stable work careers, and the increasing instability of family trajectories, have produced greater complexity and diversity in life course patterns. Because they indicate that social clocks may be disappearing or becoming more complex, these findings suggest that the timing of role transitions does not affect self-perceptions of age, or perhaps that the effects are weaker in more recent cohorts.

Rather than shaping age identities through their timing in their life course, roles may be important as determinants of the stresses one faces in daily life. As Logan et al. (1992: 452) argued, roles may serve not only as “signposts that symbolize movement from one age category to another” but also “may have a more subtle or cumulative effect, as ongoing interactions and preoccupations lead people to feel a certain age because of the things they are doing, experiencing, and thinking about in their day-to-day-lives.” The importance of roles to identity is highlighted by the structural orientation to the self (Stryker, 1980); however, little research has examined the effect of characteristics of roles (e.g., the level of stress they generate) on individuals’ views of their aging process. In a pilot study of middle-aged women, Rossi (1980) found that greater marital and family stress is associated with younger desired ages; however, age identity per se was not examined, nor was this relationship explored among men. In light of gendered experiences in the domains of work and family, characteristics of these roles, including the degree of stress they produce, may be important to incorporate into examinations of gender and age identity. For example, the greater responsibility for childrearing and household tasks that is assigned to women, including those in dual earner couples (Coltrane, 2000), may make family stresses and negative spillover between work and family more salient factors in women’s than men’s perceptions of their age.

Related to stress, sense of control over one’s family and work life may also affect age identity. Research suggests that maintaining a youthful identity requires a relatively high degree of perceived control over one’s health (Barrett, 2003); subjective control over other life circumstances is unexplored but particularly important to consider in examinations of gender. Lower status group members, including women and the elderly, have lower perceived control (Mirowsky, 1995; Ross & Mirowsky, 2002); moreover, the gender difference appears to expand over the adult life course (Ross & Mirowsky, 2002).

Although studies have examined the relationship between role transitions or occupancy and age identity (George et al., 1980; Logan et al., 1992; Mutran & Burke, 1979; Mutran & George, 1982; Mutran & Reitzes, 1981), research has not examined their connection with the gender difference in age identity. Prior work also fails to consider potential gender differences in the influence of family and work roles on age identity. Given the strong sociocultural connections between women and family roles and between men and paid work roles (Simon, 1995), it is plausible that features of these roles, including their timing in the life course and the demands they place on the individuals occupying them, exert different effects on the age identities of women and men.

The early work of Neugarten (1968) suggested that for women family transitions are more salient markers of age status, while for men the timing and pace of work transitions are more influential. More recently, Arber and Ginn (1991) posited a male and female chronology: “Male chronology hinges on employment, but a woman’s age status is defined in terms of events in the reproductive cycle” (Arber & Ginn, 1991: 41). Consistent with this argument, Settersten and Hagestad (1996a, 1996b) found less variability in the perceived deadlines for work transitions in men’s than women’s lives (e.g., settling on a career/job, peaking of work career, and retiring) and less variability in perceived deadlines for family transitions in women’s lives (e.g., becoming a parent, completing childbearing, and becoming a grandparent). The finding of greater agreement on the cultural deadlines for family transitions in

women's lives and work events in men's lives may reflect an expectation that family will structure the female life course while work will be the primary determinant of the male life course.

Social psychological theory and research also lead to the prediction of a gendered relationship between family and work roles and age identity. In her discussion of the sociohistorical development of orientations and moral images of the self, Margolis (1998) makes the case that the construction of gender has implications for the self-conceptions of women and men. She argues that the "obligated self," an orientation toward the group in which one is a member, stands in contrast with the "exchanger self" characterized by self-interest and rationality. The historical timing of the emergence of the "obligated self" which coincided with the separation of work and family spheres reflects its connection with the social construction of gender. As Margolis (1998) notes, women are obligated to care for others and expected to value others over the self. Indeed, "the paragon of the obligated self is the modern mother" (Margolis, 1998: 64). Social psychological work on the self and identity, particularly in the mental health literature, provides further support for the arguments that the roles that women tend to occupy encourage the development of a self that privileges the interests of others over self-interests (Rosenfield, 1999) and that work and family role identities have different meaning and salience for women and men (Simon, 1992, 1995).

Gendered experiences in not only the domains of work and family but also health may play an important role in producing gender differences in age identity. Although women tend to live longer than men, they also face higher risks of many chronic illnesses and symptoms, such as anemia, migraines, thyroid conditions, urinary diseases, and many autoimmune diseases like lupus, rheumatoid arthritis, and multiple sclerosis (McDonough & Walters, 2001; Verbrugge, 1989; Wizemann & Pardue, 2001). Women also have a higher likelihood of experiencing disability; 33% of men aged 65 or older have a severe disability, compared with 41% of women (McNeil, 2001). Research consistently indicates that poorer health, whether measured by objective or subjective indicators, is associated with adopting older identities (Barrett, 2003; Logan et al., 1992; Sherman, 1994; Ward et al., 1988). These patterns would suggest that women have older identities than men, contrary to the finding that women, in fact, hold more youthful identities (Pinquart & Sorensen, 2001). It is plausible that women would have even more youthful identities compared with men, if it were not for their worse health; however, this possibility has not been explored in prior work.

Although they have received limited attention, health-related events in the lives of significant others, including partners,¹ children, parents, other relatives, or friends are likely to shape perceptions of one's aging self. They may serve as reminders of age-related transitions that one eventually will experience, which may stimulate reflection on one's age and location in the life course. This is consistent with the life course notion of "linked lives," which highlights the social embeddedness and interdependence of individual lives (Elder, 1995), as well as social psychological perspectives on the self. Drawing on the work of James (1890), Rosenberg (1979) notes that that one's close social ties can be viewed as "ego-extensions," as the successes and failures of significant others may shape self-perceptions. Although work on age identity fails to find a significant relationship (Barrett, 2003; Logan et al., 1992); other work suggests that parental death, often one's first significant encounter with illness and death, increases reflection on one's own mortality (Umberson, 2003). Having a parent in poor health has been shown to be associated with older identities (Barrett, 2003). Although it has not been examined

¹ Partner is used throughout to refer to one's spouse or partner in a cohabiting relationship.

empirically, it could be argued that having a partner in poor health has a similar effect. Having a partner who is older than oneself also may raise aging-related issues somewhat earlier and, therefore, lead to older identities. Gender gaps in the ages of husbands and wives, as well as differences in the experience of spousal caregiving, suggest that these are important factors to incorporate into an examination of gender and age identity. Women tend to marry older men, and among caregivers wives are less likely than are husbands to turn to formal, paid caregivers for their spouses and more likely to report role-related stress (Allen, 1994; Bookwala & Schulz, 2000); both of these patterns would suggest that women hold older identities than men vis-à-vis the health and aging issues faced by their partners.

In sum, gender influences age identity, but little is known about how gendered experiences in critical domains of adulthood shape women's and men's self-perceptions of age. In addition, the process through which family and work roles influence age identity is not understood; role transitions may serve as markers of one's movement through the adult life course, or roles may be important as determinants of the contours of daily life, including the stresses and rewards one derives from them (Logan et al., 1992). Given the well-established link between health and age identity (Barrett, 2003; Logan et al., 1992; Sherman, 1994; Ward et al., 1988), gender differences in the experience of poor health – in one's self as well as one's partner – also suggest that women and men face different contexts as they age, which has implications for their age identities.

4. Hypotheses

Drawing on previous research (Pinquart & Sorensen, 2001), I anticipate that women report significantly younger age identities than men. However, gender differences in the experience of family and work roles may influence the relationship between gender and age identity. Because a number of features of women's experiences in work and family, such as their higher likelihood of having an older partner and lower likelihood of working for pay, may be associated with older identities, it is plausible that controlling for these factors will reveal an even wider gender difference in age identity (i.e., a suppressor effect will be observed). However, it is also possible that gender interacts with features of work and family roles to influence age identity; characteristics of family roles may exert stronger effects on women's self-perceptions of age while work roles are more salient for men's identity. Each of these possible links among gender, roles, and age identity is examined.

Regarding the effect of roles on identity, two possible mechanisms are examined. No prediction is made about the whether early or late transitions are associated with older or younger identities; however, I anticipate that “off-time” transitions will have a significant effect on identity, compared with “on-time” transitions. I hypothesize that age identities are influenced by not only the timing of transitions but also the psychological stresses associated with current roles. I expect that high levels of family and work stresses and negative spillover between these roles, as well as lower levels of perceived control over work and family, predict older identities.

Consistent with prior work (Barrett, 2003; Logan et al., 1992; Sherman, 1994; Ward et al., 1988), I expect that poor health is associated with older identities. I also anticipate that having a spouse in poor health or an older spouse will be associated with older identities. Gender differences in health and functional status (McDonough & Walters, 2001; McNeil, 2001; Verbrugge, 1989) and age differences within couples lead to the prediction that these factors will suppress the effect of gender on age identity.

5. Data

Data are drawn from the National Survey of Midlife Development in the United States (MIDUS; [Brim et al., 2000](#)) collected in 1995 and 1996 by the John D. and Catherine T. MacArthur Foundation Network on Successful Midlife Development. The MIDUS sample ($n=3032$) is representative of the noninstitutionalized U.S. population between the ages of 25 and 74 who have land-line telephones. The sample was generated through random-digit dialing, and older respondents and men were oversampled. MIDUS involved a telephone interview and a self-administered mail-back questionnaire. The overall response rate was 60.8%. MIDUS is a cross-sectional survey, which limits the conclusions that can be drawn about causal relationships between age identity and two factors of central interest—social roles and health. Respondents missing on the dependent variable were omitted from analyses. To eliminate outliers on age identity, 1% of the sample scoring at each extreme on this variable were omitted from analyses. An additional 6% of respondents was omitted as a result of inconsistent reporting of relationship or employment status in the telephone and mailed surveys. Items used in the analyses were drawn from both the telephone and mailed surveys. The study sample contains 2681 respondents.

6. Measures

Two items are used in the construction of the measure of age identity—chronological age and subjective age. The latter refers to the response to the following item: “Many people feel older or younger than they actually are. What age do you feel most of the time?” The age identity variable used in this study is the difference between subjective age and chronological age. Negative values on age identity reflect younger identities and positive values represent older identities. Age identity ranges from -32 to 16 (i.e., 32 years younger than one’s actual age to 16 years older than one’s actual age).

Gender is coded 1 for females and 0 for males. Chronological age is measured in years and ranges from 25 to 74. In order to test for a possible nonlinear effect of age, age-squared also is included. Race is coded 1 for nonwhites and 0 for whites. Education is represented by a continuous variable ranging from 1 (no school/some grade school) to 12 (PhD/other professional degree). Household income is the sum of income from six sources: self, spouse, other household members, Social Security retirement benefits, government assistance programs, and all other sources. Responses were recoded to the midpoint of each of the 36 response categories before summing (e.g., the response category indicating an income between \$4000 and \$4999 was recoded as \$4499.50). For ease of interpretation, income (in dollars) is divided by 1000. Because prior work indicates that subjective assessments of economic status are stronger predictors of age identity than objective indicators ([Barrett, 2003](#)), a scale of perceived financial well-being ($\alpha=0.68$) composed of three items asking respondents to assess the extent to which their resources meet their needs is included; higher values indicate more positive evaluations. Items used in the construction of all scales are listed in Appendix A.

Comparative self-rated health is measured by the response to the following question: “In general, compared to most (men/women) your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?” Responses range from 1 (much worse) to 5 (much better). Chronic health conditions are indicated by a count of up to 29 conditions experienced in the past

year. Self-assessed physiological change is a scale of four items asking respondents to evaluate changes in their current energy level, physique/figure, physical fitness, and weight occurring over the past five years ($\alpha=0.84$); higher values indicate more positive assessments.

Three family transitions and one work transition are examined: marriage, parenthood, parental death, and retirement. For each, a set of dichotomous variables captures whether or not the transition was made and, if so, whether it was on-time, early, or late. Experiencing the transition on-time was treated as the reference group in the analyses. In order to define the timing of marriage and parenthood, the distribution of ages when these transitions occurred was examined across 10-year marriage and parenthood cohorts; women and men were examined separately.² The 10% of respondents experiencing the transition at the youngest ages in each cohort is assigned to the “early” category for the transition, and the 10% experiencing the transition at the oldest ages is treated as “late”; the remaining 80% of respondents in the middle of the age distribution of each cohort is defined as “on-time.” For example, female respondents who married between 1957 and 1966 are considered “late” if they were married at age 24 or older; the corresponding age for females in the youngest marriage cohort (1987–1995) is 31. The definitions take into account two facts: (1) men tend to experience work and family transitions at older ages than women and (2) respondents, who range in age from 25 to 74, experienced marriage and parenthood at historical periods that differ in the average age at which individuals experienced these transitions, as well as the degree of social pressure to make them. Because fewer respondents retired than married or became parents and the age range of respondents experiencing retirement was narrower (i.e., because the oldest respondents in MIDUS are 74), cohort-specific criteria were not used to create the retirement variables. Too few respondents had experienced what could be described as “late retirement”; therefore, only two categories are considered: early retirement (before age 55 for women; before age 57 for men) and on-time or late retirement.³ In addition to the timing variables, models include two dichotomous variables indicating current work and family roles: working part or full-time and being married or cohabiting.⁴

As noted above, little attention has been given to events in others’ lives, such as spouses, children, or parents. This study examines one such transition, the death of one’s parents. Because views of one’s age and generational status could be influenced both by the timing of this event (particularly in relation to one’s own current age) and by the health status of living parents, several approaches were examined. These approaches included incorporating information on the death of one’s parent(s) at an age within several years of the respondent’s own current age. Potential interactions between the gender of the parent and the respondent also were examined under the assumption that one may more closely identify with the aging patterns of the same-sex parent. From these exploratory analyses, three dichotomous variables were shown to adequately capture distinctions relevant to age identity: both parents are deceased; at least one parent is in fair or poor health (as reported by the respondent on a scale of 1 to 5); no parent(s) are in fair or poor health.

² First marriages and first births or adoptions are examined.

³ Although the rationale underlying the examination of the timing of transitions centers on cultural age norms, statistical norms were used because prior work on cultural age norms offers little guidance in defining cohort-specific, cultural age norms. However, it is noted that the statistical norms used in defining the timing of events for mid-century marriage and parenthood cohorts are similar to the cultural age norms reported by Neugarten et al. (1965) conducted during this period; those for younger cohorts are consistent with more recent work reporting older ages for these transitions (Settersten & Hagestad, 1996a, 1996b; Zepelin et al., 1986-87). In addition, the work of Rook et al. (1989) finds a fairly close correspondence between statistical norms and perceived norms for marriage, parenthood, and retirement.

⁴ It is noted that 31% of retired respondents also reports working for pay and 23% of the never-married is cohabiting.

The possible influences of relationships with partners on age identity are explored by the inclusion of a variable indicating the difference between one's own and partner's age. Positive values indicate that the respondent has an older partner and negative values indicate a younger partner. A dichotomous variable indicating whether or not the respondent's partner had experienced either a chronic condition or minor health problem in the past year also is examined.

Family stress is a scale of four items ($\alpha=0.79$) asking about negative aspects of the respondent's relationship with family other than his/her partner. Similar items referring to the respondent's relationship with his/her partner are used in the six item scale of relationship stress ($\alpha=0.88$). Work stress is indicated by a scale of three items ($\alpha=0.68$) indicating how often in the past year one has faced too many demands, time pressures, and interruptions. Similar items measuring stress in the parenting role that would be applicable to parents with younger as well as older children were not available in MIDUS; therefore, a single item ranging from 2 to 12 and indicating the overall quality of the respondent's relationship with his/her children is examined. Higher values on this variable indicate worse relationships. Negative spillover from work to family is a scale of four items asking how often in the past year the respondent has experienced work interfering with activities and emotions at home ($\alpha=0.82$). Negative spillover from family to work is a scale of four similar items ($\alpha=0.80$). Indicators of perceived control over one's marriage/partnership, relationship with children, and work situation also are examined; each is a single item ranging from 0 (not much control) to 10 (a lot of control). In order to retain respondents without partners and those who are not currently employed in the models that include the stress variables, the two dummy variables indicating whether the respondent is currently employed or has a partner are included as controls for the conditional missing data and means are used to impute missing data for these respondents (Cohen & Cohen, 1983).

Missing values on items used in scale construction were imputed using corrected item mean substitution (Huisman, 2000); these include perceived financial well-being, self-assessed physiological changes, family stress, relationship stress, work stress, and negative spillover. Missing values on the following variables were imputed using means: race, education, income, self-rated health, number of chronic conditions, and couple's age difference. Those who could not be categorized on the timing of marriage, parenthood, and retirement variables were assigned to the on-time category. Those missing on parent's health were treated as having no parent(s) in poor health if they were younger than 65; older respondents missing on this item were assumed to have no surviving parents.

7. Methods

OLS regression is used to examine the association between gender and age identity. In the first model, age identity is regressed on gender, age, race, education, household income, and perceived financial well-being. Because health has been shown to mediate the effect of socioeconomic status on age identity (Barrett, 2003) and it is expected to suppress the effect of gender on age identity, the health indicators are added in a separate step. In the third model, the work and family role occupancy, timing, perceived control, and stress variables are added to the equation. Interactive models are run in order to examine gender differences in the impact of work and family transitions and stresses on age identity. Tolerance values (i.e., $1-R^2$, where R^2 is derived from the regression of the variable on all other regressors included in the model) were used to test for multicollinearity.

8. Results

Table 1 presents the means and standard deviations of variables used in the analyses; significant gender differences are noted. The bivariate analyses indicate that the discrepancy between men's actual

Table 1
Means and standard deviations by gender

Variable	Women (n=1345)	Men (n=1336)
Age identity	−6.908 (8.27)	−6.654 (7.77)
Age	45.219 (14.21)	45.028 (12.50)
Nonwhite	0.156	0.138
Education	6.153 (2.39)	6.437 (2.40)**
Household income (in thousands)	57.456 (52.41)	69.036 (50.93)***
Perceived financial well-being	10.291 (3.56)	10.762 (2.92)***
Number of chronic conditions	2.796 (2.90)	2.084 (2.31)***
Self-rated health	3.621 (0.97)	3.767 (0.84)***
Self-assessed physiological change	6.830 (2.59)	7.049 (2.14)*
Early marriage	0.133	0.107*
Late marriage	0.103	0.106
On-time marriage	0.666	0.672
Never-married	0.097	0.114
Has a partner	0.754	0.834***
Early parenthood	0.105	0.098
Late parenthood	0.100	0.086
On-time parenthood	0.660	0.622*
Not a parent	0.136	0.195***
Both parents deceased	0.228	0.251
Has parent(s) in poor health	0.357	0.328
Does not have parent in poor health	0.416	0.422
Early retirement	0.063	0.055
On-time retirement	0.100	0.120 ^a
Not retired	0.837	0.825
Currently employed	0.733	0.859***
Couple's age difference	2.514 (4.41)	−1.195 (4.25)***
Partner has health problem	0.254	0.272
Relationship stress	13.768 (3.57)	13.190 (3.09)***
Control over relationship	7.780 (1.99)	8.006 (1.64)**
Relationship with children	3.273 (1.48)	3.487 (1.36)
Control over relationship with children	7.831 (2.31)	7.699 (1.99)
Number of children	2.688 (1.48)	2.622 (1.19)
Family stress	8.771 (2.66)	8.190 (2.24)***
Work stress	8.972 (1.93)	8.837 (1.88) ^a
Control over work	7.110 (2.72)	7.137 (2.38)
Negative spillover from work to family	10.477 (2.44)	10.526 (2.36)
Negative spillover from family to work	8.440 (2.15)	8.356 (2.23)

^a $p < 0.10$.

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

age and their subjective age does not differ significantly from that of women. Both men and women report feeling about 7 years younger than their actual age. Men in the sample have significantly more education and income, better perceived financial well-being, fewer chronic health conditions, better self-rated health, and more favorable assessments of recent physiological changes. A significantly higher proportion of women than men married early relative to other members of their marriage cohort. Men are significantly more likely to be currently married or cohabiting, but less likely to report being parents. Men also are more likely than women to be currently employed. On average, women have partners who are over two years older than themselves while male respondents have partners who are approximately one year younger. Compared with men, women experience significantly less control over their marriages/partnerships and report more stress in their marriages/partnerships and family relationships.

Table 2 reports the regression of age identity on gender, health, and work and family roles. Model 1 indicates that, controlling for chronological age, race, and socioeconomic status, there is not a significant gender difference in age identity. The model reveals that younger identities are associated with being nonwhite and having higher levels of education and perceived financial well-being. With Model 2's inclusion of health measures, a significant gender difference in age identity is found; the magnitude of the coefficient for gender more than doubles. As hypothesized, women report feeling younger than men. All the health variables are significant; more youthful identities are reported by those with fewer chronic conditions, better self-rated health, and more favorable perceptions of recent physiological changes. The observation of a suppressor effect of health on the relationship between gender and age identity suggests that, controlling for their worse self-rated health, less favorable assessments of recent physiological changes, and greater number of chronic health conditions, women report feeling more youthful than do same age men. Models entering one health indicator at a time (not shown) reveal that chronic conditions exert the strongest suppressor effect, followed by self-rated health, and then physiological changes.

Model 3 adds the work and family variables into the equation. The results indicate that, contrary to expectations, the timing of role transitions is not associated with age identity. There is no evidence of differences in age identity among those who married, became parents, or retired earlier or later than peers. To further explore this finding, two sets of additional analyses (not shown) were conducted. Because the timing of transitions is patterned by socioeconomic status, a model excluding education, financial well-being, and income was examined, yet neither with nor without these SES indicators did the expected relationships appear. Marriage and parenthood transitions as well as death of one's parents occurred a number of years ago for many respondents and, therefore, may have a limited impact on age identity. In addition, retirement is clearly more relevant to older respondents. Because the association between social roles and age identity may vary by age, models were run that included interactions between age and each of the following: early marriage, late marriage, never-married, early parenthood, late parenthood, not a parent, early retirement, not retired, both parents deceased, and parent(s) in poor health. Only two interaction terms reached significance; both indicated stronger associations between role timing and age identity at older ages. Contrary to the argument that early transitions are associated with older identities because they reflect more rapid movement through the adult life course, early retirement and early marriage predict younger identities among older respondents. Although there is limited evidence that role timing is an important predictor of age identity, a significant relationship is found for current work status. Controlling for key factors affecting one's likelihood of being employed, particularly chronological age and health status, currently employed respondents report more youthful identities than the unemployed.

Table 2
 OLS regression of age identity^a on gender, health, and work–family roles

Variable	Model 1	Model 2	Model 3
Female	−0.345 (0.28)	−0.804 (0.27)**	−1.230 (0.30)***
Age	−0.280 (0.01)***	−0.292 (0.01)***	−0.278 (0.02)***
Age ²	0.004 (0.00)***	0.004 (0.00)***	0.004 (0.00)***
Nonwhite	−1.397 (0.40)***	−1.028 (0.38)**	−0.831 (0.39)*
Education	−0.180 (0.06)**	−0.101 (0.06) [#]	−0.117 (0.06) [#]
Household income	0.000 (0.00)	0.000 (0.00)	0.000 (0.00)
Perceived financial well-being	−0.178 (0.05)***	−0.033 (0.05)	0.006 (0.05)
Number of chronic conditions		0.323 (0.05)***	0.278 (0.06)***
Self-rated health		−1.658 (0.16)***	−1.541 (0.16)***
Self-assessed physiological change		−0.311 (0.06)***	−0.287 (0.06)***
Early marriage ^b			0.128 (0.48)
Late marriage ^b			0.216 (0.51)
Never-married ^b			−0.042 (0.57)
Has partner			0.678 (0.39) [#]
Early parenthood ^c			−0.112 (0.52)
Late parenthood ^c			−0.135 (0.54)
Not a parent ^c			0.229 (0.46)
Both parents deceased ^d			−0.114 (0.44)
Parent(s) in poor health ^d			0.713 (0.30)*
Early retirement ^e			−0.548 (0.69)
Not retired ^e			−0.180 (0.64)
Currently employed			−1.158 (0.41)**
Couple's age difference			0.119 (0.03)***
Couple's age difference ²			−0.005 (0.00)*
Health of partner			0.942 (0.34)**
Relationship stress			−0.022 (0.05)
Control over relationship			−0.191 (0.09)*
Relationship with children			−0.011 (0.12)
Control over relationship with children			0.049 (0.08)
Number of children			−0.265 (0.11)*
Family stress			−0.084 (0.06)
Work stress			−0.111 (0.08)
Control over work			−0.164 (0.06)**
Negative spillover from work to family			0.140 (0.07)*
Negative spillover from family to work			−0.005 (0.07)
Adjusted R ²	0.20	0.28	0.29

unstandardized coefficients (standard errors); $n=2681$.

^a Higher values=older identities.

^b Reference group=on-time marriage.

^c Reference group=on-time parenthood.

^d Reference group=parent(s) in good health.

^e Reference group=on-time or late retirement;

* $p<0.05$.

** $p<0.01$.

*** $p<0.001$.

[#] $p<0.10$.

Few variables measuring role occupancy and the timing of role transitions emerge as significant predictors of age identity; there is more support for the argument that features of one's current roles affect self-perceptions of age. Two indicators of perceived control and one of the negative spillover variables reach significance. Reporting less negative spillover from work into family and more control over one's relationship and work are associated with younger identities. Having more children also predicts more youthful identities.

More striking than the findings on the timing of roles and features of current roles are the observed relationships between age identity and the age and health of important social network members. Controlling for variables such as age and socioeconomic status that influence the likelihood of having parents who are deceased or in poor health, it is observed that respondents with at least one parent in poor health feel significantly older than those whose parents are not in poor health. A similar association is found between age identity and partner's health. Respondents with a partner who has experienced either a chronic condition or minor health problem in the past year report age identities that are nearly a year older, on average, than those without a partner with recent health issues. It is noted that the association between partner's health and age identity is found with the inclusion of several controls for respondent's own health. The results also indicate that, controlling for one's own age, the age difference within couples is significantly related to age identity. Having a partner who is older than you is associated with feeling significantly older than peers of the same chronological age who do not have older partners. Moreover, the effect is smaller among older respondents, paralleling the pattern in respondent's age.

The results of Model 3 provide further evidence that gendered experiences of middle adulthood suppress the association between gender and age identity. With the addition of work and family variables, the magnitude of the coefficient for gender increases by over 50%. Analyses entering only one of the variables added in Model 3 at a time (not shown) reveal that current work status and couple's age difference exert the strongest suppressor effects on the relationship between gender and age identity. These findings indicate that women are more likely than men to have older partners and less likely to be working for pay; both of these factors are associated with feeling older. Controlling for this gender difference, a stronger relationship between gender and age identity is observed. The suppressor effects revealed in Models 2 and 3 suggest that, if women had levels of health and experiences in work and family (namely the likelihood of working and of having a younger or same-age spouse) identical to men's, they would have significantly more youthful identities than men.

In the final step of the analyses, potential gender differences in the associations between age identity and health and work-family roles are examined. There is no evidence to suggest that features of work roles are more salient to the age identities of men and family roles are more important predictors for women. Only one of the models including interaction terms is noteworthy. Contrary to expectations, a significant association between the timing of retirement and age identity is not found for men, while among women not being retired (compared with retiring at a normative age) is associated with feeling more youthful.

9. Discussion

Prior work indicates that women hold more youthful age identities than men (Pinqart & Sorensen, 2001). This pattern is consistent with the double standard of aging, which posits a connection between

gender inequality and the greater devaluation of age in women than men. In short, aging is viewed as a more negative experience for women as a result of the cultural preference for youth and constructions of gender that define women primarily in terms of their attractiveness to men and their reproductive potential. For men, in contrast, aging has some positive connotations as qualities that are highly valued for men in our culture and, in fact, are linked with power (i.e., competence, autonomy, and earnings potential) often are enhanced with age. As a result of their greater devaluation with age, women may hold youthful identities as they age as a means of enhancing the self (Rosenberg, 1979), avoiding spoiled identities (Goffman, 1963), and identifying with valued social groups (Taylor & Moghaddam, 1994). I argue that the implications of gender inequality for age identities are more far-reaching than prior work has acknowledged. Gendered experiences in important domains of middle adulthood, namely health, family, and work, are likely to be associated with the observed gender difference in age identity.

This study finds support for the general expectation that gender differences in health, work, and family have implications for the age identities of women and men. Across all three health indicators examined, women are significantly disadvantaged relative to men. Consistent with other work (Barrett, 2003; Logan et al., 1992; Sherman, 1994; Ward et al., 1988), poorer health is associated with older identities. In the absence of controls for the worse health of women, gender is not significantly associated with age identity. However, a significant difference is revealed when health is controlled; consistent with prior research (Pinquart & Sorensen, 2001), women report feeling significantly younger than do men of the same chronological age. The substantial suppressor effect that was observed suggests that women's worse health relative to men conceals their more youthful self-perceptions.

Examination of work and family variables also reveals that gender differences in these domains mask the effect of gender on age identity. Of the work variables, the most noteworthy suppressor effect is found for current work status. Women are significantly less likely to be workers in the paid laborforce, a social role associated with younger identities. Taking into account women's lesser likelihood of working for pay, the observed gender difference in age identity expands. In other words, were it not for their lesser likelihood of working for pay, women would hold more youthful identities. Similar effects are found for family variables. In particular, having an older partner is associated with reporting older identities. Because of gender inequality as reflected in cultural norms prescribing that women have partners who are older (as well as more educated) than themselves, age differences within couples tend to disadvantage women in terms of their self-perceptions of age. A weaker suppressor effect is found for perceived control over one's intimate relationship. Having lower subjective control is associated with older identities. As women report lower levels of control over their intimate relationships, taking this difference into account yields a somewhat stronger association between gender and age identity.

This study not only reveals gendered experiences of midlife that influence the association between gender and age identity but also finds evidence that the lives of significant others affect views of one's own age. Controlling for one's own health, as well as factors predicting parents' health, the results indicate that having a parent in poor health is associated with feeling older. Similarly, having a partner who has experienced a chronic condition or minor health problem in the past year is associated with older identities, controlling for one's own health status. As noted, age differences within couples also are linked to individuals' self-perceptions of age. Partners' older ages and worse health may be associated with older age identities because they raise issues of aging somewhat earlier; this is particularly relevant if important social ties, in fact, are "extensions of the self," as argued by Rosenberg (1979).

Future research should give greater attention not only to the lives of significant others but also to the ways that gender shapes social roles and relationships. The MIDUS data do not permit examinations of

spousal caregiving; however, the finding that older age and poorer health of one's partner are associated with older age identities, viewed in light of research revealing gender differences in the experience of spousal caregiving (Allen, 1994; Allen et al., 1999; Bookwala & Schulz, 2000), suggests that these relationships should be examined in an older sample using data that permits a more nuanced look at the social psychological dynamics of intimate unions. The greater discrepancy between chronological and subjective age among older compared with middle-aged individuals highlights the importance of reexamining these relationships in an older sample (Goldsmith & Heiens, 1992; Kaufman & Elder, 2002; Montepare & Lachman, 1989; Seccombe & Ishii-Kuntz, 1991).

This study also illuminates the links between social roles and age identity. Contrary to expectations, clear associations between the timing of marriage, parenthood, and retirement and age identity are not found. The only evidence suggesting that role timing is associated with age identity is found in interactive models revealing that, compared with on-time transitions, early marriage and retirement are associated with younger identities among older respondents. This finding is not consistent with the argument that roles shape age identity by marking one's progression through the life course, which would suggest that early transitions signal more rapid movement through adulthood. However, the lack of consistent relationships between role timing and age identity across the transitions examined offers some support for the argument that in the current "age-irrelevant society" age norms have a minimal impact on the choices individuals make and the opportunity structures they face (Neugarten, 1979). Age norms not only may play a decreasing role in determining the actual timing of major transitions but also may have minimal effects on the subjective life course.

The finding of significant associations between role timing and age identity only among older respondents is consistent with the observation that family, education, and work trajectories are becoming increasingly diverse and individualized (Buchmann, 1989); social clocks may exert weaker effects on the behavior and self-perceptions of more recent cohorts. Clearly, more research is needed on the link between social roles and age identity. Although the life events considered in this study are expected to be related to the timing of other transitions, such as finishing school and having an empty nest, further examinations should focus on those typically occurring in middle and later life, such as widowhood and grandparenthood, when age becomes more salient (Karp, 1988). Attention also should be given to other increasingly common transitions, including divorce, remarriage, and cohabitation.

The findings suggest that rather than operating as markers of one's age status and progression through a normative life course, roles influence perceptions of age largely through the patterning of individuals' day-to-day experiences, including the demands they face and the sense of control they have over their lives. As noted, working for pay is related to feelings of youth. This finding is consistent with gerontological theories of successful aging, in particular activity theory which claims that maintaining high levels of social participation is beneficial to adults over their entire lives (Havinghurst, Neugarten, & Tobin, 1968); however, it is important to note that the direction of causation between paid work and age identity cannot be determined with these cross-sectional data. Extending research revealing that greater perceived control over one's health is associated with feeling more youthful (Barrett, 2003), this study finds that reporting greater control over one's marriage/partnership and work also predicts more youthful identities. This suggests that maintaining a younger – and more age-discrepant – identity as one ages is an active reinterpretation of one's chronological age that requires a high degree of perceived control over critical life domains, including family, work, and health. Feelings of stress in family and work roles also were examined, but only one reached significance: Negative spillover from work to family was associated with feeling older. Another variable that reaches significance is more difficult to

interpret: Having more children is associated with feeling more youthful. This study includes a weak measure of the perceived quality of parents' relationship with their children and does not examine temporal dimensions of the parent role that may illuminate this finding, such as the current age of children and the age of parents when children enter various stages of childhood, adolescence, and adulthood.

Family roles were hypothesized to play a larger role in women's perceptions of their age, while work transitions were expected to be more influential in men's view of their aging selves. Features of work and family roles, including their timing in the life course, the level of demands they generate, and perceptions of control over the relationships embedded in these roles, were expected to differentially shape women's and men's views of their age. These expectations were not born out; of the interaction terms examined, only one was significant. Contrary to expectations, not being retired is associated with more youthful identities among women but has no effect on men's identities. Taken together, the results imply that rather than family and work roles exerting different effects on the age identities of women and men, the gendered contexts of family and work create gender differences in age identity.

The conclusions of this study are tempered by its limitations, particularly its reliance on cross-sectional data. The models assume that health status and work and family roles influence age identity; however, it is likely that the relationships are considerably more complex. Age identity may shape self-rated health, as well as health-related behaviors. Similarly, age identity may influence one's work and family experiences, including the timing of roles, such as retirement, mate selection (e.g., age of partner), and perceptions of control over these domains of life. Longitudinal data are needed to determine the causal relationships among health, social roles, and age identity. Other important limitations include the relatively narrow set of role transitions and features of work and family roles examined. Numerous other transitions (e.g., grandparenthood and family caregiving), social relationships (e.g., friendships), and aspects of roles (e.g., identity salience (Stryker, 1980)) are likely to have implications for age identity. Providing a basis for future work, this study underscores the importance of examining the gendered contexts of midlife as determinants of the subjective experience of aging.

Appendix

Perceived financial well-being ($\alpha=0.68$)

1. Using a scale from 0 to 10 where 0 means "the worst possible financial situation" and 10 means "the best possible financial situation," how would you rate your financial situation these days?
2. In general, would you say you (and your family living with you) have more money than you need, just enough for your needs, or not enough to meet your needs?
3. How difficult is it for you (and your family) to pay your monthly bills? Very difficult, somewhat difficult, not very difficult, not at all difficult.

Self-assessed physiological change ($\alpha=0.84$)

How would you rate yourself today compared to the five years ago on the following?

1. energy level
2. physical fitness

3. physique/figure
4. weight

Response categories for each: better now, no change, worse now.

Family stress ($\alpha=0.79$)

1. Not including your spouse or partner, how often do members of your family make too many demands on you?
2. How often do they criticize you?
3. How often do they let you down when you are counting on them?
4. How often do they get on your nerves?

Response categories for each: often, sometimes, rarely, never.

Relationship stress ($\alpha=0.88$)

1. How often does your spouse or partner make too many demands on you?
2. How often does he or she make you feel tense?
3. How often does he or she argue with you?
4. How often does he or she criticize you?
5. How often does he or she let you down when you are counting on him or her?
6. How often does he or she get on your nerves?

Response categories for each: often, sometimes, rarely, never.

Work stress ($\alpha=0.68$)

In the past year, how often has each of the following occurred at your job?

1. You have too many demands made on you.
2. You have enough time to get everything done.
3. You have a lot of interruptions.

Response categories for each: all the time, most of the time, sometimes, rarely, never.

Negative spillover from work to family ($\alpha=0.82$)

How often have you experienced each of the following in the *past year*?

1. Your job reduces the effort you can give to activities at home.
2. Stress at work makes you irritable at home
3. Your job makes you feel too tired to do the things that need attention at home.
4. Job worries or problems distract you when you are at home.

Response categories for each: all the time, most of the time, sometimes, rarely, never.

Negative spillover from family to work ($\alpha=0.80$)

How often have you experienced each of the following in the *past year*?

1. Responsibilities at home reduce the effort you can devote your job.
2. Personal or family worries and problems distract you when you are at work.
3. Activities and chores at home prevent you from getting the amount of sleep you need to do your job well.
4. Stress at home makes you irritable at work.

Response categories for each: all the time, most of the time, sometimes, rarely, never.

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