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Longitudinal Changes in Subjective Social Status Are Linked to Changes in Positive and Negative Affect in Midlife, But Not in Later Adulthood

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Subjective social status is defined as the perceived social standing of a person in a social hierarchy and may change across time. Although the link between subjective social status and well-being is widely recognized, the dynamic nature of changes in subjective social status across the life span is not well understood. We predicted that gains and losses in subjective social status will be associated with changes in positive and negative affect over time. This link should be particularly evident in middle adulthood because the desire for social status might be more important in midlife than in later adulthood. Specifically, we argue that social status gains in midlife may facilitate generativity, a developmental task in this period of the life span that arguably contributes not only to the well-being of others but also oneself. Our analyses of a 10-year longitudinal study (N = 2,306, 40–84 years at T1) using latent change score models suggested that individuals, who lose (or gain) social status (i.e., change their perceived position on the social status ladder), experience an increase (decrease) in negative affect and a decrease (increase) in positive affect. As predicted, these associations were stronger, and in fact only significant, for middle-aged (40–64 years), but not older (65–84 years) adults. Finally, in middle-aged adults, the effects of status changes on changes in affective well-being were mediated by generativity. This pattern of findings suggests that changes in subjective social status are more self-relevant in midlife and may become less relevant to affective well-being as people age.

Keywords: social status, status gain and loss, social hierarchy, positive affect and negative affect, generativity

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Social status—the standing of a person or group in the social hierarchy—is part and parcel of social life and a central determinant of various aspects of well-being and health. Social status is typically unequally distributed between individuals and social groups and reflects a sense of feeling "superior" or "inferior" (Gilbert, 2000). It has been stated that the desire for status is a fundamental motive as people seek to receive respect and deference from others (Anderson, Hildreth, & Howland, 2015). Social status is not static but may change across time and the adult life span (Havighurst, 1971; Riley, 1971; Robertson & Weiss, 2017). For example, people can experience status gain (i.e., the experience of high status after a lower position of social status) or loss (i.e., the experience of low status after a higher position of social status). Although research has well documented that low social status has detrimental consequences for people's well-being and health (e.g., Cundiff & Matthews, 2017; Sapolsky, 2004), very little is known about how changes in social status are linked to changes in affective well-being across the adult life span.

To better understand these dynamics, in the current study, we examined associations between changes in subjective social status and changes in positive and negative affect over 10 years in midlife and old age. We hypothesized that changes in social status will be more strongly associated with the two components of affective well-being in midlife than old age. One reason for this age differential association could be that social status gains facilitate generative acts that, in turn, are a main contributor to middle-aged adults' affective well-being given the prominence of generativity in this life period. By contrast, social status changes may be less impactful in old age because desire for social status might be less important in later adulthood and older adults might be better able to protect their

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affective well-being in the face of status loss as compared with middle-aged adults.

Dimensions of Social Status

Hierarchies are ubiquitous and systematic rankings are part of everyday life (e.g., leader vs. followers, senior vs. junior, veteran vs. rookie, first class vs. economy class, rich vs. poor, etc.). Social status is a multidimensional concept and can be assessed with various approaches reflecting different dimensions that contribute to one's social standing (Berger, Cohen, & Zelditch, 1972; Cattell, 1942; Mattan, Kubota, & Cloutier, 2017). First, socioeconomic status (SES) is usually based on objectively assessed dimensions such as income, occupation, and level of education of a person (Mattan et al., 2017). Second, subjective social status (SSS) defined as "individual's perception of his own position in the social hierarchy" (Jackman & Jackman, 1973, p. 569) is typically assessed by asking respondents to rank themselves on a ladder consisting of 10 rungs. Third, age-based social status is defined as the perceived social standing of a given age group (e.g., young, middle-aged, and older adults) within a given social hierarchy as chronological age represents an important determinant of status inference (Berger et al., 1972; Robertson & Weiss, 2017). Age-based social status is assessed by asking respondents to judge the perceived social status of different age groups (e.g., of young, middle-aged, and older adults). Research shows that age-related changes in social status follow an inverted U-shaped curve: Midlife is typically associated with high social status, young and older adulthood with lower social status (Robertson & Weiss, 2017). These perceptions reflect the assumption that age-based status typically increases from young to middle-aged adulthood and, after a period of stability in midlife, typically begins to decline as people enter old age. Age-based status expectations are not very well reflected in people's subjective social status as research shows that older adults recognize status loss for older adults in general but not for themselves (Robertson & Weiss, 2018).

Subjective social status is a powerful predictor of health, well-being, and aging attitudes independently of the effects of objective social status indicators such as socioeconomic status (Anderson, Kraus, Galinsky, & Keltner, 2012; English, Bellingtier, & Neupert, 2019; Operario, Adler, & Williams, 2004). Ample evidence suggests that lower perceived social status is associated with adverse, whereas higher social status is linked to better psychological and physiological outcomes (Cundiff & Matthews, 2017). Studies consistently show that about 20% of people's self-evaluation on the social status ladder is based on income, education, and job status (Payne, 2017). Nevertheless, subjective social status has a stronger predictive power for well-being and health than SES (Cundiff & Matthews, 2017; Singh-Manoux, Marmot, & Adler, 2005). This incongruence between self-perceived rank and more objective markers of status confirms that individuals are more likely to rely on subjective comparisons (e.g., feeling respected and admired) rather than objective factors (e.g., income, education, and job status). In addition, research shows that social comparisons with proximal others in closer distance matter more than more distant comparisons (Anderson et al., 2012; Festinger, 1954). Thus, it seems more central where individuals think they stand compared with other people in a personally relevant social hierarchy rather than where they are ranked according to objective indicators such as SES.

Subjective Social Status and Affective Well-Being

Affective well-being should be closely linked to social status because emotions are a fundamental aspect of social relations (Kemper, 1991). Consistently, research shows that individuals' perceived social standing has a strong impact on the experience of positive and negative affect (Anderson et al., 2012). For example, in response to a socially threatening or unpleasant situation, individuals usually experience more negative affect (NA) and less positive affect (PA; Watson, Wiese, Vaidya, & Tellegen, 1999). In addition, losing other people's respect and admiration can impair an individual's affective well-being (Dickerson, Gruenewald, & Kemeny, 2004) and feeling disrespected and rejected by others is linked to higher NA (Gerber & Wheeler, 2009; Leary, Springer, Negel, Ansell, & Evans, 1998). What's more, subjective social status loss has an impact on physical health through its deleterious effects on low PA and high NA (Adler, Epel, Castellazzo, & Ickovics, 2000; Operario et al., 2004).

Social status is a dynamic construct as people's sense of being respected and admired may change across time (Pettit, Yong, & Spataro, 2010; Robertson & Weiss, 2017; Sapolsky, 2004). Moreover, the stability of social hierarchies is a decisive factor in determining the adaptivity of social status (Knight & Mehta, 2017). Research suggests that status loss has even more detrimental consequences than chronically low social status (Blanchard, Sakai, McEwen, Weiss, & Blanchard, 1993; Marr & Thau, 2014; Pettit et al., 2010). For example, experimental research shows that the higher one's social status is initially, the more detrimental the effects of social status loss on individual performance (Marr & Thau, 2014). In addition, Pettit and colleagues (2010) have shown that individuals value their existing social status and seek to avoid the prospect of losing their status by all means.

In summary, based on the above findings it seems indispensable to take into account the dynamic nature of social status focusing on intraindividual changes (i.e., gain and loss of social status) across time instead of treating subjective social status as a static construct. We predicted that gains in subjective social status over time should be associated with increases in PA and decreases in NA, whereas losses in subjective social status should be associated with decreases in PA and increases in NA.

Changes in Subjective Social Status and Affective Well-Being: The Role of Generativity

It has been stated that the desire for social status represents a fundamental human motive (Anderson et al., 2015), because people generally seek to be respected by others and being higher in the social hierarchy provides various benefits and is, for example, associated with better well-being and health. However, we argue that people may differ in their desire for social status and that the importance and consequences of social status may change across the life span.

Midlife has been considered a period of life that is marked by the congruence of opportunities and capacities (Lachman, 2004). Thus, middle-aged adults may be particularly effective in making use of their opportunities to improve their social status (Eaton,

Visser, Krosnick, & Anand, 2009; Heckhausen, Wrosch, & Schulz, 2010). Consistently, middle-aged adults perceive themselves and are perceived by others as possessing the highest social status in their life span (Robertson & Weiss, 2017). Research demonstrates that status is most central and salient to middle-aged adults as compared with younger and older adults (Rosenberg & Pearlin, 1978). Subjective social status is not only related to affective well-being and physical health, as discussed above, but also to self-esteem. More critical for present purposes, a meta-analysis by Twenge and Campbell (2002) revealed that the effect of social status on self-esteem is highest in middle adulthood. Together this evidence suggests that subjective social status is not only higher, but also more adaptive in midlife than at earlier or later phases in the life span.

Several reasons may exist for the age-differential associations of subjective social status and adaptational outcomes, one is the possibility that a high social status can facilitate dealing with the developmental task that middle-aged adults face, namely, generativity (Erikson, 1959). Generativity can be manifested on various levels, and it is defined as a concern for the welfare for future generations (see also McAdams & de St. Aubin, 1992). Consistent with the idea that generativity is a major developmental task in middle adulthood, empirical studies have suggested that generative motives, concerns, and acts are highest in middle adulthood and early old age. Specifically, a recent study by Grossman and Gruenewald (2020) shows that generativity is associated with affective well-being over time in middle-aged and young-old adults. Even though generativity is also important in later adulthood, midlife represents a crucial period in life in which individuals need to adjust key levers to enact present and future generativity. What's more, it is at this age that generativity is related to high subjective well-being and self-efficacy, both cross-sectionally and longitudinally (An & Cooney, 2006; Grossman & Gruenewald, 2020; Gruenewald, Liao, & Seeman, 2012). Even though generativity may also be an important source of subjective well-being and related markers of a successful development, midlife seems to represent a crucial period in life in which individuals are prepared and have a great need to be generative. We argue that a relatively high social status may be one source that support such strivings and, thus, the attainment and realization of generative acts, including passing on personal values, beliefs, and accomplishments. Against this background, we submit that generativity might represent one psychosocial pathway in midlife, mediating the effect of changes in social status on changes in affective well-being.

The need to pursue social status may become less important and self-relevant in old age. Thus, in later adulthood when people expect a normative decline in social status (Robertson & Weiss, 2017), changes in social status might become less relevant as a source of affective well-being and might be replaced with alternative goals related emotional closeness and intimacy (Brandtstädter & Rothermund, 2002; Carstensen, 2006; Erikson, 1959). Perhaps more critical, older adults may become more inward oriented as they strive to reach what Erikson labeled integrity—a state of being in which one is able to accept life as one has lived it with all its positive but also negative aspects (Erikson, 1959). Dealing with this developmental task and the resulting motivational orientation should make older adults less interested in status gains as well as less vulnerable to the effects of status losses on affective well-being. The meaning of social status may change across adulthood and the need to pursue social status may become less important and self-relevant in old age. In addition, older adults might be also more resilient in the face of social status loss and, thus, better able to protect their affective well-being (e.g., Baltes & Baltes, 1990; Brandtstädter & Rothermund, 2002; Heckhausen et al., 2010). Hence, the consequences of low social status or loss of social status might be less severe when status loss is perceived as normative such as in later adulthood. In later adulthood, individuals might disengage from the pursuit of social status by adjusting this goal. Research suggests that older adults have a higher accommodative flexibility in coping with age-related losses and constraints (Brandtstädter & Greve, 1994; Brandtstädter & Rothermund, 2002). Hence, downgrading the importance of goals and shifting to alternative goals can help to protect the aging self (Wrosch, Scheier, Miller, Schulz, & Carver, 2003). This means that as people age, they may downgrade the goal of attaining high social status and status pursuit may become less important as compared with midlife. In support of this argument, research suggests that social status goals (i.e., reputation and power) are highest in midlife and lose their importance in later adulthood (Brandtstädter, Rothermund, Kranz, & Kühn, 2010; Veroff, Reuman, & Feld, 1984).

Taken together, we argue that perceived changes in social status might be a more important source of affective well-being in middle-adulthood than in old age. One factor that may be responsible for the enhanced salience and adaptive value of subjective social status is middle-aged adults' concern with generativity. Put differently, gains in social status may facilitate generativity strivings, which are beneficial for affective well-being, and may represent one psychosocial pathway of how changes in social status impact affective well-being in midlife. In old age, normative age-related declines in social status and the resulting socially shared expectation of social status losses may make coping with such losses easier. Similarly important, as people age, they may become more able to adjust those goals that they cannot be attained any longer. Dealing with the developmental task of old age, integrity, may result in a motivational orientation and perspective on one's own and others' life that facilitates such processes of goal adjustment. Thus, the link between longitudinal changes in social status (gain or loss) and changes in PA and NA should be less pronounced in old age than in midlife.

Method

Participants and Procedure

We tested our hypotheses using data from the Midlife in the United States (MIDUS) study, a national study of adults residing in the United States (Brim, Ryff, & Kessler, 2004). More specifically, the data came from MIDUS II (Wave 2, 2004–2006; n = 4,963: T1) and MIDUS III (Wave 3, 2013–2014; n = 3,294: T2). Our overall sample included Participants 40 years and older (N = 2306; age range = 40–84; 54% women at T1 and age range = 48–93 at T2). To examine the hypothesized age-differential associations of subjective social status changes on changes in PA and NA, we divided our sample into two age groups, that is, middle-aged adults (40–64 years at T1 and 48–74 years at T2; n = 1,723) and older adults (65–84 years at T1 and 73–93 years at T2; n = 583).

Sample Selectivity and Attrition

We compared characteristics of our sample with the population sample characteristics to determine the nature of the selectivity and attrition. More specifically, we compared our final longitudinal sample (N = 2,306) with the sample at the first wave with complete data on all study variables (i.e., participants, who only attended Wave 2; T1 [N = 4,455]). In comparison with the Wave 2 participants, participants of the longitudinal continuer sample were slightly older (d = .04), had a higher SES (d = .01), had better subjective health (d = .02), higher SSS (d = .03), higher PA (d = .03), and lower NA (d = .07). Notably, and consistent with other longitudinal studies of middle-aged and older adults (Brim et al., 2004), the very small effect sizes suggest only minor sample selectivity of the final sample.

Measures

Subjective social status. At both waves, Subjective Social Status (SSS) was measured using the MacArthur Scale of Subjective Social Status (Adler et al., 2000). Participants were shown a ladder and told:

> Think of this ladder as representing where people stand in their communities. People define community in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community. Where would you place yourself on this ladder? Please check the box next to the rung on the ladder where you think you stand at this time in your life, relative to other people in the community with which you most identify.

Participants were asked to assess their social standing on a ladder ranging from 1 (*low status*) to 10 (*high status*). This social status measure is a well-validated measure including a strong construct validity and retest reliability to assess subjective social status (e.g., Adler et al., 2000; Cundiff, Smith, Uchino, & Berg, 2013; Operario et al., 2004).

Generativity. Perceived generativity was assessed with six items ("Others would say you made unique contributions to society," "You feel that other people need you," "You have important have skills to pass along," "Many come to you for advice," "You like to teach things to people," and "You have had a good influence on the lives of many people") from the Loyola Generativity Scale at T1 and T2 (McAdams & de St. Aubin, 1992). The 4-point scale ranged from 1 (*not at all*) to 4 (*a lot*) and showed a good reliability at T1 and T2 (Cronbach's α = .84, and .84, respectively).

Positive and negative affect. PA and NA was assessed via a 12-item adjective scale at both waves (Mroczek & Kolarz, 1998). Participants were asked to report how often they had experienced each of six positive and six negative emotions over the past 30 days on a scale ranging from 1 (*none of the time*) to 5 (*all of the time*). Positive emotions were "cheerful," "in good spirits," "extremely happy," "calm and peaceful," "satisfied," and "full of life"; negative emotions were "nervous," "hopeless," "so sad nothing could cheer you up," "restless or fidgety," "that everything was an effort," and "worthless." The resulting PA and NA scales demonstrated acceptable internal reliabilities (PA at T1 = .90 and at Wave 2 = .91; NA at T1 = .85 and at Wave 2 = .85).

Covariates. Sex (coded as 0 for men and 1 for women), subjective health (at T1 and T2), retirement and SES (at T1 and T2), were included as covariates as previous research suggests that subjective social status is associated with gender, health and SES (Adler et al., 2000; Cundiff et al., 2013). Subjective health was rated on a 5-point scale ("In general, would you say your physical health is excellent, very good, good, fair, or poor?"). Retirement status as a major transition in the second half of life was included at T1 as well as being newly retired from T1 and T2 (N = 255). A composite measure of SES (at T1 and T2) was constructed by averaging standardized scores (z-scores) on education and household income.

Data Analyses

Latent change models. We specified latent change score models (LCM) to test whether social status change over a 10-year period is associated with changes in PA and NA. Changes in the constructs were modeled as latent change regression scores (McArdle, 2009), such that higher values indicated an increase and lower values a decrease in the constructs. The first goal was to analyze systematic (mean-level) intraindividual changes in social status as well as PA and NA over time. A second goal was to analyze age differences in the associations between intraindividual change in SSS and intraindividual changes in PA and NA by applying multiple-group LCMs (Hertzog & Nesselroade, 2003; McArdle, 2009). A third goal was to examine how mean-level change in generativity can be predicted by intraindividual change in social status and is further associated with intraindividual change in affective well-being across time. Specifically, we tested the indirect (mediated) effect consisting of the paths from changes in social status to changes in affective well-being through change in generativity in the group of middle-aged adults.

Latent change models were estimated using M*plus* 8 (Muthén & Muthén, 2017). Model fil was assessed by the following fit indices: comparative fit index (CFI) with values above of .90 and root mean square error of approximation (RMSEA) with values of .08 or lower. We used three item parcels for the PA and NA scales as well as the generativity scale to optimize the measurement structure of these six-item scales. Results from simulation studies demonstrate that item parceling is an appropriate method to optimize the measurement of constructs with a unidimensional structure (Bandalos, 2002; Little, Cunningham, Shahar, & Widaman, 2002).

Measurement invariance. Because PA and NA as well as generativity were specified as latent factors, we tested measurement invariance over time and across the two age groups (Allemand, Zimprich, & Hertzog, 2007; Meredith, 1993). More specifically, we tested for (a) configural invariance (i.e., invariance of the number of factors and the pattern of factor-indicator relationships), (b) metric invariance (i.e., invariance of the factor loadings), and (c) scalar invariance (i.e., invariance of the intercepts). Our model comparisons suggested measurement invariance for PA and NA as well as generativity over time and across age groups. Even the strictest models, testing scalar invariance, showed acceptable model fits for and comparisons between these and the less strict models did not result in reduced model fits. Model comparisons are presented in the online supplemental materials (see Tables S1, S2, and S3).

Results

Means, standard deviations, and bivariate correlations for our target variables and covariates assessed at T1 and T2 are reported in Table 1. Higher subjective social status was associated with higher chronological age whereas higher SES with younger chronological age. Follow up analyses indicated that subjective social status was only associated with chronological age in midlife (40–64 years at T1) but not in later adulthood (65–84 years at T1). In addition, a higher subjective social status at both waves was significantly associated with higher PA and lower NA. Subjective social status was positively associated with SES, subjective health, and being male. Generativity assessed at T1 and T2 was positively associated with subjective social status, SES, subjective health, PA and negatively associated with NA. Consistent with previous findings, subjective social status was only weakly associated with traditional markers of social status such as SES. In addition, across both waves PA and NA were negatively correlated.

The proportion of participants who experienced status gain (34.1%), status loss (35.2%), or status maintenance (30.7%) was almost evenly distributed in our sample. The majority of middle-aged adults experienced a status gain (35.8%), followed by status loss (34.2%), and status maintenance (30.1%). The majority of older adults experienced a status loss (38.1%), followed by status maintenance (32.6%), and status gain (29.3%).

Age Differences and Latent Intraindividual Changes in the Main Constructs

To analyze change over time in the entire sample, we estimated latent change score regressions for subjective social status as well as PA and NA (McArdle, 2009). We found significant positive mean-level changes for all three constructs such that subjective social status, PA and NA increased over time ($M = 1.78$, $SE = .06$; $p < .001$; $M = .82$, $SE = .30$; $p < .001$; $M = .78$, $SE = .08$; $p < .001$). However, intraindividual changes varied significantly across individuals for all three constructs indicating that there are reliable individual differences in change across time (Hertzog & Nesselroade, 2003; $Var_{SSS} = .76$, $SE = .02$; $p < .001$; $Var_{PA} = .28$, $SE = .06$; $p < .001$; $Var_{NA} = .46$, $SE = .04$; $p < .001$). No age differences appeared in mean level changes and variability. However, with regard to covariates (i.e., age, gender, subjective health, SES, and retirement status), we found that in the group of middle-aged adults change in subjective social status was significantly associated with chronological age, gender, SES assessed at T2, and subjective health. According to that, in midlife (40–64 years at T2) older chronological age, being male, feeling healthier, and holding a higher SES at T2 was associated with experiencing a gain in subjective social status. For older adults none of these covariates were significantly associated with change in status nor changes in PA and NA. Note, that the quadratic or cubic age terms had no significant effects.

Bivariate Latent Change Score Models

We specified bivariate dual change models to evaluate whether change in subjective social status is associated with changes in positive and NA (Hertzog & Nesselroade, 2003; McArdle, 2009). The model for subjective social status and PA ($\chi^2 = 715.33$, $df = 21$, CFI = .95, RMSEA = .09, 90% confidence interval, CI [.087, .099], standardized root mean square residual, SRMR = .08) as well as subjective social status and NA ($\chi^2 = 248.18$, $df = 23$, CFI = .98, RMSEA = .05, 90% CI [.047, .059], SRMR = .05) fitted the data well.

As predicted, in the entire sample, intraindividual changes in social status were significantly associated with intraindividual changes in PA and NA. More specifically, a loss (vs. gain) in subjective social status across 10 years was associated with a significant decrease in PA ($B = .15$, $SE = .02$, $p < .001$) and a significant increase in NA ($B = -.15$, $SE = .03$, $p < .001$). Again, when including covariates (i.e., age, sex, subjective health, retirement status, and SES), these models fitted the data well and showed similar patterns of results.

Table 1
Means, Standard Deviations, and Bivariate Correlations for Variables Assessed at T1 and T2

Variables	*M*	*SD*	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Age	57.04	10.19	—													
2. Sex	.55	.50	−.01	—												
3. SH T1	3.69	.94	−.06**	−.03	—											
4. SH T2	3.44	1.02	−.09***	−.03	.55***	—										
5. SES T1	.02	.81	−.17***	−.23***	.25***	.27***	—									
6. SES T2	−.03	.81	−.16***	−.18***	.25***	.26***	.73***	—								
7. RET	.09	.28	.12*	.01	.01*	.02	.02	−.07**	—							
8. SSS T1	6.62	1.80	.18***	−.12***	.18***	.15***	.16***	.17***	.02	—						
9. SSS T2	6.61	1.79	.14***	−.13***	.18***	.20***	.20***	.21***	.04	.53***	—					
10. GEN T1	2.87	.63	.01	.02	.14***	.12***	.11***	.12***	.01	.37***	.34***	—				
11. GEN T2	2.80	.65	−.08***	.04*	.15***	.15***	.16***	.18***	−.02	.31***	.39***	.64***				
12. PA T1	3.46	.68	.19***	−.06**	.28***	.24***	.06***	.04*	.04	.32***	.32***	.23***	.19***	—		
13. PA T2	3.46	.70	.10***	−.01	.25***	.33***	.09***	.08*	.05*	.25***	.35***	.18***	.26***	.59***	—	
14. NA T1	1.48	.54	−.13***	.11	−.30***	−.25***	−.12***	−.11***	−.04	−.30***	−.27***	−.15***	−.10***	−.59***	−.42***	—
15. NA T2	1.40	.56	−.04	.06**	−.25***	−.34***	−.18***	−.15***	−.03	−.20***	−.29***	−.08***	−.10***	−.37***	−.57***	.52***

Note. Sex: (0 = male, 1 = female); SH (subjective health: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent); SES (socioeconomic status: composite of standardized level of education, household income); RET (retirement status Wave 2 to Wave 3); SSS = subjective social status; GEN = generativity; PA = positive affect; NA = negative affect.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Age-Differential Associations of Changes in Perceived Social Status and Affective Well-Being Across Time

In a first step, we predicted changes in affective well-being (PA and NA) by the interaction of change in subjective social status and chronological age. In line with predictions, results yielded a significant interaction effect on changes in PA ($B = -.002$, $SE = .001$, $p = .006$) and changes in NA ($B = .002$, $SE = .002$, $p = .02$). Thus, the effect of status changes on affective well-being appears to be significantly stronger for middle-aged as compared with older people.

In a second step, we estimated multiple-group LCMs (McArdle, 2009) to test the associations between subjective social status as well as PA and NA in two age groups of middle-aged adults (40–64 years, $n = 1{,}723$) and older adults (65–84 years, $n = 583$). Our rationale for using an age group approach was motivated by research showing that people construct and make sense of their age in terms of social categories (e.g., "teenagers," "young adults," "middle-aged adults," and "older adults"; Weiss & Weiss, 2019). The cut-off that we used in our study to differentiate between middle-aged and older adults (i.e., 40–64 years for middle-aged adults and 65–84 years for older adults) is most consistent with previous studies (Garstka, Hummert, & Branscombe, 2005; Kunzmann, Richter, & Schmukle, 2013; Lachman, 2004; Robertson & Weiss, 2018; Weiss & Freund, 2012).

The multiple-group models showed acceptable model fits for PA ($\chi^2 = 1325.37$, $df = 50$; CFI = .90, RMSEA = .11, 90% CI [.11, .12]) as well as NA ($\chi^2 = 953.32$, $df = 50$; CFI = .92, RMSEA = .09, 90% CI [.09, .10]). As predicted, in middle aged adults, intraindividual change in subjective social status was significantly related to change in PA ($B = .18$, $SE = .02$, $p < .001$; see Figure 1) and change in NA ($B = -.17$, $SE = .03$, $p < .001$; see Figure 2). By contrast, in older adults changes in subjective social status were not significantly associated with changes in neither PA ($B = .08$, $SE = .05$ *ns*; see Figure 1) nor NA ($B = -.08$, $SE = .06$, *ns*; see Figure 2). Again, results remained stable when including covariates (age, sex, subjective health, retirement status, and SES).

Finally, in comparison with a model with equal loadings the model with freely estimated parameters in the two groups had a significant better model fit indicating that coefficients were significantly different between the middle-aged and older groups (PA: $\Delta\chi^2 = 2075$, $\Delta df = 10$, $p < .001$; NA: $\Delta\chi^2 = 1812$, $\Delta df = 5$, $p < .001$).

The Effect of Changes in Perceived Social Status on Changes in Affective Well-Being Is Mediated by Generativity

In a final model, we examined the mediating role of generativity in the relationship of longitudinal changes in subjective social status on changes in PA as well as NA in midlife (Selig & Preacher, 2009). The mediation models fitted the data well (PA: $\chi^2 = 2321$, $df = 162$; CFI = .90, RMSEA = .08, 90% CI [.08, .09] and NA: $\chi^2 = 1940$, $df = 162$; CFI = .91, RMSEA = .076, 90% CI [.073, .08]). First, in midlife (40–64 years) but not later adulthood (65–84 years) intraindividual changes in subjective social status predicted by mean-level change of generativity ($B = .17$, $SE = .02$, $p < .001$). Second, change in generativity was significantly associated with intraindividual changes in PA ($B = .45$, $SE = .05$, $p < .001$) and NA ($B = -.20$, $SE = .06$, $p < .001$). Third, we found an indirect effect of status change via generativity on changes in PA ($B = .02$, $SE = .003$, $p < .001$) as well as NA ($B = -.009$, $SE = .002$, $p = .001$). Effects remained stable after adding covariates to the model. These effects were not observed in older adults. Thus, in midlife generativity presents one pathway of how changes in social status may impact affective well-being.

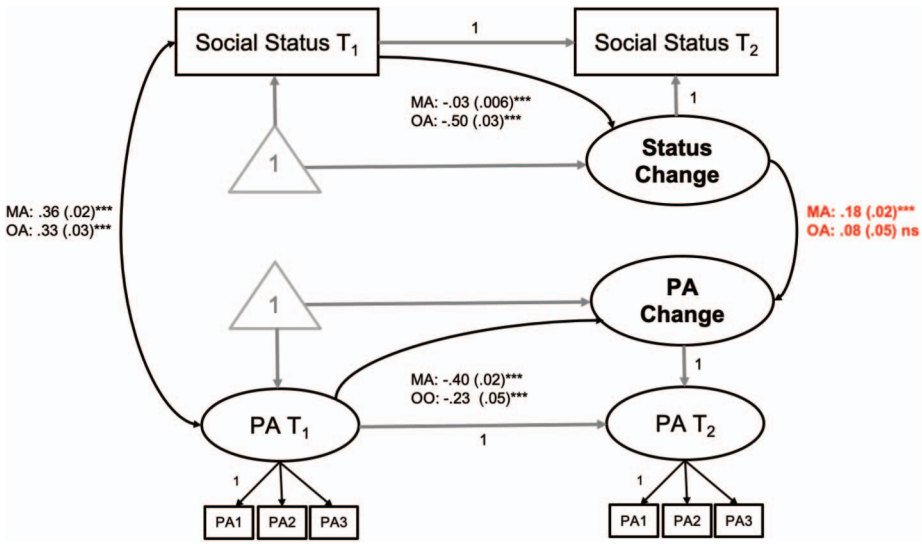

Figure 1. Latent change score models (LCM) including subjective social status (SSS) and positive affect (PA) middle-aged adults (MA: 40–64 years) and older adults (OA: 65–84 years). Positive affect is based on three item parcels. Path coefficients are estimates with standard errors in parentheses. ns = non significant. *** $p < .001$. See the online article for the color version of this figure.

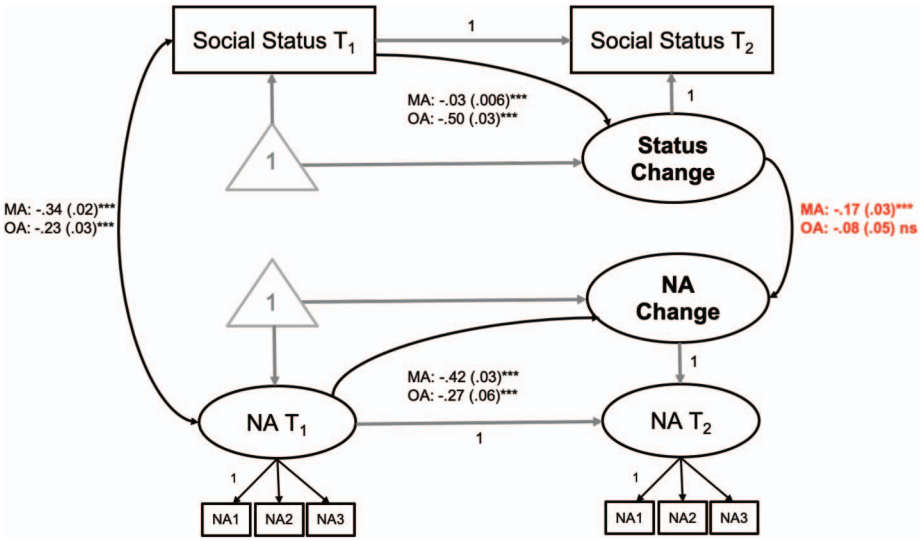

Figure 2. Latent change score models (LCM) including subjective social status (SSS) and negative affect (NA) middle-aged adults (MA: 40–64 years) and older adults (OA: 65–84 years). Negative affect is based on three item parcels. Path coefficients are estimates with standard errors in parentheses. ns = non significant. *** $p <$ .001. See the online article for the color version of this figure.

Discussion

Social status is a ubiquitous feature of social life and may influence people's affective experience. The primary aim of the current study was to test whether gain or loss in subjective social status is associated with an increase or decrease in PA or NA across time in middle-aged and older adults. Using data over a 10-year time period, we found significant interindividual differences in intraindividual change in subjective social status across time. The results of bivariate latent change score models further suggested age-differential associations between changes in subjective social status and the two components of affective well-being. More specifically, changes in social status were significantly linked to changes in positive and NA in midlife (40–64 years), but not in later adulthood (65–84 years). In addition, we found evidence for the mediating role of generativity representing one psychosocial pathway of how status changes affect affective well-being in midlife. Thus, individuals who gain social status in midlife are able to establish generativity and experience an uplift in their affective well-being, whereas those who lose social status in midlife are not able to establish generativity and are more likely to experience a decline in affective well-being.

Our findings suggest that people may differ in their desire for social status across the life span and that the importance and motivation to pursue social status may change as people grow older. Although people generally seek to be respected and admired by others (Anderson et al., 2015), our findings suggest that changes in social status particularly impact middle-aged adults' affective well-being. This is consistent with our idea that there may be a greater desire to gain and maintain social status in midlife than in later adulthood. Moreover, our findings also suggest that gains in social status may allow middle-aged adults to engage in generativity, which is a main developmental task in midlife (Erikson, 1959). Attaining social status in midlife may provide important opportunities to realize generativity strivings through the ability to influence others. Achieving generativity successfully, in turn, significantly contributes not only to the well-being of the receiving of generativity acts, but also to the affective well-being of those who are generative. Finally, and consistent with past work (McAdams & de St. Aubin, 1992), our findings suggest that generativity appears to be most salient in midlife but also plays a key role in the coming years as our middle-aged group aged from 40–64 years at T1 to 48–74 years at T2. According to Erikson (1959), generativity will then be replaced by a focus on integrity versus despair in advanced old age (in our study the group of older adults age from 65–84 years at T1 to 73–93 years at T2). Thus, older adults may look back at their experiences and establish a sense of ego integrity if they are able to accept the life they have lived (Erikson, 1959), making them less sensitive for the effects of social status changes on affective well-being.

The current findings are also consistent with the idea that affective experience can be maintained well into old age (Carstensen, 2006; Scheibe & Carstensen, 2010). At the same time, however, PA may also be vulnerable for age-related decline (Kunzmann, Little, & Smith, 2000; Kunzmann et al., 2013). Nevertheless, the absence of a link between social status changes and changes in PA or NA suggests that older adults are able to protect their affective well-being from loss of social status. However, the findings also suggest that although older adults were "immune" from social status loss, their affective well-being might not benefit from experienced gains in self-perceived social status. Taken together, changes in social status seem to become less relevant as a source of affective well-being in later adulthood.

Clearly, our study design does not allow a causal conclusion about the direction of the effects of subjective social status as well as PA and NA. The current results indicate that gains in subjective social status can be experienced as positive whereas

status losses might be experienced as negative. Similarly, however, a decrease in PA and increase in NA might signal that one's reputation could be at risk and impact the stability and change of subjective social status. For example, the observed changes in affective well-being that accompany changes in social status in midlife might play a central self-regulatory role of signaling the individual to adapt to changing social circumstances. In response to a threatening or unpleasant situation such as the perceived loss of social status, individuals experience more NA and less PA. Watson and colleagues (1999) argued that this response is a core component of the behavioral system that regulates withdrawal behaviors in situations of threat (Watson, Clark, & Tellegen, 1988). For example, by activating NA and downgrading PA people reduce explorative, resource-seeking, and social engagement (Allan & Gilbert, 2002).

The detrimental consequences of a loss of status in midlife might still be preventable when people feel that they can leave and escape the situation and move to another situation where a higher status attainment is possible (Buunk, Peiró, Rodriguez, & Bravo, 2007). The current results suggest that the loss of social status can lead to negative emotions that may elicit assimilative processes that aim at maintaining one's relative level of social status in midlife. However, if this is not successful and people are unsuccessful in regaining social status, they may then experience chronic NA including sadness and anxiety. This, in turn, may trigger accommodative processes targeting disengagement and reengagement (e.g., shifting to alternative sources of social status; Wrosch et al., 2003). Loss of social status may finally hamper well-being and may lead to depression when neither assimilation or accommodation is effective (Brandtstädter & Rothermund, 2002; Greve & Wentura, 2003). This might be the case if people "give up" because they cannot disengage or escape the situation. This is consistent with social rank theory (Gilbert, 2000) suggesting that depression results from the activation of an internal inhibitory system under conditions of perceived involuntary subordination.

The current findings are consistent previous research suggesting that midlife represents a pivotal period of social status attainment and that social status goals appear to be central in this period of life (Lachman, 2004; Rosenberg & Pearlin, 1978; Twenge & Campbell, 2002). Moreover, negative aging-related expectations and old-age stereotypes have been linked to a loss of social status in later adulthood (Garstka et al., 2005; Robertson & Weiss, 2017). Thus, individual experiences of age-related changes in social status are linked not only to nonnormative events (i.e., unemployment) but also to normative age-graded influences (Baltes, Reese, & Lipsitt, 1980). Not surprisingly, research shows that the majority of older adults (84%) report that they have been "talked down to" because of their age (Palmore, 2004). Nevertheless, the current findings show that older adults seem to be resilient in the face of status loss in later adulthood (Weiss & Weiss, 2016). This is consistent with previous research (Robertson & Weiss, 2018; Weiss & Freund, 2012) showing that old people share the perception of status loss for other older people but not for themselves. Moreover, older adults tend to feel individually more similar in their subjective social status to middle-aged adults but less so to older adults.

Limitations and Directions for Future Research

Although, a strength of the study is the 10-year longitudinal design, the retest interval of 10 years is too short to disentangle age and cohort effects. In addition, the two-wave design does not allow to test for nonlinear change nor the causal direction of the associations. Another limitation is that our study design does not represent a full longitudinal mediation model as there is no time lag between the mediator and outcome. Moreover, both PA and NA and subjective social status were assessed via self-report and associations might be inflated by common method bias. It is also likely that the status self-assessment in the current study is biased by individuals' attempts to protect their self-concepts.

Our study only included middle-aged and older adults and we do not know how changes in social status might be linked to changes in affective well-being earlier in life (i.e., in childhood, adolescence, or young adulthood). Research suggests that associations of subjective social status and well-being are smaller in younger samples and this might occur because younger individuals have less knowledge about their own social status (Zell, Strickhouser, & Krizan, 2018). Furthermore, although the motive to gain social status should be equally salient for both young and middle-aged adults, it appears that status differences are more malleable in young adulthood (i.e., young adults can expect to move up the social ladder) and only manifest across adulthood. Therefore, one's current status position should be less important for younger adults as they anticipate improving their relative social status as they grow older (Garstka et al., 2005; Lui, Chung, Wallace, & Aneshensel, 2014). Thus, although changes in subjective social status might be more prevalent in young adulthood, they might be less important for younger adults' affective well-being. In line with this, previous work has shown that low social status or status loss is only threatening for those who have previously experienced high social status and not for those who have not (Marr & Thau, 2014).

Another promising avenue for future research is to adopt a discrete emotion approach (Kunzmann, Kappes, & Wrosch, 2014) to study the affective consequences of changes in social status. In line with previous research, we assume that status loss should impact self-conscious emotions such as shame, embarrassment, and humiliation (see Dickerson, 2008). In addition, it seems reasonable to assume that if status loss is perceived as more irreversible (i.e., in midlife and old age), it will have a stronger impact on individuals' affective well-being than when it is perceived as malleable and modifiable (i.e., in young adulthood; Weiss, Job, Mathias, Grah, & Freund, 2016). Therefore, young adults may respond more strongly with anger to status loss whereas middle-aged adults may respond more strongly with sadness and depressed affect Kunzmann et al., 2014. Thus, when confronted with status loss middle-aged adults may experience chronic NA including sadness and anxiety because they are more likely to perceive their status position as immutable. Finally, future research that combines experimental and longitudinal study designs to explain why losses in subjective social status may become less deleterious for affective well-being as people age seem promising.

Conclusion

This study examined the dynamic associations between changes in social status and changes in PA and NA in middle-aged and older adults across time. Results confirm that changes in individ-

uals' perception of their position in the social hierarchy are significantly linked to their affective well-being. This was confirmed for middle-aged but not for older adults pointing to the importance of social status in midlife and older adults' resilience in the face of status loss. In addition, generativity was identified as one psychosocial pathway that links changes in social status to changes in affective well-being in midlife. Together, the current findings highlight the dynamic nature and affective consequences of changes in social status from midlife to later adulthood.

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