

## Explaining age differences in women's emotional well-being: The role of subjective experiences of aging

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### ABSTRACT

Our study examines explanations for the “paradox” of older women's better emotional well-being compared with younger women. We consider the role of subjective experiences of aging in a society that devalues older women. Using a sample of women ( $n = 872$ ) from the National Survey of Midlife Development in the United States (1995–1996 and 2004–2006), we examine the role of five components of the subjective experience of aging in explaining older women's better emotional well-being compared with younger women: age identity, conceptions of the timing of middle age, aging attitudes, aging anxieties, and self-assessed physiological changes. We find that, compared with women 50–54 years old, those 35–39 years old report lower positive affect, and those 25–49 report higher negative affect. These patterns are partially explained by younger women's greater anxiety about declines in health and attractiveness and older women's more youthful identities. Our study underscores the value of considering the implications of our ageist and sexist society for women's emotional well-being across adulthood.

### KEYWORDS

Age differences; gender; subjective well-being

### Introduction

She must embody the wondrous blossoming of life while concealing its mysterious disturbances at the same time. First of all, she has to have youth and health. (de Beauvoir, *The Second Sex*, 2011, p. 176)

Living in a society that values youth over old age has implications for women of all ages. This valuation is reflected, for example, in cultural depictions that marginalize older women or present them in stereotypic ways (Lauzen & Dozier, 2005; Lee, Carpenter, & Meyers, 2007). It also is reflected in the “double standard of aging” that produces a steep and relatively early decline in women's social status as they grow older, heightening the importance of their maintaining youthful bodies even as they age (Calasanti, 2005; Gullette, 1997; Sontag, 1972; Twigg, 2004). These patterns affect not only older women, who are challenged with avoiding ageism, but also younger and middle-aged women, who are faced with negative and potentially anxiety-producing images of their possible futures as devalued older women.

Women's experiences of aging in an ageist and sexist society are likely to have implications for their emotional well-being across adulthood; however, this possibility has received limited research attention. Their experiences could play a role in explaining a pattern that has intrigued scholars of aging, i.e., the “paradox” of older adults' greater emotional well-being compared with that of middle-aged and younger adults. While these age differences are well documented (e.g., Blanchflower & Oswald, 2008; Charles, Reynolds, & Gatz, 2001; Roberts, Walton, & Viechtbauer, 2006; Stone, Schwartz, Broderick, & Deaton, 2010; Yang, 2008), explanations for them give limited attention to

age as a set of social relations through which groups acquire power and identities in relation to one another, with the young often advantaged at the expense of the old (Calasanti, 2003; Laws, 1995). Rather than attending to these social relations and their intersection with other inequalities like gender, studies of age differences in emotional well-being, most of which are conducted by gerontologists, take as their starting point older adults' surprisingly high well-being, a framing that reduces the focus on inequality because it runs counter to older adults' disadvantaged status.

We argue that this framing leaves unaddressed age inequality's potential consequences for not only older adults but also younger and middle-aged adults. Older adults' devalued status—particularly sharply felt by women—may lead to strategies of navigating later life stages that enhance their emotional well-being, including altering their views of the aging process and aging self as they grow older, in order to maintain their connection to the more highly valued status of “not old” (Hurd, 1999). A consideration of age inequality also may point to a partial explanation for the question on the other side of the aging paradox: Why are the emotional experiences of young and middle-aged women worse than those of older women? In short, we suggest that age inequality generates negative views of aging and greater anxiety about one's own aging, eroding the emotional experiences of women long before they reach old age.

We examine the impact of several components of women's subjective experience of aging on change in their emotional well-being over a decade. Although some of the components have been explored in prior research predicting emotional well-being, they have not been considered as potential contributors to age differences in well-being. The processes we examine may operate for men as well as women; however, we examine them in a sample of women, a design feature driven by both data limitations (i.e., the lack of key measures among men in the sample) and theoretical concerns (i.e., the sharp decline in women's status as they age). Our study illuminates how views of the aging process and aging self across adulthood play a role in producing relatively high emotional well-being among older compared with younger women.

### **Subjective aging experiences and emotional well-being**

We draw on a general insight revealed by prior studies examining explanations for age patterns in emotional well-being—that older adults engage in active strategies to enhance their emotional experiences. Of particular note, work by Carstensen et al. finds that older adults emphasize emotion goals more than younger persons do, given their awareness of a shorter time horizon, an observation leading to the development of socioemotional selectivity theory (Carstensen, 2006; Carstensen, Isaacowitz, & Charles, 1999). According to this theory, older adults have an enhanced ability to regulate their emotions by viewing experiences more positively, as evidenced, for example, by their tendency to recall fewer negative memories than younger adults (Carstensen & Mickels, 2005). A related theory, selective optimization with compensation (Baltes & Carstensen, 2003), also emphasizes older adults' active strategies to enhance their well-being. This theory posits that the negative effects of functional losses are offset by shifting priorities and creating new, more realistic, ones. Drawing on these agentic perspectives, we explore the possibility that older adults also enhance their emotional well-being through strategies involving various constructions of their subjective experiences of aging, including views of the aging process and aging self. In particular, we examine whether women's strategies of aging in a society that marginalizes old women play a role in explaining the higher emotional well-being of older women, compared with their younger peers. We consider five components of the subjective experience of aging: age identity, conceptions of life course timing, aging attitudes, aging anxieties, and self-assessed physiological changes.

Older adults have more youthful identities than do younger adults (Kleinspehn-Ammerlahn, Kotter-Grühn, & Smith, 2008), which are associated with better emotional well-being (Keyes & Westerhof, 2012; Mock & Eibach, 2011; Westerhof & Barrett, 2005). These self-perceptions may contribute to age differences in emotional well-being. Individuals' maintenance of a youthful identity as they age—a pattern observed in panel data (Kleinspehn-Ammerlahn et al., 2008)—may be a way

of enhancing emotional well-being that is particularly important to women, a possibility suggested by research reporting that women engage in this strategy to a greater extent than do men (Barrett, 2005; Pinquart & Sorenson, 2001).

Older ages are associated with not only holding more youthful identities but also reporting later ages as the start of life stages (Barrett & von Rohr, 2008; Kuper & Marmot, 2003), patterns that have been described as reflecting a more elongated view of the life course among older than younger adults (Toothman & Barrett, 2011). As we employ these terms, a more compressed (or foreshortened) life course refers to a shorter length, including earlier transitions into and out of life stages and older identities, while a more elongated life course refers to a longer length, including younger identities and later transitions marking progression through the life course. Although no studies of which we are aware have examined the emotional consequences of these views, they have been shown in panel studies to be predictive of better self-rated health; fewer functional limitations; and lower risk of hypertension, diabetes, and heart disease (Demakakos, Gjonca, & Nazroo, 2007; Kuper & Marmot, 2003). These strategies may be particularly important in explaining age differences in women's emotional well-being. Women's lives are viewed as more compressed than men's, as evidenced by research finding not only that age norms for some life course transitions are younger for women but also that life stages are considered to occur earlier for women (Barrett & von Rohr, 2008; McConatha, Schnell, Volkwein, Riley, & Leach, 2003; Settersten & Hagestad, 1996; Toothman & Barrett, 2011). Perhaps stemming from either their longer life expectancy or steeper age-related decline in social status, women themselves report later deadlines for some life course transitions and later starts of middle and old age than do men (Barrett & von Rohr, 2008; Kuper & Marmot, 2003; Settersten & Hagestad, 1996; Toothman & Barrett, 2011). As they grow older, women also postpone old-age boundaries to a greater extent than do men, perhaps reflecting efforts to delay their entry into a stigmatized life stage (Toothman & Barrett, 2011).

Another possible explanation for older women's higher emotional well-being compared with their younger peers is raised by research on attitudes regarding aging. Numerous studies reveal that having more positive views of aging is associated with better health, including better functional health, more preventive health behaviors, and higher emotional well-being (Levy, 2003; Levy & Myers, 2004; Levy, Slade, & Kasl, 2002; Mock & Eibach, 2011). Regarding age and gender patterns in views of aging, older adults have views of later life that are more complex, though not necessarily more positive, than those held by young and middle-aged adults (Kite & Wagner, 2002), and women tend to have more positive aging attitudes than do men (Laditka, Fischer, Laditka, & Segal, 2004; Rupper, Vodanovich, & Crede, 2005). These patterns lead us to expect that women's adoption of more positive attitudes about later life stages as they grow older may contribute to their greater emotional well-being, compared with younger women. Though unexplored in the literature on age patterns in emotions, more negative attitudes toward not only later life but also middle age may predict lower emotional well-being, given the cultural framing of middle age around a "narrative of decline" (Gullette, 1997). Along with adopting more youthful identities and perceiving an elongated life course as they grow older, women may enhance their emotional well-being by developing more positive aging attitudes.

Other explanations focus on the centrality of the body to women's subjective experiences of aging (Calasanti, 2005; Gullette, 1997; Twigg, 2004). Older women may enjoy higher emotional well-being, in part, because they have fewer anxieties about their aging bodies than do their younger peers. Stated differently, younger and middle-aged women may have lower well-being as a result of their elevated anxiety about growing older, such as concerns about becoming less attractive or experiencing more health problems. This possibility receives support in research, finding not only that having lower levels of aging anxiety is associated with less negative affect (Barrett & Robbins, 2008) but also that future expectations in general are strongly associated with happiness in midlife (Brockmann, 2008). This possibility is further suggested by research finding that age is among the strongest correlates of women's aging anxiety, with lower anxiety found among older than younger women (Barrett & Robbins, 2008). In addition to body-related aging anxieties, women's assessments of

physical changes, like weight or physique, may play a role in explaining age patterns in their emotional experiences. While overall body image is fairly stable over women's lives, older women tend to be more accepting of their bodies and place less emphasis on shape, weight, and appearance than do younger women (Liechty, 2012; Montemurro & Gillen, 2013).

We examine the role of each of these five components of the subjective experience of aging in generating age differences in women's emotional well-being. Although some of these components have been linked with emotional well-being, they have not been examined as explanations for the paradox of aging. Further, they have not been considered simultaneously or within the context of women's lives, so little is known about their relative contribution to either the prediction of women's emotional well-being or explanations for age differences therein. We predict that greater emotional well-being is associated with having younger identities, conceptions of life stages as occurring later, more favorable aging attitudes, fewer aging anxieties, and better assessments of bodily changes. We also anticipate that these patterns partially explain age differences in women's emotional well-being.

## Methods

### Data

We use data from Midlife in the United States (MIDUS; Brim et al., 1995–1996; Ryff et al., 2004–2006). MIDUS is a nationally representative sample of the noninstitutionalized U.S. population aged 25 to 74 chosen via random-digit dialing. Each wave involved a telephone and mail-in survey. The baseline telephone and mail-in surveys, conducted in 1995 and 1996, generated 70% and 87% response rates respectively, yielding a response rate of 61% ( $n = 3,031$ ). Of these respondents, 69% were reinterviewed at the second wave, conducted between 2004 and 2006 ( $n = 2,103$ ). Although MIDUS includes women and men, we restrict our sample to women for practical and theoretical reasons. Only women were asked items on aging anxiety, as they appeared in a women's health module. Limiting our analysis to women also is justified by their sharp decline in social status with age, pointing to possible emotional consequences. Our study is limited to women who participated in both waves of data collection, completed both telephone and mail-in surveys, and had valid responses on all dependent variables. Compared with women omitted from our sample ( $n = 689$ ), those in our study ( $n = 872$ ) have significantly higher levels of education and self-rated physical health and are more likely to be married and working for pay. These results raise the possibility that our findings might not be applicable to more disadvantaged women.

### Measures

Table 1 includes descriptions of all variables, and Table 2 provides summary statistics. Respondents have, on average, income exceeding \$62,000 and approximately 14 years of education. Most are White (90%), employed (65%), married (62%), and parents (86%). Our dependent variables are positive and negative affect measured at Wave 2. Each variable is measured using a mean scale of six items drawn from Bradburn's (1969) two-factor model of psychological well-being. Our main predictors of emotional well-being are five components of subjective experiences of aging: age identity, conceptions of the timing of middle age, attitudes about middle and later life, aging anxieties, and self-rated physiological change. For all subjective aging measures, we examine the Wave 1 indicator, as well as change between waves. The only exceptions are attitudes toward middle and old age, as they were omitted in the follow-up survey.

Age at Wave 1 is measured using a set of 10 dichotomous variables capturing 5-year increments. Analyses using a continuous measure indicated a complex relationship between age and affect, such that fitting models required the inclusion of age-squared and age-cubed terms. We present models using a set of categories, rather than the continuous age measure, because they permit a more

**Table 1.** Description of variables.

Variable	Description
Wave 2 positive affect	Measured with a six-item mean scale ( $\alpha = .91$ ) composed of the following items: "During the past 30 days, how much of the time did you feel cheerful, in good spirits, extremely happy, calm and peaceful, satisfied, and full of life?" Response categories range from 1 ( <i>none of the time</i> ) to 5 ( <i>all of the time</i> ).
Wave 1 positive affect	Positive affect scale ( $\alpha = .91$ ) assessed at Wave 1.
Wave 2 negative affect	Measured with a six-item mean scale ( $\alpha = .91$ ) composed of the following items: "During the past 30 days, how much of the time did you feel cheerful, in good spirits, extremely happy, calm and peaceful, satisfied, and full of life?" Response categories range from 1 ( <i>none of the time</i> ) to 5 ( <i>all of the time</i> ).
Wave 1 negative affect	Negative affect scale ( $\alpha = .87$ ) assessed at Wave 1.
Non-White	Non-White = 1; White = 0, measured at Wave 1.
Education	Years of schooling completed, measured at Wave 1.
Employed	Respondents employed part- or full-time at Wave 1 = 1; those not employed = 0.
Married	Respondents married at Wave 1 = 1; those who are divorced, widowed, or never married = 0.
Parent	Respondents who are parents at Wave 1 = 1; nonparents = 0.
Household income	Wave 1 annual income (measured in units of \$10,000) from the following sources: personal, spousal, or other family members' income; Social Security; government assistance; and any other income source.
Physical health	Self-rated health measured at Wave 1 by the following question, "In general, would you say your physical health is excellent, very good, good, fair, or poor?" Response categories range from 1 ( <i>poor</i> ) to 5 ( <i>excellent</i> ).
Social support	Mean scale ( $\alpha = .85$ ) composed of eight items measured at Wave 1. Each of the following four questions was asked about family and friends: "How much do[es] your family/friends really care about you?" "How much do[es] your family/friends understand the way you feel about things?" "How much can you rely on them for help if you have a serious problem?" and "How much can you open up to them if you need to talk about your worries?" Response categories range from 1 ( <i>none</i> ) to 4 ( <i>a lot</i> ).
Age identity	"Felt age"—chronological age, both measured at Wave 1; Higher values = older identities.
$\Delta$ Age identity	Change in age identity between waves; W2–W1 identity.
Start of middle age	Response to the following question asked at Wave 1: "In your opinion, at what age do most women enter middle age?" Responses are in years.
$\Delta$ Start of middle age	Change in perceptions of the start of middle age between waves; W2–W1.
End of middle age	Response to the following question asked at Wave 1: "In your opinion, at what age are most women no longer middle aged?" Responses are in years.
$\Delta$ End of middle age	Change in perceptions of the end of middle age between waves; W2–W1.
Midlife attitudes	Evaluation of overall lives of people in their 40s, measured at Wave 1, using a scale of 0 ( <i>worst</i> ) to 10 ( <i>best</i> ).
Later life attitudes	Evaluation of overall lives of people in their 60s, measured at Wave 1, using a scale of 0 ( <i>worst</i> ) to 10 ( <i>best</i> ).
Attractiveness anxiety	Response to the following question asked at Wave 1: "Women sometimes worry about the future and getting older. How much do you worry about being less attractive as a woman?" Response categories range from 1 ( <i>not at all</i> ) to 4 ( <i>a lot</i> ).
$\Delta$ Attractiveness anxiety	Change in attractiveness anxiety between waves; W2–W1.
Health anxiety	Response to the following question asked at Wave 1: "Women sometimes worry about the future and getting older. How much do you worry about having more illness as you get older?" Response categories range from 1 ( <i>not at all</i> ) to 4 ( <i>a lot</i> ).
$\Delta$ Health anxiety	Change in illness anxiety between waves; W2–W1.
Self-rated physiological change	Mean scale ( $\alpha = .84$ ) composed of the following four items asked at Wave 1: "How would you rate yourself today compared to five years ago on the following ... energy level, physical fitness, physique/figure, and weight?" Response categories are 1 ( <i>worse now</i> ), 2 ( <i>no change</i> ), and 3 ( <i>better now</i> ).
$\Delta$ Self-rated physiological change	Change in physiological rating between waves; W2–W1.

Note. National Survey of Midlife Development, Wave 1 (1995–1996) and Wave 2 (2004–2006);  $n = 872$ .

straightforward observation of the association between age and affect—as well as the examination of mediators of this association. We use the 50–54-year-old respondents as the reference group, as middle age has been found to be a transition point for emotional well-being (Stone et al., 2010; Yang, 2008). Controls include the following, all measured at Wave 1: education; non-White; household income; employment, marital, and parental statuses; physical health; and social support. Missing values on continuous independent variables were imputed using sample means, while those on

**Table 2.** Summary of variables.

Variable	Range	Mean (SD)
W2 positive affect	1 to 5	3.23 (.51)
W1 positive affect	1 to 5	3.34 (.76)
W2 negative affect	1 to 5	1.57 (.63)
W1 negative affect	1 to 5	1.61 (.68)
Age 25–29	0,1	.09
Age 30–34	0,1	.11
Age 35–39	0,1	.12
Age 40–44	0,1	.12
Age 45–49	0,1	.14
Age 50–54	0,1	.12
Age 55–59	0,1	.13
Age 60–64	0,1	.10
Age 65–69	0,1	.04
Age 70–74	0,1	.04
Non-White	0,1	.09
Education	3.5 to 22	13.93 (2.59)
Employed	0,1	.65
Married	0,1	.62
Parent	0,1	.86
Household income (in \$10K)	0 to 37.5	6.22 (5.26)
Physical health	1 to 5	3.51 (.95)
Social support	1.25 to 4	3.42 (.51)
Age identity	–58 to 73	–7.89 (10.04)
Δ Age identity	–62 to 74	–1.85 (10.41)
Start of middle age	20 to 70	45.11 (6.53)
Δ Start of middle age	–25 to 30	2.07 (6.86)
End of middle age	30 to 90	60.23 (7.55)
Δ End of middle age	–30 to 35	2.78 (7.89)
Midlife attitudes	2 to 10	7.21 (1.45)
Later life attitudes	0 to 10	7.23 (1.76)
Attractiveness anxiety	1 to 4	2.05 (.96)
Δ Attractiveness anxiety	–3 to 3	–.11 (.94)
Illness anxiety	1 to 4	2.34 (.91)
Δ Illness anxiety	–3 to 3	–.01 (.98)
Self-rated physiological change	1 to 3	1.73 (.62)
Δ Self-rated physiological change	–2 to 2	–.05 (.80)

Note. National Survey of Midlife Development, Wave 1 (1995–1996) and Wave 2 (2004–2006);  $n = 872$ .

categorical variables were imputed with modal values for the sample. Each variable contained fewer than 5% missing, with the exception of household income (approximately 10%). Regression models were run including a flag variable coded 1 for respondents for whom missing data on household income were imputed. This variable was not significant in models predicting negative affect, but it was significant (and positive) in those predicting positive affect.

### Analytic strategy

We use OLS regression to examine the effect of components of the subjective experience of aging on each of the two indicators of well-being, positive and negative affect. Model 1 regresses emotional well-being at Wave 2 on emotional well-being at Wave 1; age; race; education; household income; physical health; social support; and employment, marital, and parental statuses. Each of the next five models enters a component of the subjective experience of aging, permitting an assessment of the contribution each makes to explaining age differences in emotional well-being. A final model (Model 7) includes all variables entered in other models, allowing an examination of the extent to which they collectively account for age differences. To assess potential mediators, we examine changes in the magnitude and level of significance of the age variables with the addition of each possible mediator. We also conducted analyses regressing each of the five components (and the change in these components between the waves) on age groups (treating 50–54-year-olds as the reference group)

and the control variables in order to determine whether this mediation precondition is met. These models revealed that age is associated with four of the five components. In models predicting either initial level of the component or change between the waves (or both), older ages are associated with younger identities, views of middle age as beginning and ending later, less anxiety about attractiveness and illness, and more favorable evaluations of recent physiological changes. Age is not a significant predictor of attitudes toward middle and later life. We present models of Wave 2 emotional well-being controlling on Wave 1 well-being, yielding the effect of independent variables on changes in emotional well-being between the waves. All models we present include MIDUS-generated survey weights to correct for sampling error.

**Results**

Table 3 reports the results of the regression of Wave 2 positive affect on age and subjective experiences of aging, controlling on Wave 1 positive affect. Model 1 reveals that 35–39-year-old women report lower positive affect at Wave 2, compared with their 50–54-year-old peers. A similar pattern was found for all groups younger than age 50, though the coefficients fall short of significance. Women with better health and social support report higher positive affect at Wave 2, controlling on Wave 1 levels, than do their respective counterparts. Married women report lower

**Table 3.** Women’s Wave 2 positive affect<sup>a</sup> regressed on components of subjective aging.

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
W1 positive affect <sup>a</sup>	.27 (.03)***	.27 (.03)***	.26 (.03)***	.26 (.03)***	.25 (.03)***	.25 (.03)***	.23 (.03)***
25–29 <sup>b</sup>	-.14 (.08)†	-.10 (.08)	-.12 (.08)	-.13 (.08)	-.09 (.08)	-.12 (.08)	-.04 (.08)
30–34 <sup>b</sup>	-.10 (.06)	-.08 (.06)	-.09 (.07)	-.10 (.06)	-.08 (.07)	-.09 (.06)	-.05 (.06)
35–39 <sup>b</sup>	-.14 (.06)*	-.13 (.06)*	-.14 (.06)*	-.13 (.06)*	-.12 (.06)*	-.15 (.06)*	-.12 (.06)†
40–44 <sup>b</sup>	-.13 (.07)†	-.12 (.07)†	-.13 (.07)†	-.14 (.07)†	-.11 (.07)†	-.12 (.07)†	-.10 (.06)
45–49 <sup>b</sup>	-.10 (.06)	-.10 (.06)†	-.10 (.06)†	-.08 (.06)	-.11 (.06)†	-.09 (.06)	-.08 (.06)
55–59 <sup>b</sup>	.04 (.06)	.02 (.06)	.03 (.06)	.04 (.06)	.00 (.05)	.03 (.06)	-.01 (.05)
60–64 <sup>b</sup>	.00 (.08)	-.03 (.08)	-.01 (.08)	.00 (.08)	.00 (.07)	.00 (.07)	-.02 (.07)
65–69 <sup>b</sup>	.04 (.08)	.01 (.08)	.03 (.08)	.03 (.08)	-.03 (.08)	.05 (.08)	-.03 (.08)
70–74 <sup>b</sup>	-.15 (.09)	-.16 (.10)	-.16 (.09)	-.15 (.09)	-.15 (.09)	-.13 (.09)	-.12 (.09)
Non-White	.08 (.07)	.10 (.07)	.09 (.07)	.07 (.07)	.07 (.07)	.08 (.07)	.09 (.06)
Education <sup>c</sup>	.00 (.01)	-.01 (.01)	-.01 (.01)	.00 (.01)	.00 (.01)	-.01 (.01)	-.01 (.01)
Employed	-.06 (.04)	-.06 (.04)	-.06 (.04)	-.06 (.04)	-.06 (.04)	-.04 (.04)	-.06 (.04)
Married	-.09 (.04)*	-.09 (.04)*	-.09 (.04)*	-.09 (.04)*	-.08 (.04)*	-.08 (.04)†	-.07 (.04)†
Parent	.05 (.06)	.07 (.05)	.04 (.06)	.05 (.06)	.05 (.05)	.05 (.06)	.06 (.05)
Household income <sup>d</sup>	.01 (.00)†	.01 (.00)†	.01 (.00)	.01 (.00)†	.01 (.00)†	.00 (.00)	.01 (.00)
Physical health <sup>a</sup>	.08 (.02)***	.08 (.02)***	.08 (.02)***	.08 (.02)***	.08 (.02)***	.08 (.02)**	.07 (.02)**
Social support <sup>a</sup>	.14 (.04)**	.12 (.04)**	.14 (.04)***	.13 (.04)**	.13 (.04)**	.13 (.04)**	.11 (.04)**
Age identity <sup>a</sup>		-.01 (.00)*					.00 (.00)†
Δ Age identity <sup>a</sup>		-.01 (.00)***					-.01 (.00)***
Start of middle age <sup>a</sup>			.00 (.00)				.00 (.00)
Δ Start of middle age <sup>a</sup>			.00 (.00)				.00 (.00)
End middle age <sup>a</sup>			.01 (.00)†				.00 (.00)
Δ End middle age <sup>a</sup>			.00 (.00)				.00 (.00)
Midlife attitudes <sup>a</sup>				-.02 (.01)			-.02 (.01)
Later life attitudes <sup>a</sup>				.04 (.01)**			.04 (.01)**
Attractiveness anxiety <sup>a</sup>					-.02 (.03)		.00 (.03)
Δ Attractiveness anxiety <sup>a</sup>					-.06 (.02)*		-.06 (.02)*
Health anxiety <sup>a</sup>					-.11 (.03)***		-.09 (.03)**
Δ Health anxiety <sup>a</sup>					-.09 (.02)***		-.07 (.02)**
Physiological change <sup>a</sup>						.15 (.04)***	.12 (.04)**
Δ Physiological change <sup>a</sup>						.13 (.03)***	.09 (.02)***
Adjusted R <sup>2</sup>	.29	.32	.29	.30	.34	.31	.38

Note. Unstandardized coefficient (standard error); <sup>a</sup>Higher values = Greater positive affect, older identities, later boundaries for middle age, greater aging anxieties, and better social support, health, aging attitudes, and evaluations of physiological change; <sup>b</sup>50–55 = Reference category; <sup>c</sup>in years; <sup>d</sup>in units of \$10,000; n = 872; †p < .10; \*p < .05; \*\*p < .01; \*\*\*p < .001.

positive affect than do unmarried women. Having older (i.e., less youthful) identities at Wave 1 and identities that become older (i.e., less youthful) between waves predicts lower positive affect (Model 2), while having more positive attitudes toward later life at Wave 1 predicts higher affect (Model 4). Positive affect also is associated with aging anxiety: Higher positive affect is found among women with less anxiety about health declines and less of an increase between waves in either health or attractiveness anxiety (Model 5). Consistent with these findings regarding body-related aging anxieties, more favorable assessments of physiological changes over the past 5 years and improvements in assessments between waves predict higher positive affect at Wave 2, controlling on Wave 1 levels (Model 6).

Results reveal that subjective aging experiences provide partial explanations for the lower positive affect among 35–39-year-old women, compared with those 50–54 years old. With all components included, this age difference is not significant (Model 7). Age identity and aging anxieties contribute to this mediating effect. In Model 2, we find that the coefficient for 35–39-year-olds decreases by 7%, though it remains significant. This finding suggests that the 50–54-year-olds' maintenance of youthful identities as they age contributes (modestly) to their greater positive affect at Wave 2, relative to 35–39-year-old women. A larger mediating effect is found for aging anxieties. With these measures added in Model 5, the coefficient for 35–39-year-old women declines by 14%, though it does remain significant. Compared with 50–54-year-old women, 35–39-year-old women have aging anxieties that are higher initially and increase more sharply between waves, a pattern that partially accounts for their lower positive affect at Wave 2. Although we observe a small decline (7%) in the coefficient for 35–39-year-old women with the inclusion of attitudes toward middle and later life (Model 4), regression models indicated that age is not significantly associated with attitudes toward middle or later life.

Similar patterns are found in models predicting change in negative affect (Table 4). Model 1 shows that all age groups younger than 50 report greater negative affect at Wave 2, compared with 50–54-year-old women. None of the older age groups differ significantly from 50–54-year-olds in negative affect. The only other predictor to reach significance in Model 1 is self-rated physical health, with worse health associated with greater negative affect at Wave 2, controlling on Wave 1 levels. Greater negative affect also is predicted by the adoption of older identities between waves (Model 2). Another predictor of negative affect is aging anxiety: Having greater anxiety about health declines, and more of an increase in this source of anxiety between waves predicts greater negative affect at Wave 2, controlling on Wave 1 levels (Model 5). However, concerns about attractiveness are not significant. Viewing physiological changes less favorably at Wave 1 and declines in these evaluations between waves predict greater negative affect at Wave 2 (Model 6).

Components of the subjective experience of aging partially explain age patterns in negative affect. With all components added (Model 7), only one of the five age coefficients significant in the baseline model is significant (i.e., 45–49-year-olds). A comparison of baseline and final models reveals that the age coefficients decline for each group—by 57% for 25–29-year-olds, 41% for 30–34-year-olds, 28% for 35–39-year-olds, 32% for 40–44-year-olds, and 10% for 45–49-year-olds. As observed for positive affect, aging anxiety and age identity appear to play the largest mediating roles. The largest mediating effect is found for anxiety about health declines. With aging anxiety included in the regression (Model 5), the age coefficients decline in magnitude by between 18 (for 30–34-year-olds) and 30% (for 25–29-year-olds). Only one age coefficient does not decline: 45–49-year-olds. A more modest mediating effect is found for age identity, with the age coefficients declining by between 4% (for 35–39-year-olds) and 14% (for 30–34-year-olds). Consistent with findings for aging anxiety, the coefficient for 45–49-year-olds does not decline with age identity included in the model. Our findings suggest that women between 25 and 44 experience greater negative affect than do 50–54-year-olds, in part because they not only maintain less youthful identities but also feel greater anxiety about aging, particularly having health declines.



**Table 4.** Women’s Wave 2 negative affect<sup>a</sup> regressed on components of subjective aging.

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
W1 negative affect <sup>a</sup>	.39 (.05)***	.39 (.05)***	.39 (.05)***	.39 (.05)***	.37 (.05)***	.38 (.06)***	.36 (.06)***
25–29 <sup>b</sup>	.30 (.12)*	.26 (.12)*	.26 (.13)*	.29 (.12)*	.21 (.11)†	.28 (.12)*	.13 (.12)
30–34 <sup>b</sup>	.22 (.10)*	.19 (.10)*	.20 (.10)*	.21 (.10)*	.18 (.11)†	.21 (.10)*	.13 (.10)
35–39 <sup>b</sup>	.25 (.10)*	.24 (.10)*	.23 (.10)*	.24 (.10)*	.20 (.11)†	.26 (.10)*	.18 (.11)†
40–44 <sup>b</sup>	.19 (.08)*	.17 (.08)*	.18 (.08)*	.19 (.08)*	.15 (.08)†	.17 (.08)*	.13 (.08)
45–49 <sup>b</sup>	.21 (.08)**	.21 (.08)**	.21 (.08)**	.19 (.08)*	.21 (.08)**	.19 (.08)*	.19 (.08)*
55–59 <sup>b</sup>	.01 (.06)	.03 (.07)	.02 (.06)	.01 (.06)	.05 (.07)	.02 (.06)	.08 (.07)
60–64 <sup>b</sup>	.10 (.08)	.13 (.08)	.12 (.08)	.10 (.08)	.10 (.08)	.10 (.08)	.14 (.09)
65–69 <sup>b</sup>	-.08 (.09)	-.05 (.09)	-.05 (.09)	-.07 (.09)	.01 (.08)	-.09 (.09)	.04 (.09)
70–74 <sup>b</sup>	.15 (.14)	.15 (.13)	.17 (.13)	.15 (.13)	.15 (.13)	.12 (.13)	.16 (.13)
Non-White	.13 (.12)	.11 (.12)	.12 (.12)	.13 (.12)	.15 (.11)	.13 (.12)	.12 (.11)
Education <sup>c</sup>	-.02 (.01)†	-.02 (.01)†	-.02 (.01)†	-.02 (.01)*	-.02 (.01)*	-.02 (.01)†	-.02 (.01)†
Employed	-.03 (.06)	-.03 (.06)	-.02 (.06)	-.03 (.06)	-.03 (.06)	-.04 (.06)	-.02 (.05)
Married	.00 (.06)	.00 (.06)	-.01 (.06)	.00 (.06)	-.01 (.06)	-.01 (.06)	-.01 (.06)
Parent	.00 (.09)	-.02 (.09)	.00 (.09)	.00 (.09)	-.01 (.08)	.00 (.09)	-.02 (.08)
Household income <sup>d</sup>	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)
Physical health <sup>a</sup>	-.11 (.03)**	-.10 (.03)**	-.11 (.03)**	-.11 (.03)**	-.11 (.03)**	-.10 (.03)**	-.10 (.03)**
Social support <sup>a</sup>	-.08 (.05)	-.07 (.05)	-.08 (.05)†	-.07 (.05)	-.06 (.05)	-.07 (.05)	-.05 (.05)
Age identity <sup>a</sup>		.01 (.00)†					.01 (.00)†
Δ Age identity <sup>a</sup>		.01 (.00)**					.01 (.00)**
Start of middle age <sup>a</sup>			.00 (.01)				.00 (.01)
Δ Start of middle age <sup>a</sup>			.00 (.00)				.00 (.00)
End middle age <sup>a</sup>			-.01 (.00)†				-.01 (.00)
Δ End middle age <sup>a</sup>			.00 (.00)				.00 (.00)
Midlife attitudes <sup>a</sup>				.03 (.02)			.03 (.02)
Later life attitudes <sup>a</sup>				-.03 (.02)†			-.02 (.02)
Attractiveness anxiety <sup>a</sup>					.06 (.05)		.04 (.04)
Δ Attractiveness anxiety <sup>a</sup>					.07 (.04)†		.07 (.04)†
Health anxiety <sup>a</sup>					.10 (.04)*		.09 (.04)*
Δ Health anxiety <sup>a</sup>					.13 (.04)**		.11 (.04)**
Physiological change <sup>a</sup>						-.13 (.05)*	-.07 (.05)
Δ Physiological change <sup>a</sup>						-.13 (.04)**	-.08 (.04)*
Adjusted R <sup>2</sup>	.29	.31	.29	.29	.33	.30	.35

Note. Unstandardized coefficient (standard error); <sup>a</sup>Higher values = Greater negative affect, older identities, later boundaries for middle age, greater aging anxieties, and better social support, health, aging attitudes, and evaluations of physiological change;

<sup>b</sup>50–55 = Reference category; <sup>c</sup>in years; <sup>d</sup>in units of \$10,000; *n* = 872.

†*p* < .10; \**p* < .05; \*\**p* < .01; \*\*\**p* < .001.

## Discussion

Our study extends the literature on age patterns in women’s emotional experiences by suggesting that age inequality affects not only older women but also their younger and middle-aged peers. Consistent with prior studies (e.g., Stone et al., 2010), we find that older adults tend to have higher emotional well-being than do their younger peers. However, only the differences between younger women and their middle-aged and older counterparts are significant. The difference between middle-aged and older women is not. This finding was unexpected, as prior studies find age variation in emotional well-being across middle and later life—though differences tend to be smaller at older ages (e.g., Yang, 2008). Our finding of differences between young and middle-aged women, however, supports our argument that explanations for age patterns in women’s emotional well-being should consider the implications of our ageist and sexist society for younger women.

Our study identifies explanations for these age patterns that hinge on women’s experiences of age inequality across adulthood. Our findings point to not only aging anxieties that degrade young women’s emotional well-being but also adaptive responses that enhance middle-aged and older women’s well-being. We find that middle-aged and older women’s higher well-being, relative to young women, is partially explained by their fewer concerns about aging. Less anxiety about health declines leads to more favorable changes in positive and negative affect, while less anxiety about loss of attractiveness generates more favorable change in positive affect. We note that this finding also

suggests that younger women have less favorable changes over time in emotional well-being, in part, because of their greater aging anxiety, an interpretation pointing to one of the less explored consequences of age inequality, namely the early emotional toll it takes on women. Our results also suggest that middle-aged and older women enhance their emotional well-being by maintaining increasingly age-discrepant identities as they grow older. Consistent with agentic perspectives on older adults' emotional experiences (e.g., Baltes & Carstensen, 2003), youthful identities may be adaptive responses illustrating aging women's agency; however, they also reinforce the valuation of youth over old age. They do not challenge the broader system of age inequality that underlies these benefits to some degree and leads many women to deny or mask their age—spending time, money, and other resources doing so—for fear of the very real consequences of ageism.

Other components of the subjective experience of aging do not play a role in generating age differences in women's emotional well-being, though some do influence well-being. Higher emotional well-being is predicted by better views of recent physiological changes, providing an illustration of the emotional implications of the embodied experience of aging. Another factor predicting better emotional well-being is having more positive attitudes toward later life, though this pattern only holds for positive affect. We find no evidence that assessments of middle age shape emotional well-being. However, the emotional consequences of views of particular life stages may vary by age, suggesting an avenue for future research.

Limitations of our study point to many avenues for further research in this area. Although we use nationally representative data, attrition between the waves led to a study sample of more socioeconomically advantaged women. Further research should examine potential socioeconomic differences in the relative importance of subjective experiences of aging versus objective life conditions in explaining age patterns in women's emotional well-being. We also give limited attention to alternative explanations for age differences in emotional well-being. Although we find age differences in well-being with the effect of social support and several social roles taken into account, future studies should give greater attention to a wide range of social ties that may play a role in explaining older women's higher emotional well-being. Studies also should incorporate a consideration of components of the subjective experience of aging into examinations of men's emotional well-being or gender differences in well-being. Beyond research on emotional well-being, our study illustrates the importance of examining the impact of age inequality on multiple dimensions of the aging experience not just in later life but across adulthood.

## Conclusion

We address the well-documented—but not well-explained—“paradox” of older adults' greater emotional well-being compared with that of middle-aged and younger adults. Our study explores a novel set of explanations derived from viewing these age differences through a gender lens that reveals the implications of ageism and sexism for women of all ages. Our findings indicate that women's subjective experiences of aging provide partial explanations for age differences in their emotional well-being. Young women's greater anxieties about declines in health and attractiveness degrade their emotional well-being, while older women's maintenance of increasingly youthful identities as they grow older enhances their well-being. Both of these patterns reflect our cultural devaluation of older adults, particularly older women.

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