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# Variation in Subjective Aging by Sexual Minority Status: An Examination of Four Perspectives

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**Abstract**

The past few decades have seen increased scholarly attention to gay and lesbian individuals' aging experiences; however, few studies examine differences in subjective aging by sexual minority status. We identify four perspectives on the association between sexual minority status and subjective aging—double jeopardy, crisis competence, gender interactive, and limited salience perspectives. We examine each perspective's predictions using data from the first wave of *Midlife in the United States* (1995–1996; MIDUS). Ordinary least square regression models reveal strongest support for the limited salience perspective, suggesting that sexual minority status has weaker effects on subjective aging than do other social factors, such as age, health, and gender. However, some results provide support for the gender interactive perspective, positing that the effect of sexual minority status on subjective aging varies by gender. Our study provides an organizational framework of theoretical perspectives that can guide further examinations of variation in aging experiences by sexual minority status.

**Keywords**

ageism, aging, sexual orientation, gender, subjective aging

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Over the past few decades, scholars have increased their attention to gay and lesbian individuals' experiences of aging. However, studies tend to focus on sexual minorities' social support, health, or health care (e.g., Cronin & King, 2014; Dickey, 2013; Emlet, 2006; Fredricksen-Goldsen & Muraco, 2010; Lee & Quam, 2013; Orel, 2004). Fewer studies examine the implications of sexual minority status for subjective experiences of aging, including both generalized conceptions of the life course and perceptions of one's own aging self and body. These views have health implications, as evidenced by research finding that having younger identities and more positive self-perceptions of aging and viewing the life course as more elongated (e.g., life stages as occurring later) are associated with better health and greater longevity (e.g., Barrett & Toothman, 2014; Demakakos, Gjonca, & Nazroo, 2007; Levy, Slade, Kunkel, & Kasl, 2002; Stephan, Caudroit, Jaconelli, & Terracciano, 2014; Westerhof et al., 2014). These effects, however, are patterned by inequality. Research tends to find that occupying more disadvantaged positions, for example, in race and class hierarchies, is associated with having less health-enhancing views of aging (e.g., Barrett, 2003; Bowling, See-Tai, Ebrahim, Gabriel, & Solanki, 2005; Toothman & Barrett, 2011; Ward, 2013; Yan, Silverstein, & Wilber, 2011). Although relatively unexplored in the literature, subjective experiences of aging also may vary by positions within the sexual hierarchy defining heterosexuals as the dominant group and homosexuals and bisexuals (the groups examined in this article) as subordinate groups.

Individuals' subjective experiences of aging vary along several dimensions that are likely to be influenced by sexual minority status. One dimension centers on individuals' self-perceptions of aging—a broad category that includes, for example, age identity (also referred to as "subjective age" or "self-perceived age"), ideal age (or "desired age"), aging anxiety, and aging self-stereotypes (e.g., Barrett & Robbins, 2008; Demakakos et al., 2007; Levy, 2003). A second dimension focuses on generalized views of the life course, including its timing and the connotations ascribed to different age groups (e.g., Cuddy, Norton, & Fiske, 2005; Toothman & Barrett, 2011)—both of which are influenced by popular media's, largely negative, aging-related imagery (Lauzen & Dozier, 2005; Lee, Carpenter, & Meyers, 2007). A third dimension focuses on aging bodies—in particular, how individuals understand and experience their aging bodies against a backdrop of health, gender, sexual, and other cultural norms (e.g., Hurd Clarke & Korotchenko, 2011; Slevin, 2010). Across all these dimensions, subjective aging may differ by sexual minority status, stemming from variation in both lifetime experience occupying devalued social statuses and constructions of the life course within dominant and sexual minority cultures.

Variation in subjective aging by sexual minority status is suggested by research finding differences across locations within other systems of inequality. Studies have focused on gender, race, and socioeconomic status, with results

tending to point to less favorable subjective aging among more disadvantaged groups—though the most consistent patterns are found for socioeconomic status (e.g., Barrett, 2003; Toothman & Barrett, 2011; Yan et al., 2011). A similar pattern may be found for sexual minority status, but examinations are few. Further, studies tend to examine one group, most often gay men (e.g., Lyons, Pitts, & Grierson, 2013; Slevin & Linneman, 2010), rather than comparing them with other gender and sexual minority status groups. Such comparisons reveal several perspectives on the association between sexual minority status and subjective aging, each leading to a different prediction. Our article contributes to the literature on sexual minority status and subjective aging both conceptually and empirically. Its conceptual contribution derives from our compilation of various perspectives on the association and our outlining of the evidence supporting each. The study's empirical contribution centers on its examination of the prediction made by each perspective. This examination uses data from a nationally representative sample (MIDUS, 1995–1996), in contrast with nearly all prior studies of the topic.

## Variation in Subjective Aging by Sexual Minority Status

We identify four perspectives in the relatively small literature on the influence of sexual minority status on subjective aging, with support found for each. One perspective—double jeopardy—predicts that sexual minorities have more negative aging experiences than do heterosexuals (e.g., Ehrenberg, 1997; Heaphy, Yip, & Thompson, 2004). In contrast, the crisis competence perspective asserts that sexual minorities are more—rather than less—advantaged (e.g., De Vries & Croghan, 2014; Kimmel, 1978). A third perspective—the gender interactive perspective—suggests that gender interacts with sexual minority status to shape subjective aging experiences. In particular, it suggests that heterosexual men may experience more positive aging than sexual minority men—but the reverse may be true for women (e.g., Barrett & Robbins, 2008; Slevin & Linneman, 2010). A fourth perspective—that we term the "limited salience perspective"—argues that sexual minority status has relatively few effects on subjective aging experiences, particularly compared with other characteristics, like socioeconomic status, health, or gender (e.g., Berger, 1984; Lee, 2004).

### *Double Jeopardy Perspective*

The double jeopardy perspective raises the possibility that aging is more challenging to self- and body-related conceptions and generalized views of the life course of sexual minorities than heterosexuals. This perspective derives from literature examining the impact in later life of occupying two disadvantaged structural positions. Most studies invoking the double jeopardy perspective examine the compounding disadvantages, including worse health, economic

conditions, and occupational opportunities, faced either by older race-ethnic minorities (e.g., Carreon & Noymer, 2011; Dowd & Bengtson, 1978) or older women (e.g., Chappell & Havens, 1980; Lincoln & Allen, 2004). The perspective has been extended to consider multiple disadvantages—for example, the ''triple disadvantages'' faced by older non-White women (Havens & Chappell, 1983) or older poor women (Minkler & Stone, 1985). Applied to our study, this perspective raises the possibility that acquiring the devalued status of *old* compounds disadvantages stemming from sexual minority status, thus generating more negative aging experiences for sexual minorities. This perspective would further suggest that older, sexual minority women—who occupy three disadvantaged statuses—experience especially negative subjective aging.

Some research on subjective aging is consistent with double jeopardy—though studies tend to examine disadvantaged statuses independently rather than interactively, as implied by the perspective. Studies do tend to find, however, that social disadvantage is associated with more negative subjective aging. As an illustration, non-Whites tend to see the life course as more compressed than do Whites—as indicated by viewing life stages as occurring earlier (Toothman & Barrett, 2011). Further evidence of the impact of disadvantage on subjective aging is found in examinations of socioeconomic status, revealing that lower education and perceived financial well-being are associated with older identities (Barrett, 2003). Gender patterns also can be seen as lending support to the double jeopardy perspective, stemming from women's experience of the ''double standard of aging''—that is, an earlier and steeper decline with age in their social valuation (Sontag, 1972). The pressure women face to remain youthful may contribute to their maintenance of younger identities than men (Barrett, 2005). Similarly, their greater postponement of the start of life stages, like middle age, than men might be seen as an adaptive response to their disadvantaged position (Toothman & Barrett, 2011).

Although receiving limited theoretical or empirical consideration, the double jeopardy perspective also may apply to the aging experiences of sexual minorities. In short, older sexual minorities' experiences of prejudice and discrimination stemming from their sexual identity—as well as their age—may generate more negative subjective aging. Some support, though very limited, is found in Berger's (1984, p. 60) interviews with 10 gay men and 8 lesbian women, reporting that ''several had experienced multiple instances of discrimination related at certain times to age and at other times to sexual orientation.'' However, the study did not examine the possible connection between such experiences and subjective aging—for example, their effect on age identity or aging anxieties. Nonetheless, occupying these two disadvantaged statuses may contribute to more negative subjective aging, by diminishing psychological resources with which to address aging's challenges. This possibility is suggested by research documenting that individuals occupying multiple disadvantaged statuses report not only more discrimination but also greater psychological distress

than their more advantaged peers (Grollman, 2014). Further, sexual minorities' experiences of hiding their sexual orientation—shown to be associated with lower self-esteem and weaker ego (Mayfield, 2001)—may set the stage for more negative subjective aging. This experience may be particularly likely for contemporary cohorts of older sexual minorities, who came of age when homosexuality was stigmatized, even criminalized. Indeed, the need to conceal sexual identity across much of their life course is a common theme in interviews with older homosexual women and men (e.g., Berger, 1984; Heaphy et al., 2004; Kimmel, 1978).

### *Crisis Competence Perspective*

The opposite prediction is made by the crisis competence perspective: The experience of minority status may make acquiring the devalued status of old less, rather than more, challenging for sexual minorities (Berger, 1982; Brown, Alley, Sarosy, Quarto, & Cook, 2001; DeVries & Croghan, 2014; Kimmel, 1978; Slevin & Linneman, 2010; Woody, 2014). Scholars have labeled this adaptive strategy as "mastery of crisis" (Berger, 1982) or "crisis competence" (Kimmel, 1978). According to this perspective, older gay and lesbian adults may

> have fashioned a sense of hardiness and competence out of a lifetime of surviving as a sexual or gender minority in a heterosexual environment – a strategy of engaging their environment that may bode well for success in the challenges of later life. (De Vries & Croghan, 2014, p. 12)

Several studies point to this possibility. In one of the earliest studies of older gay men, Berger (1982) finds in his survey of 112 men that they report lower levels of anxiety regarding concealment of their sexuality than do younger gay men. More recent studies provide further support. MetLife's (2010) survey of baby boomers, involving 1,200 lesbian, gay, bisexual, and transgender (LGBT) adults and a comparison group of 1,200 adults (95% of whom were heterosexual), found that nearly three-quarters of LGBT respondents felt that their sexual minority status had helped prepare them for aging. Many cited benefits centered on the development of personal or interpersonal strength through struggles to overcome adversity. Further evidence is found in Slevin and Linneman's (2010) interviews with 10 older gay men, reporting that their earlier struggles with and achievement of self and body acceptance aided in psychological adaptation to changes brought by aging; however, the authors also note that their participants' race and class privileges are likely to have contributed to more positive aging experiences. Similarly, a study by Deevey (1990), involving surveys with 74 lesbians age 50 or older, is limited by its sample (i.e., 99% were White) but lends some support for the crisis competence perspective; it reports that 80% of respondents had positive views of their own aging.

### Interactive Gender Perspective

A third perspective points to the potential interaction of sexual minority status with gender. In other words, the association between sexual minority status and subjective aging may differ for women and men. This perspective derives from the intersectionality framework, highlighting the ways that systems of inequality interact to shape individuals' experiences (Collins, 1998; Crenshaw, 1989). Applied to our study, this perspective highlights individuals' locations within not only the sexual hierarchy but also others, like gender. It shares with double jeopardy perspective a consideration of other systems of inequality; however, it views the effects of these structural locations as interactive rather than additive. With its focus on considering variation across combinations of structural locations, the gender interactive perspective raises the possibility that disadvantages operate differently within the context of other systems of inequality.

This perspective provides a framework for interpreting another pattern of findings reported in the literature on sexual minorities' aging experiences: Among women, aging may be a more negative experience for heterosexuals than lesbians, while the opposite may be true among men (e.g., Barrett & Robbins, 2008; Slevin & Linneman, 2010). Supporting this difference among women, heterosexual women are more anxious about becoming less attractive and losing their reproductive ability as they age, compared with lesbian or bisexual women (Barrett & Robbins, 2008). The finding for attractiveness is consistent with a meta-analysis reporting that heterosexual women are more dissatisfied with their bodies (Morrison, Morrison, & Sager, 2004), perhaps a reflection of their being subject to the "male gaze" and their stronger internalization of cultural standards of attractiveness (Share & Mintz, 2002; Wolf, 1991). It is also consistent with research on aging women, finding greater acceptance of signs of aging, such as gray hair and wrinkles, among lesbians than heterosexual women (Winterich, 2007).

The more extensive literature on sexual minority men suggests the reverse—that aging is a more challenging experience for gay than heterosexual men. Studies point to an "accelerated aging," leading to a steeper decline in their social valuation with age, compared with heterosexual men (Bennett & Thompson, 1991; Slevin & Linneman, 2010; Wahler & Gabbay, 1997). For example, Bennett and Thompson's (1991) survey of 478 gay Australian men found a discrepancy between the age they felt and the age they believed others in the gay community perceived them to be—with peers assumed to view them as older. Further support is found in gay men's greater body dissatisfaction and higher rates of eating disorders than heterosexual men (Austin et al., 2004; Carlat, Camargo, & Herzog, 1997; Morrison et al., 2004), suggesting that gay men and heterosexual women may face similar body ideal pressures (Pyle & Klein, 2012; Wolf, 1991). This phenomenon could result from a superficial aspect of gay culture concerned with fashion, grooming, and maintaining

a body image that is "muscular, athletic, devoid of fat and hairless" (Drummond, 2010, p. 31)—in other words, from a highly youth-oriented gay culture (Drummond, 2006). A variety of findings provide further evidence, including men's reports of ageism in the gay community, the greater concern about aging among those more involved in that community, gay men's preference for younger partners, and younger gay men's view of their older counterparts as in constant search of sex (Hayes, 1995; Heaphy, 2007; Hostetler, 2004; Kaufman & Phua, 2003; Lee, 1987, 2004; McDougall, 1994; Woody, 2014). However, studies also suggest that these experiences are context-specific, with some reporting, for example, that age is a benefit in attracting some younger men (Lee, 2004). Further, bear culture—a subculture characterized by its acceptance of heavier and older gay men—serves as a challenge to the "body fascism" of the more youth-oriented gay culture (Hennen, 2005, p. 26).

### *Limited Salience Perspective*

The literature also points to a fourth possibility—that sexual minority status has limited effects on subjective aging experiences. Support is found in studies reporting that perceived challenges of aging are similar for sexual minorities and heterosexuals (e.g., Berger, 1984; Brown et al., 2001; MetLife Mature Market Institute, 2010; Slevin, 2006; Woody, 2014). Among the key findings of MetLife's (2010) survey was similarity between LGBT baby boomers and a comparison group of baby boomers in their fears about aging, concerns about retirement security, and desires for end-of-life care. Qualitative studies often draw the same conclusion. For example, Berger's (1984) interviews with 18 homosexual women and men between 40 and 72 years old reveal challenges of aging centering on facing mortality, poor health, bodily changes, and financial well-being in retirement. Similarly, participants in Woody's (2014) interviews with 15 African American gay and lesbian older adults described an increasing sense of mortality and fears of financial and physical dependence. Further, Lee's (2004) interviews with 15 older gay men in the United Kingdom revealed themes consistent with Karp's (1988) study of the 50s as a "decade of reminders," including feeling younger than one's chronological age and being reminded of aging by bodily changes, generational progression, and signs of mortality. These studies suggest that sexual minority status is a less central determinant of subjective aging, compared with other social factors, such as race, socioeconomic status, gender, and health.

Our study explores each perspective's prediction regarding the association between sexual minority status and subjective aging. To our knowledge, it is the first to examine all of these possibilities and the first to do so using a nationally representative dataset, the first wave of MIDUS. We test four hypotheses. Drawn from the double jeopardy perspective, the first hypothesis posits that sexual minorities have more negative subjective aging than heterosexuals,

with sexual minority women's experiences more negative than all other gender and sexual minority status groups. Derived from the crisis competence perspective, the second hypothesis makes the opposite prediction—that is, that heterosexuals have more negative subjective aging than sexual minorities. The third hypothesis, drawn from the gender interactive perspective, posits a difference for women and men: Among women, subjective aging is more negative for heterosexuals than sexual minorities, but among men, it is more negative for sexual minorities than heterosexuals. The fourth hypothesis, generated by the limited salience perspective, predicts no difference in subjective aging by sexual minority status.

## Data and Methods

Our study uses data from MIDUS, a nationally-representative sample of the noninstitutionalized U.S. population aged 25 to 74 chosen via random-digit dialing (Brim et al., 1995–1996). It has two parts: a telephone survey and mailed questionnaire. The baseline telephone survey and mailed questionnaire generated 70% and 87% response rates, respectively, yielding an overall response rate of 61% ($n = 3{,}032$). Our analytic sample is limited to respondents meeting the following criteria: (a) completed telephone survey and mailed questionnaire, (b) have valid responses on all dependent variables, and (c) report being homosexual, bisexual, or heterosexual. MIDUS is one of the few nationally representative studies including multiple subjective aging measures, making it ideal for our study. However, we are unable to exploit the study's panel design, which included reinterviews between 2004 and 2006; with an attrition rate of over 30%, the sample size of homosexual or bisexual respondents decreased too much to allow comparisons with heterosexual respondents.

We examine three sets of dependent variables: age-related self-perceptions, generalized views of aging, and aging bodies. Age-related self-perceptions include age identity and ideal age. Consistent with many prior studies (e.g., Bowling et al., 2005; Westerhof & Barrett, 2005), age identity is measured as the difference between felt age and chronological age, with higher values indicating older identities. Felt age is indicated by responses (in years) to the following item: "Many people feel older or younger than they actually are. What age do you feel most of the time?" Ideal age is measured (in years) using responses to the following question: "Now imagine you could be any age. What age would you like to be?" We examine four measures of generalized views of aging—all focus on conceptions of middle age timing. They are measured using responses to the following two items, asked of all respondents in reference to both men's and women's lives: "In your opinion, at what age do most women/men enter middle age?" and "At what age are most women/men no longer middle aged?" We examine three views of aging bodies, focusing on either past or anticipated changes in one's own body. Prospective self-rated health is measured using

responses to the following item: "Looking ahead ten years into the future, what do you expect your health will be like at that time?" Responses range from 0 (*worst possible health*) to 10 (*best possible health*). A similar item is used to measure prospective self-rated sexual life: "Looking ahead ten years into the future, what do you expect the sexual aspect of your life will be like at that time?" One measure of aging bodies captures assessments of changes in the past rather than future. Self-assessed physiological changes is a mean scale ($\alpha = .84$) composed of responses to the following four items: "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 *better now*, *no change*, or *worse now*. Higher values on the scale reflect more positive assessments.

Our two focal independent variables are sexual minority status and gender. Sexual minority status is indicated by a dichotomous variable using responses to the following item: "How would you describe your sexual orientation? Would you say you are heterosexual (sexually attracted only to the opposite sex), homosexual (sexually attracted only to your own sex), or bisexual (sexually attracted to both men and women)?" The variable used in analyses is coded 1 for *sexual minorities* (i.e., homosexual or bisexual) and 0 for *non-minorities* (i.e., heterosexuals). The small number of sexual minorities precludes separate examination of bisexuals (13 women and 15 men) and homosexuals (16 women and 23 men).

We control on several variables shown in prior work to be associated with subjective aging (e.g., Barrett, 2003; Bowling et al., 2005; Schafer & Shippee, 2010; Toothman & Barrett, 2011; Ward, 2013; Yan et al., 2011). Age is measured in years and ranges from 25 to 74. Race is measured using a dichotomous variable coded 1 for non-Whites and 0 for Whites. Education is measured using a set of three dichotomous variables: *less than high school*, *high school*, or *more than a high school degree*. Perceived financial well-being is measured using responses to the following question: "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?" Health is measured using two indicators: self-rated health and chronic conditions. Self-rated health is measured using responses to the following item: "Would you say your physical health is *poor*, *fair*, *good*, *very good*, or *excellent*?" Higher values indicate better health. Chronic conditions are a count of up to 28 conditions experienced in the past year (e.g., diabetes and arthritis).

We present bivariate and multivariate analyses. We use *t*-tests to compare sexual minorities and non-minorities on each of the nine subjective aging measures. Because some hypotheses are gender specific, separate analyses are run for women and men. Our multivariate analyses use ordinary least square regression to examine the association between sexual minority status and subjective aging, controlling on sociodemographics and health. For each dependent variable, we present two regression models. Model 1 regresses subjective aging on gender,

sexual minority status, and control variables. Model 2 adds an interaction term (i.e., Gender × Sexual minority status) allowing a test of hypothesized gender differences in the association between sexual minority status and subjective aging.

## Results

Table 1 reports the results of our bivariate analyses comparing sexual minorities and non-minorities within gender. More differences between sexual minorities and heterosexuals are found for women than men. Further, these differences span all three dimensions of subjective aging that we examined. Results for age-related self-perceptions reveal that sexual minority women report, on average, younger desired ages than do heterosexual women. Similar results are found for generalized views of aging—that is, a pattern pointing to sexual minority women's view of the life course as more compressed than that of heterosexual women. Lesbian and bisexual women report younger ages as the start of middle age for women and both the start and end of middle age for men. Women's views of aging bodies also differ by sexual minority status, with lesbian and bisexual women reporting more favorable 10-year predictions of their sexual lives. In contrast with the findings for women, significant differences in subjective aging by sexual minority status are not observed for men. However, three differences approach significance. Results suggest that, compared with heterosexual men, sexual minority men may have less youthful identities, view the start of middle age for men as occurring later, and forecast less favorable health in the next 10 years.

Table 2 presents multivariate models predicting age-related self-perceptions. Sexual minority status is not a significant predictor of age identity (Model 1)—a finding that holds for both women and men (Model 2). Results reveal that holding older (or less youthful) identities is associated with being younger, male, and White and having lower perceived financial well-being, worse self-rated health, and more chronic conditions. Similarly, results for ideal age indicate that sexual minority status is not a significant predictor (Model 3), and this finding holds for women and men (Model 4). Reporting an older ideal age is associated with being older, more educated, and female and having better perceived financial well-being and self-rated health.

Compared with the models predicting age-related self-perceptions, those predicting generalized views of aging reveal more evidence of variation by sexual minority status (Table 3). Models predicting the start of middle age for women provide evidence that sexual minority status interacts with gender to shape this view of aging. In particular, Model 2 reveals that sexual minority women tend to view of the start of middle age as occurring earlier than do heterosexual women—nearly 4 years earlier. Patterns differ for men. Although the coefficient only approaches significance ($b = 1.97$; $p < .10$), results suggest that sexual minority men may view women's middle age as starting nearly 2 years later

**Table 1.** Summary of Variables by Gender and Sexual Minority Status.

| | Total ($n = 2,673$) | Lesbian or bisexual women ($n = 29$) | Heterosexual women ($n = 1,317$) | Gay or bisexual men ($n = 38$) | Heterosexual men ($n = 1,289$) |
|---|---|---|---|---|---|
| Age-related self-perceptions | | | | | |
| Age identity (felt age–chronological age; in years) | −7.14 (9.24) | −4.76 (13.72) | −7.38 (9.37) | −4.34 (8.79) | −7.02 (8.97)† |
| Ideal age (in years) | 31.32 (10.93) | 27.41 (10.86) | 32.31 (10.79)* | 27.74 (9.18) | 30.51 (11.03) |
| Generalized views of aging | | | | | |
| Start of middle age for women (in years) | 43.64 (6.87) | 42.14 (6.80) | 45.03 (6.81)* | 43.47 (5.65) | 42.26 (6.69) |
| End of middle age for women (in years) | 58.60 (8.16) | 57.97 (7.55) | 59.71 (8.00) | 57.89 (6.78) | 57.50 (8.23) |
| Start of middle age for men (in years) | 43.99 (6.31) | 42.34 (7.45) | 44.87 (6.03)* | 44.92 (5.46) | 43.09 (6.45)† |
| End of middle age for men (in years) | 59.21 (7.71) | 56.48 (7.43) | 59.76 (7.71)* | 58.79 (6.42) | 58.71 (7.70) |
| Aging bodies | | | | | |
| Prospective self-rated health (0 = *worst* to 10 = *best*) | 6.99 (1.98) | 6.83 (1.98) | 7.03 (2.04) | 6.45 (2.19) | 6.98 (1.90)† |
| Prospective self-rated sexual life (0 = *worst* to 10 = *best*) | 6.25 (3.06) | 7.28 (2.67) | 6.09 (3.23)* | 5.66 (3.21) | 6.41 (2.87) |
| Self-rated physiological changes (four-item mean scale; 1 = *worse now* to 3 = *better now*) | 2.26 (.61) | 2.24 (.62) | 2.28 (.63) | 2.33 (.60) | 2.24 (.59) |

(continued)

**Table 1.** Continued

| | Total ($n = 2,673$) | Lesbian or bisexual women ($n = 29$) | Heterosexual women ($n = 1,317$) | Gay or bisexual men ($n = 38$) | Heterosexual men ($n = 1,289$) |
|---|---|---|---|---|---|
| Controls | | | | | |
| Age (in years) | 46.33 (12.94) | 40.38 (10.82) | 46.54 (12.93)* | 42.84 (12.46) | 46.36 (12.97)† |
| Non-White | .11 | .07 | .12 | .03 | .11† |
| Less than high school | .08 | .10 | .08 | .16 | .08† |
| High school | .29 | .28 | .32 | .13 | .27† |
| More than high school | .63 | .62 | .60 | .71 | .65 |
| Perceived financial well-being(0 = *worst* to 10 = *best*) | 5.99 (2.21) | 5.14 (2.56) | 5.87 (2.30)† | 5.47 (2.45) | 6.15 (2.08)* |
| Self-rated health (1 = *poor* to 5 = *excellent*) | 3.48 (.98) | 3.31 (1.07) | 3.43 (1.00) | 3.29 (1.06) | 3.53 (.95) |
| Chronic conditions | 2.50(2.58) | 3.21(2.54) | 2.84(2.75) | 3.58(3.15) | 2.11(2.32)*** |

*Note*. Means (standard deviations), Midlife in the United States (1995–1995), significant differences within genders.
†$p < .10$. *$p < .05$. ***$p < .001$.

**Table 2.** OLS Regression of Age-Related Self-Perceptions on Sexual Minority Status.

| | Age identity | | Ideal age | |
|---|---|---|---|---|
| | Model 1 | Model 2 | Model 3 | Model 4 |
| Age | −.32 (.01)*** | −.32 (.01)*** | .44 (.01)*** | .44 (.01)*** |
| Non-White | −2.02 (.50)*** | −2.01 (.50)*** | −.82 (.57) | −.82 (.57) |
| High school[a] | 1.08 (.62)† | 1.08 (.62)† | 1.40 (.71)† | 1.40 (.72)* |
| More than high school[a] | .05 (.59)† | .05 (.59) | 3.16 (.68)*** | 3.16 (.68)*** |
| Perceived financial well-being | −.23 (.08)** | −.23 (.08)** | .25 (.09)** | .25 (.09)** |
| Self-rated health | −1.91 (.18)*** | −1.91 (.18)*** | .61 (.21)** | .61 (.21)** |
| Chronic conditions | .42 (.07)*** | .42 (.07)*** | −.11 (.08) | −.11 (.08) |
| Female | −.91 (.31)** | −.90 (.32)** | 2.00 (.36)*** | 2.03 (.37)*** |
| Sexual minority | .19 (1.00) | .31 (1.33) | −.81 (1.53) | −.81 (1.53) |
| Female × Sexual minority | | −.25 (2.00) | | −1.12 (2.30) |
| Adjusted $R^2$ | .25 | .25 | .29 | .29 |

*Note*. Unstandardized coefficients (standard errors). Midlife in the United States (1995–1996), $n = 2{,}673$.
[a]Less than high school = reference category.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

than do heterosexual men. In contrast, the interaction term does not reach significance in the models predicting conceptions of the end of middle age for women (Model 4). Like the models predicting the start of women's middle age, those predicting the start of men's middle age reveal an interaction between gender and sexual minority status (Model 6). Results indicate that sexual minority women view the start of middle age for men as occurring 4 years earlier than do heterosexual women. The opposite pattern is found for men: Sexual minority men report the start of middle age for men as occurring over two and a half years later than do heterosexual men. Consistent with results for end of women's middle age, results for end of men's middle age reveal no evidence of variation by sexual minority status (Model 7)—a pattern that holds for women and men (Model 8).

Models reported in Table 3 reveal other predictors of generalized views of aging, with more identified for views of the end than the start of middle age. Viewing both women's and men's middle age as not only starting but also ending later is associated with being older and female and having better self-rated health. Viewing both women's and men's middle age as ending later is associated with being White and having more education. Viewing men's middle age as starting later also is associated with greater perceived financial well-being.

Table 4 reports results of models regressing views of aging bodies on sexual minority status. Results for prospective self-rated health reveal no evidence of

**Table 3.** OLS Regression of Generalized Views of Aging on Sexual Minority Status.

| | Start of middle age for women | | End of middle age for women | | Start of middle age for men | | End of middle age for men | |
|---|---|---|---|---|---|---|---|---|
| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 | Model 6 | Model 7 | Model 8 |
| Age | .16 (.01)*** | .16 (.01)*** | .16 (.01)*** | .16 (.01)*** | .16 (.01)*** | .16 (.01)*** | .15 (.01)*** | .15 (.01)*** |
| Non-White | −.34 (.40) | −.32 (.40) | −2.32 (.48)*** | −2.32 (.48)*** | .16 (.36) | .17 (.36) | −1.53 (.46)*** | −1.52 (.46)*** |
| High school[a] | −.15 (.50) | −.13 (.50) | .54 (.60) | .55 (.60) | −.03 (.45) | −.00 (.45) | 1.10 (.57)† | 1.12 (.57)* |
| More than high school[a] | .08 (.47) | .09 (.47) | 2.18 (.57)*** | 2.18 (.57)*** | .08 (.43) | .09 (.43) | 2.38 (.54)*** | 2.39 (.54)*** |
| Perceived financial well-being | .08 (.06) | .08 (.06) | .07 (.07) | .07 (.07) | .13 (.06)* | .13 (.06)* | .06 (.07) | .06 (.07) |
| Self-rated health | .39 (.14)** | .39 (.14)** | .60 (.17)*** | .60 (.17)*** | .41 (.13)** | .41 (.13)** | .58 (.16)*** | .58 (.16)*** |
| Chronic conditions | −.07 (.05) | −.07 (.05) | −.03 (.07) | −.04 (.07) | −.01 (.05) | −.01 (.05) | .03 (.06) | .03 (.06) |
| Female | 2.76 (.25)*** | 2.86 (.25)*** | 2.34 (.30)*** | 2.39 (.31)*** | 1.74 (.23)*** | 1.84 (.23)*** | 1.07 (.29)*** | 1.14 (.29)*** |
| Sexual minority | .33 (.80) | 1.97 (1.06)† | .20 (.96) | .94 (1.28) | .89 (.73) | 2.62 (.97)** | −.65 (.92) | .63 (1.21) |
| Female × Sexual minority | | −3.79 (1.60)* | | −1.71 (1.93) | | −3.98 (1.46)** | | −2.94 (1.84) |
| Adjusted $R^2$ | .13 | .13 | .10 | .10 | .14 | .14 | .09 | .09 |

*Note*. Unstandardized coefficients (standard errors). Midlife in the United States (1995–1996), $n = 2{,}673$.

[a]Less than high school = reference category.

†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

**Table 4.** OLS Regression of Aging Bodies on Sexual Minority Status.

| | Prospective self-rated health | | Prospective self-rated sexual life | | Self-rated physiological changes | |
|---|---|---|---|---|---|---|
| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 | Model 6 |
| Age | −.03 (.00)*** | −.03 (.00)*** | −.11 (.00)*** | −.11 (.00)*** | .00 (.00) | .00 (.00) |
| Non-White | .41 (.10)*** | .41 (.10)*** | .62 (.16)*** | .62 (.16)*** | −.03 (.04) | −.03 (.04) |
| High school | .48 (.12)*** | .48 (.12)*** | .34 (.20)† | .34 (.20)† | .14 (.05)** | .14 (.05)** |
| More than high school | .65 (.12)*** | .65 (.12)*** | .43 (.19)* | .42 (.19)* | .16 (.04)*** | .16 (.04)*** |
| Perceived financial well-being | .11 (.02)*** | .11 (.02)*** | .17 (.02)*** | .17 (.02)*** | −.01 (.01)* | −.01 (.01)* |
| Self-rated health | .79 (.04)*** | .79 (.04)*** | .38 (.06)*** | .38 (.06)*** | −.12 (.01)*** | −.12 (.01)*** |
| Chronic conditions | −.11 (.01)*** | −.11 (.01)*** | −.10 (.02)*** | −.09 (.02)*** | .03 (.00)*** | .03 (.00)*** |
| Female | .25 (.06)*** | .25 (.06)*** | −.10 (.10) | −.14 (.10) | .00 (.02) | .01 (.02) |
| Sexual minority | −.12 (.20) | −.13 (.27) | −.06 (.32) | −.71 (.43)† | −.01 (.07) | .03 (.10) |
| Female × Sexual minority | | .02 (.40) | | 1.47 (.65)* | | −.09 (.15) |
| Adjusted $R^2$ | .34 | .34 | .28 | .28 | .07 | .07 |

*Note.* Unstandardized coefficients (standard errors), Midlife in the United States (1995–1996), $n = 2{,}673$.

[a]Less than high school = reference category.

†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

variation by sexual minority status (Model 1), and this pattern holds for women and men (Model 2). In contrast, we find evidence of variation by sexual minority status in prospective self-rated sexual life—though only for women (Model 4). Results indicate that sexual minority women rate their future sex lives more favorably than do heterosexual women. Differences by sexual minority status among neither women nor men are found in models predicting self-rated physiological changes (Model 6).

Results for the other predictors also vary across the three views of aging bodies examined, with those for recent physiological changes differing from those for the two prospective measures. More favorable predictions of one's self-rated health and sexual life in the next 10 years are associated with being younger and non-White and having more education, higher perceived financial well-being, better self-rated health, and fewer chronic conditions. Gender is a significant predictor of prospective self-rated health, with women making more optimistic forecasts than men. Only one of the significant associations found for prospective health or sexual lives is similar for recent physiological changes: Having more education predicts better ratings of the present compared with 5 years ago. In contrast, results indicate that better ratings also are associated with lower perceived financial well-being, worse current self-rated health, and more chronic conditions.

## Discussion

Although gay and lesbian individuals' experiences of aging are receiving increasing research attention, few studies address subjective aging, including both generalized conceptions of the life course and perceptions of one's own aging self and body. Our study makes a conceptual and empirical contribution to this literature by not only identifying several perspectives on the association between sexual minority status and subjective aging but also providing a test of their predictions. We examine four perspectives on the association between sexual minority status and subjective age—double jeopardy, crisis competence, gender interactive, and limited salience perspectives. To examine these perspectives, we use nationally representative data and compare multiple sexual minority and gender groups (i.e., heterosexual and sexual minority women and men), contrasting with most prior studies' focus on a single group (e.g., gay men; Lyons et al., 2013; Slevin & Linneman, 2010).

We find most support for the limited salience perspective, suggesting that sexual minority status has less impact on subjective aging than do other social statuses and experiences. Results for self-perceptions of aging reveal no association between sexual minority status and either age identity or ideal age. Results for aging bodies also lend support to the limited salience perspective. For two of the three measures—recent physiological changes and predicted health in 10 years, we find no evidence of variation by sexual minority

status. Other factors emerge as important predictors, in particular age, gender, and health. Across the subjective aging measures we examine, age is the most consistent predictor, with older age associated with more youthful identities, older ideal ages, older ages as the start and end of middle age, and more optimistic 10-year predictions of one's health and sexual life. Also emerging as a significant predictor in most models is gender; women report younger identities, older ideal ages, later starting and ending points of middle age, and more optimistic health predictions. All these patterns are consistent with women's view of the life course as more elongated than men's (Toothman & Barrett, 2011). Another factor reaching significance in most models is health. Having better self-rated health predicts younger identities, older ideal ages, later starting and ending points of middle age, and more optimistic health and sexual life predictions. While these findings are consistent with prior studies (e.g., Barrett, 2003; Toothman & Barrett, 2011; Ward, 2013), others are not. In particular, results for self-rated physiological changes reveal that worse self-rated health and more chronic conditions—and worse perceived financial well-being—predict better assessments of the present compared with the past. In other words, the findings for ratings of the present, compared with the recent past, diverge from those for predictions of the future. This observation suggests that social contexts may have different impacts on subjective aging across temporal frames—a possibility that could be explored in future studies.

We find support, though limited, for the gender interactive perspective. This perspective on the association between sexual minority status and subjective aging is derived from prior studies suggesting that aging is more challenging for sexual minority men, compared with heterosexual men, while the opposite is true for women (e.g., Barrett & Robbins, 2008; Slevin & Linneman, 2010). The results for predicted sexual lives are consistent with this prediction—though they only hold for women. We find that lesbian and bisexual women have more optimistic predictions about their sexual lives in 10 years, compared with heterosexual women. This finding extends the conclusions of other work using MIDUS data, reporting less anxiety about both reproductive aging and aging-related loss of attractiveness among lesbian and bisexual, compared with heterosexual, women (Barrett & Robbins, 2008). Sexual minority women's more positive aging-related expectations may be interpreted as lending some support for the crisis competence perspective, positing that sexual minorities' prior experiences occupying a devalued social status aid self- and body-related adaptations to later life. However, further research is needed to examine not only life course experiences contributing to these differences among women in their views of aging but also explanations for the absence of such a pattern among men.

We also find some support for the gender interactive perspective in models predicting generalized view of the life course. We find that sexual minority men

report older ages as the start of men's middle age than do their heterosexual peers. In contrast, among women, sexual minorities view middle age as starting earlier than do heterosexuals. These results suggest that similar processes may shape the subjective aging experiences of heterosexual women and sexual minority men; both groups may face pressure to retain youthful views of themselves—a goal that can be facilitated by postponing the timing of life stages. Viewed in this way, the results may be interpreted as providing some support for the double jeopardy perspective, as aging may be more negatively experienced by individuals occupying a devalued social status (e.g., woman and sexual minority) prior to their acquiring one that is tied to their age. However, support for this perspective is undercut by the absence of evidence indicating that the group occupying the most disadvantage statuses—sexual minority women—experience aging more negatively than other groups. In fact, we find some evidence in the analysis of prospective sexual lives that this group experiences more positive subjective aging than do other groups.

Our study contributes to the small literature on the association between sexual minority status and subjective aging, but its conclusions are limited by several features of our data. We use MIDUS because it is the only survey of which we are aware that includes both subjective aging and sexual identity measures. However, the MIDUS measures of neither are ideal. Regarding sexual identity, our categorization of respondents into one of two boxes—sexual minority or heterosexual—fails, as do most quantitative studies of this topic, to explore sexual orientation along the continuum on which it is experienced (e.g., Kinsey, Pomeroy, Martin, & Gebhard, 1953; Laumann, Gagnon, Michael, & Michaels, 1994). The measures of subjective aging also circumscribe our results; we are not able to examine other dimensions of the construct, such as generalized views of older adults or awareness of aging-related change (e.g., Diehl & Wahl, 2010; Laidlaw, Power, & Schmidt, 2007). Other data limitations stem from the small number of sexual minorities in the sample, preventing not only the separate consideration of bisexuals and homosexuals but also an examination of other sources of difference, such as age and race. Our study, however, provides an organizational framework of theoretical perspectives—along with a set of empirical results—that can guide further examinations. The importance of this research, particularly using data from current cohorts of aging adults, is underscored by the dramatic, recent shifts in attitudes and policies regarding sexual minorities, the consequences of which for subjective aging remain largely unexplored.

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