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8

The Paradox of Well-Being, Identity Processes, and Stereotype Threat: Ageism and Its Potential Relationships to the Self in Later Life

Susan Krauss Whitbourne and Joel R. Sneed

How does it feel to grow old in a society that values youth and youthfulness? This central question is the organizing theme of this chapter, in which we examine the impact on sense of self or identity of society's attitudes toward older adults. Whether and why ageism exists will not be questioned or analyzed; we assume that there is sufficient evidence from within all sectors of Western society to present aging individuals with challenges to their identities and will not document these. The focus of the chapter is the question of how it is that the majority of older adults maintain a positive sense of the self despite the fact that they are confronted on a daily basis with fear and devaluation from others within society. At the same time, there is evidence that for at least some older adults, negative attitudes about aging and the aged are internalized in ways that affect their ability to perform well on tasks in the laboratory and in everyday life. Thus, although the majority of older adults maintain high self-esteem and positive feelings of self-worth, there is the potential for some (or perhaps most) to behave in ways that are similar to those of other discriminated against subgroups within Western society. Ironically, such self-fulfilling properties of their behavior may reinforce negative stereotypes about the abilities of older adults to carry out tasks that are vital to their adaptation.

The Nature of Aging Stereotypes: Myth and Reality

Negative attitudes toward aging take several forms (Kite and Johnson 1988). The first is that older adults are lonely and depressed. This stereotype portrays older adults as lacking close friends and family and as having a higher rate of mood disorders than is true of younger adults. Both components of this stereotype clearly are myths (Cooley et al. 1998; Whitbourne, 2001). They conflict with the weight of evidence supporting the view that older adults are high on psychosocial resources, both personal

and interpersonal. Related to myths of lack of psychosocial resources are the views of older adults as rigid and unable to cope with the declines associated with aging. Again, data on flexibility in later life (Schaie 1994) and on the adequacy of coping resources (Diehl, Coyle, and Labouvie-Vief 1996) refute this myth. Older adults are not inherently less flexible in terms of attitudes or personality styles than are younger adults. Furthermore, older adults have a wealth of coping resources that allow them to manage stress in personally and interpersonally more effective ways than do young adults.

The second stereotype of aging is that older adults become increasingly similar as they grow old—and the similarity is one that has negative connotations. This stereotype portrays aging as unidimensional and unidirectional, again a view that conflicts with the evidence. A considerable body of research within gerontology has established that older adults are more rather than less different from each other in terms of the extent to which their scores vary on a range of physical, psychological, and sociological measures (Nelson and Dannefer 1992).

The third aging stereotype is that older adults are sick, frail, and dependent, a stereotype unfortunately reinforced by the use of the term *frail elder* promoted in some of the gerontological literature. This stereotype conflicts with the evidence on self-assessed and objectively rated health in older adults (National Center for Health Statistics 1999). The majority of older persons, even those objectively in poor health and limited economic circumstances, rate their health as "good" or "very good."

Fourth, older adults are seen as cognitively and psychologically impaired, a view that fits with the notion of aging as involving inevitable "senility." Here again the evidence presents a conflicting viewpoint. Although clearly there are losses in attention and working memory with increasing age in adulthood, only a minority (7 percent) of older adults develop extreme impairment in the form of dementia (Brookmeyer and Kawas 1998).

Ageism is not only reflected in common myths held by the public at large, but is also reflected in psychological theories about older adulthood. For example, disengagement theory (Cumming and Henry 1961) proposed that older adults voluntarily reduce their contact with society rather than being excluded from participation in their former social roles. This theory conflicted with the views held previously by professional advocates working with elders that older adults are involuntarily forced to give up valued participation in society. The inherent ageism of

disengagement theory, which justifies the withdrawal of social institutions from the lives of older adults, led many researchers to question its conclusions, and it has since been refuted (Atchley 1989). However, the theory provides a justification for those who wish to argue that older adults are best left to rest on the shelf.

In addition to its appearance within the social-psychological literature on aging, ageism has made its way to the undergraduate psychology textbooks used in colleges and universities to teach tomorrow's psychologists. In a study of undergraduate psychology textbooks published between 1949 and 1989, Whitbourne and Hulicka (1990) documented the extent to which older adults and the aging process are portrayed in a negative light. For example, the "everything goes downhill" theme was prominent in descriptions within these texts of research on cognition, personality, and physical functioning. Although not all portrayals of aging and the aged were as negative, there was sufficient evidence to justify concern that undergraduates are not being given accurate information about the aging process. More recent analyses of undergraduate texts reveal continued examples of ageist portrayals in areas such as introductory, cognitive, and abnormal psychology (Whitbourne and Cavanaugh, in press). Other gerontologists have provided evidence of ageism in psychological research (Schaie 1988, 1993) and in the provision of treatment to older adults (Gatz and Pearson 1988).

Given that society's attitudes toward aging are more negative toward women than toward men (the "double standard of aging"; Sontag 1979; Wilcox 1997), women are seen as particular targets of ageism. In part, such a view relates to social definitions of attractiveness, which, in turn, can create a challenge for women's body image (Whitbourne and Skultety, in press). Countering the negative views of aging adults are forms of ageism in which older adults are seen in an overly positive but equally stereotyped light (Hummert et al. 1994). Older adults are seen as "cute" or "kindly," and although these views may bring a smile to the face of a younger person, they still involve placing all older adults into the same category and therefore limiting appreciation of their individuality.

The need to counteract ageist myths and stereotypes remains a pressing concern within the field of gerontology. As the generation of baby boomers reaches their mature adult years and heads into the years traditionally thought of as old age, these negative views of aging and the aged could potentially have negative effects on the social treatment and regard of many millions of individuals.

The Paradox of Well-Being and Successful Aging

Having just made the case for the need to revise views of aging and the aged, we now arrive at a startling fact: Despite the existence of ageism and other negative social indicators associated with aging, the majority of older adults maintain a positive sense of subjective well-being. This phenomenon has been referred to as the "paradox of well-being" (Mroczek and Kolarz 1998), a term that seems to be an apt description of this puzzling phenomenon. Support for this phenomenon emerged from analysis of data from over 32,000 Americans studied from 1972 to 1994 obtained in the Midlife in the United States Survey (MIDUS) carried out within the context of the MacArthur Study of Successful Midlife Development. The large majority of individuals in the later adult years within this sample were found to rate themselves as "very" or "pretty" happy. Findings from countries around the world support this positive image of aging as a time of increased feelings of satisfaction (Diener and Suh 1998). In general, the majority of people report having a favorable evaluation of themselves and their lives, and this rosy view does not become dimmed in old age (Diener 1998).

Related to the paradox of well-being is another more long-standing observation within social gerontology, referred to as the phenomenon of "successful aging" or "optimal aging" (Rowe and Kahn 1987). This notion is related to the paradox of well-being, but is a more explicit approach that emphasizes the positive aspects of growing older. The tradition of studying successful aging has existed for many years within the field of social gerontology, but it has been gaining ascendance with a growing emphasis on positive psychology. Another study founded by the MacArthur Foundation designed to investigate this phenomenon identified the three theorized aspects of successful aging as absence of disease or disability, maintaining high cognitive and physical functioning, and being actively engaged with life (Rowe and Kahn 1998). According to this definition of successful aging, the majority of older adults are in fact successful. The paradox of well-being may be explained in part by the fact that most older adults meet the objective criteria for successful aging. The fact that they feel good about themselves follows from their having met these criteria. Perhaps lacking from this definition is a sense of self-actualization or self-expression. Although the criterion of active engagement with life conjures up a sense of an individual's reaching out to others, there is no criterion in the definition of successful aging that relates to full expression of the self, or what Erikson and colleagues refer to as "ego integrity" (Erikson 1963) or "vital involvement" (Erikson, Erikson, and Kivnick 1986).

Despite its limitations, the concept of successful aging adds an important counterpoint to the view of aging as a time of inevitable disease and decline. What remains interesting, however, is the fact that despite so many negative portrayals of aging, which persist even in the face of evidence to the contrary, the majority of older adults are able to achieve positive well-being. We will turn next to theories that attempt to provide explanations for this intriguing phenomenon.

Theorized Processes of Maintaining Well-Being in Later Life

Within personality theories concerning aging and the sense of self, or identity, the older adult is viewed as maintaining both positive self-esteem and enhanced abilities to cope with negative life events. Four mechanisms are theorized to account for this improved ability to manage such problems. The first is a mature set of defense mechanisms or coping abilities. The second is the ability to select emotionally rewarding social partners. The third proposed mechanism involves accommodation of goals by older adults in the face of actual and impending age-related changes. The last, which we focus on most heavily, is the use of processes of interpreting experiences in which information consistent with present (positive) views of the self is preserved.

Use of Mature Defense Mechanisms

There is evidence to suggest that older adults possess an adaptive set of defense mechanisms with which to handle emotional challenges. Vaillant (1993) proposed a hierarchical model of defense mechanisms in which immature defenses such as denial predominate in early life, and more mature mechanisms such as humor and altruism come to the fore in later life. Along similar lines, Haan (1977) suggested that coping and defensive processes develop across the life span. Haan proposed that the use of coping strategies that involve cognitive mediation and mature emotional expression increase with age, whereas defensive processes that lack conscious cognitive mediation and distort reality decrease with age.

Both the Vaillant and Haan models have received considerable empirical support in investigations of defense mechanisms in later adulthood. Across a variety of measures, immature coping and defensive strategies decrease with age, and more mature strategies increase with age (Diehl, Coyle, and Labouvie-Vief 1996; Ihilevich and Gleser 1986; Labouvie-Vief,

Hakim-Larson, and Hobart 1987). Clearly, older adults have the ability to handle negative emotions in a more productive and positive manner than do their younger counterparts. This ability allows them to engage in extensive "damage control" when exposed to potentially negative emotional interchanges in which they are made to feel weak, inferior, or rejected by virtue of their status as older adults.

Socioemotional Selectivity Theory

Related to the notion of enhanced psychosocial maturity in later life is socioemotional selectivity theory, which proposes that older adults have found ways to control successfully the potentially negative outcomes of their life experiences (Carstensen 1992; Carstensen, Isaacowitz, and Charles 1999). Rather than spend time with strangers, who may base their interactions with older adults on social stereotypes instead of personal knowledge, older adults prefer to spend their time with family and close friends, who are more likely to provide positive emotional feedback. Through this mechanism of selection, older adults are able to maintain positive rather than negative emotions.

Socioemotional selectivity theory postulates that the underlying impetus for changes in the choice of desired social partners is the perception of time as limited, not age. When people of any age perceive time to be limited, as opposed to expansive, they tend to weigh the regulation of positive emotional states more heavily than the acquisition of knowledge (novelty). In other words, when time is perceived as expansive, people tend to be more acquisitive in their desire for new information. When people perceive that their time will be limited, they become more present oriented and turn their social goals from acquisition of information to the securing of emotionally significant interactions with significant others. Older people perceive their future time as limited, and therefore engage in a process of reducing the size of their social networks.

Through the process of selection, socioemotional selectivity theory explains the empirical fact that older adults have smaller social networks. In contrast to the disengagement theory, however, socioemotional selectivity theory accounts for the fact in a positive light, presenting older adults as active agents in the construction of their social worlds. Furthermore, older adults do not restrict their social networks because they value emotional experiences any less than do younger adults, a process implied by disengagement theory; in fact, it is for the opposite reason. Thus, older adults are seen within this framework as having the potential to control their emotional experiences by controlling the nature of their social interactions.

Goal Accommodation

A third mechanism that older adults may use to maintain a positive sense of self despite objective evidence of losses and exposure to negative stereotypes is to accommodate or reduce their level of aspiration or goals. According to Brandstädter and Greve (1994), successful aging results from an "accommodative shift" in which adults gradually relinquish the desired aims and objectives of their younger years to ones that are more compatible with their more restricted set of abilities in later life. Such a shift allows them to maintain a positive sense of self because they are no longer faced with their objectively based physical and cognitive limitations (Brandstädter and Greve 1994).

Along similar lines, Heckhausen and Schulz (Heckhausen 1997; Heckhausen and Schulz 1995) postulate that older adults shift from primary control of their environment, in which they try to impose their will onto situations, to secondary control, in which they change their goals so that they can derive a sense of achievement and accomplishment. Downward social comparison, habituation, and negative scaling of aspirations are other related mechanisms theorized to account for the maintenance of positive well-being in the face of objective social losses (Mroczek and Kolarz 1998).

Identity Processes

The final theoretical approach we examine to explain the maintenance of positive views of the self is based on the theory of identity processes (Whitbourne 1986). Identity process theory proposes that people interpret their perceptions of experiences through the Piagetian-like process of identity assimilation: the interpretation of experiences through the template provided by the individual's self-schemas or identity. The theory postulates that the majority of adults attempt to maintain a positive sense of self—as competent, well regarded, and ethical. As in Piaget's theory, however, some situations are not amenable to identity assimilation, and this sense of the self must undergo some change. For example, if an older person with reduced muscle strength cannot lift a heavy box (one that could formerly have been lifted with ease), identity assimilation will be defeated. Instead, the individual must undergo a change in the self, which occurs through identity accommodation. Through this process, the older person with reduced muscle strength must make a shift to viewing the self as having lost some of his or her former competence.

Ideally, however, as in Piaget's theory, there is a balance or dynamic equilibrium between identity assimilation and identity accommodation.

When an individual is faced with experiences that challenge his or her self-definition, identity assimilation should gradually give way to identity accommodation. However, identity accommodation should not become so predominant that the individual's identity is based entirely on the ups and downs of life experiences. Instead, the individual should be able to make changes in identity as necessary but maintain a coherent and integrated sense of self.

The integration of aging into identity process theory is represented by the multiple threshold model, a proposal that personal recognition of the physical and cognitive aspects of aging occurs in a stepwise process across the years of adulthood (Whitbourne and Collins 1998). According to this model, individuals pass through a set of thresholds of feeling old at different times for different systems of the body (what is popularly called a "senior moment"). Each new age-related change brings with it the potential for another threshold to be crossed. The area or areas that are of greatest significance to an adult's identity are likely to observed with great care or vigilance. Some thresholds are crossed without creating a challenge for identity because they are in areas that are not of particular importance to that individual. At the point of crossing a threshold, the individual is stimulated to recognize the reality of the aging process in that particular area of functioning. At that point, the individual moves from identity assimilation to identity accommodation in an attempt to adjust to the crossing of the threshold and reach a new state of balance.

Implied in the identity process model is the notion that the most important challenges to occur from a psychological standpoint in later adulthood pertain to the sense of self. However, unlike theories that propose shifts in ego defenses, coping styles, and goals as reactions to aging, identity process theory proposes that individuals can shape the aging process to fit their own sense of identity. In keeping with the notions of contextualism and reciprocity as life span developmental processes (Lerner 1995), identity process theory also assumes that identity influences the actions people take with regard to their own aging. They can maintain an active "use it or lose it approach" to the aging process that allows them to slow or ward off the negative effects of aging, such as taking advantage of aerobic exercise. On the other hand, people can fall into the many traps that are present within contemporary culture to accelerate the aging process, such as for fair-skinned people to acquire a suntan or people with cardiovascular disease to eat food with high fat content.

According to the identity process model, older individuals maintain a positive sense of well-being despite objective losses and exposure to ageism

through the mechanism of identity assimilation. A series of studies conducted within our laboratory has led us to hypothesize the existence of an identity assimilation effect (IAE), which is the positive relationship between age and self-esteem that is accounted for by a positive relationship between age and the use of identity assimilation. Through the IAE, older adults are able to preserve their sense of identity by using identity assimilation to minimize or alter the nature of the experiences to which they are exposed by virtue of their moving into the status of older adult. The "successful" ager does not pretend that aging is not occurring. Instead, aging is adapted to at the level of behavior. Older adults maintain their overall positive sense of identity while at the same time making the behavioral microaccommodations that allow them to preserve their health and functioning at optimal levels. Older adults vary in their ability to take these measures to protect and express the self in later life. After examining the research supporting the IAE, we turn to the challenge presented by aging to the sense of self that stimulates the use of identity processes. Finally, we explore the notion of identity styles as alternate ways of managing the threats to identity created by negative stereotypes of aging.

The Identity Assimilation Effect: How Individuals May Ward Off the Effects of Ageism

Our position is that older adults are able to combat the potentially negative attitudes toward aging and the aged that are observed in Western society through a variety of mechanisms, but the one of most relevance is identity assimilation. The IAE is a product of the older individual's desire to preserve a positive sense of self in the face of increasingly threatening images of aging as a negative state of existence. The IAE works for most individuals, but as we shall also see not for all.

Previous Research on the IAE

The IAE has been observed in a series of studies examining the relationship between identity processes and self-esteem in middle and later adulthood. The first evidence of such an effect was noted in an investigation of the relationship between the identity processes of assimilation, accommodation, and balance, and perceptions of physical and cognitive functioning in older adults (Whitbourne and Collins 1998). Using a questionnaire designed to tap the use of the identity processes in response to age-related physical and cognitive changes, a strong relationship was observed between the use of identity assimilation and the maintenance of

self-esteem in older adults. Specifically, identity assimilation was (1) used by adults between the ages of 40 and 65 to maintain self-esteem in the areas of appearance and cognition, (2) positively related to self-esteem in the area of appearance for adults 65 and older, and (3) positively related to self-esteem in the area of basic functioning for the sample as a whole. According to Whitbourne and Collins (1998), people using identity assimilation may make behavioral changes to cope with the aging process, but without ruminating about them.

In a subsequent investigation (Sneed and Whitbourne 2001), we examined the relationship between self-esteem and identity processes using a fifty-five-item version of the Identity and Experiences Scale–General, a Likert-type self-report measure developed to assess an individual's use of identity assimilation (IAS), identity accommodation (IAC), and identity balance (IBL) in the domain of personality. Items for this measure were originally derived from an interview study in which ninety-four adults shared their thoughts and feelings regarding family, work, values, and aging (Whitbourne 1986). Statements such as, "Have many doubts and questions about myself," tap the IAC dimension; "Don't spend much effort reflecting on 'who' I am," tap the IAS dimension; and "Try to keep a steady course in life but am open to new ideas," tap the IBL dimension. We administered this measure along with Rosenberg's (1965) Self-Esteem Scale to a community sample of older adults ranging in age from 40 to 95 years ($M = 63.31$, $SD = 13.91$). As expected, both identity balance and identity assimilation were positively correlated with self-esteem, whereas identity accommodation was negatively correlated with self-esteem. Supporting the concept of the IAE, we also found positive correlations between identity assimilation and age.

The relationships observed in our research between the identity processes and self-esteem are buttressed by the independent observation that self-concept clarity is negatively associated with self-report measures of negative affect and neuroticism (anxiety and depression) and positively correlated with self-esteem (Campbell 1990; Campbell et al. 1996). In other words, identity accommodation should negatively relate to self-esteem because it is an identity process associated with a loosely organized identity structure, whereas identity balance and self-esteem should positively correlate because these processes are associated with self-concept clarity. Identity assimilation is conceptualized as being primarily a defensive strategy; it protects the individual from realizing a shortcoming in the self. As a result of this self-protective strategy, identity assimilation is positively related to an increased sense of self-worth.

Using a refined thirty-three-item version of the IES (Sneed and Whitbourne 2000), we examined the relationship between the identity processes and self-esteem, need for cognition, and self-consciousness in a community sample of 173 adults (108 females and 65 males) ranging in age from 42 to 85 years ($M = 60.80$; $SD = 12.58$). Bivariate correlations and multiple regression analysis yielded partial support for the predicted relationships among the variables in the study. As expected, identity balance was positively correlated with internal state awareness and self-esteem, suggesting that individuals using identity balance are self-accepting and tend to be aware of their internal moods and feelings. Identity accommodation was positively associated with self-reflection, social anxiety, and self consciousness, which was also anticipated. Because of their loosely integrated identities, people high on identity accommodation were predicted to be concerned with their self-presentation and consequently to be socially anxious. This prediction was upheld. Identity assimilation was negatively correlated with self-reflection, indicating that individuals using this process tend not to examine their internal states in an attempt to avoid discovering shortcomings in the self. In this study, we also found partial support for the IAE hypothesis. Although identity assimilation did not positively correlate with self-esteem, a positive association was observed between identity assimilation and age. Furthermore, we predicted that identity accommodation would vary inversely with age and self-esteem, and this prediction was upheld. These findings suggest that older individuals are more likely than younger persons to decrease their use of identity-accommodative processes and increase their use of identity assimilation–like processes in order to maintain a positive view of the self.

Subsequent research (Skultety 2000) suggests that the IAE is more likely to occur in women. The double jeopardy of ageism and sexism places a greater strain on identity processes, and to avoid self-esteem losses, women turn, perhaps defensively, to identity assimilation as their buffer (Whitbourne, Sneed, and Skultety 2001).

Research Related to the IAE

The IAE hypothesis directly contrasts with Brandstädter and Greve's (1994) model of accommodative shifting in later adulthood. According to these researchers, successful aging occurs when goals and aspirations are adjusted in accordance with one's age-related abilities. Although at first glance these models share much in common (both are based loosely on Piagetian-like constructs), a closer inspection shows that they diverge considerably. Most important, in Brandstädter and Greve's model, people

are motivated to achieve consistency between what they want to do and what they are able to do; that is, we see this as primarily a goal-directed model. In our view, people seek to maintain consistent and positive views of themselves, and the identity process styles refer to the means through which they accomplish this goal. This model places identity squarely at center of experience (Whitbourne and Connolly 1999). Successful adaptation to the aging process refers not to what is external (e.g., goals) but to what is most internal: one's self.

According to the IAE, the modus operandi of the normally functioning individual is to maintain, perhaps at the expense of accuracy, a positive self-view or "positive ego-enhancing bias" (Whitbourne 1996, p. 280). Along related lines, Baumeister (1996, 1997) proposes that individuals prefer to see themselves as stable and predictable. They distort the way they interpret their own actions and experiences to make this positive view seem plausible. As in identity process theory, normal adults are theorized to prefer to view themselves as being personally competent and as having desirable personality traits (Newman, Duff, and Baumeister 1997).

Greenberg, Pyszczynski, and Solomon (1986) have summarized a variety of experimental findings from social psychology that highlight the individual's need to protect self-esteem, which we argue is maintained in later adulthood through the use of identity assimilation: (1) Individuals tend to take credit for their successes and deny responsibility for their failures; (2) they will inhibit performance or undermine their own chances for success (i.e., self-handicap) if they are able to conjure up external attributions to explain their failure; (3) when self-esteem in a particular domain is threatened, people compensate by overly valuing their skills in an unrelated domain; (4) when individuals fail at a task that is important to them, they overestimate how many others will also fail; conversely, when they succeed, they underestimate how many others will succeed; (5) people prefer to compare themselves to others who perform worse than they do on dimensions that are important to them (e.g., downward social comparisons); and (6) when research participants are outperformed by confederates on tasks that are personally relevant (identity salient), they subsequently downplay or minimize the importance of that domain to their self-concept.

The identity processing perspective conceives of self-esteem as tantamount to evaluating the self as loving in relations with others, competent in abilities, and morally good, a position consistent with the view that self-esteem serves as a buffer against anxiety. According to this view, identity challenges cause anxiety (i.e., threaten the unity of the self; Lecky

1945) because they challenge this set of beliefs. Similarly, terror management theory (Greenberg et al. 1992) holds that the awareness of one's mortality causes paralyzing anxiety and that one's cultural worldview imbues the world with meaning to prevent this realization. Self-esteem serves as a guide in determining how well an individual is meeting the prescribed standards of the culture and functions as an anxiety buffer against mortality salience. These authors have shown that high self-esteem is associated with experiencing less anxiety following exposure to threatening stimuli. Conversely, decreases in self-esteem are related to increases in anxiety following exposure to threatening stimuli.

The IAE hypothesis is also consistent with the accumulated body of research evidence challenging the view that accurate perception of the self and the social world is necessary for psychological health. Taylor and Brown (1988) persuasively argued that people have unrealistically positive self-views, exaggerated perceptions of control, and unrealistic optimism. In addition to the many self-esteem-protective mechanisms, evidence that people have unrealistically positive self-views comes from the fact that most people believe they are better than the average person, which Taylor and Brown note is a logical contradiction. People also have exaggerated perceptions of control. For example, they believe they have control over chance situations such as rolling dice and believe they have more control over the outcome if they throw the dice themselves than if someone else does it for them. Indeed, the only group of people that does not display this illusion of control are those who are depressed. Taylor and Brown also document the unrealistic optimism of nondepressed individuals. Over a variety of experimental tasks, most people's predictions about the future closely correspond to what they would like to see happen. Furthermore, most people believe that the likelihood of experiencing positive outcomes in the future is greater than that of their peers, and the likelihood of experiencing negative events is less than that of their peers. These authors make the important point, which is underscored here, that high self-esteem, a sense of self-efficacy or perceived personal control, and a positive outlook on life are all associated with psychological health, whereas low self-esteem, lack of perceived control, and a pessimistic outlook on life are associated with depression and anxiety.

There appears to be a developmental progression in the use of defense mechanisms over the life span from less sophisticated and mature defenses such as projection to more mature and complex defenses such intellectualization. However, what seems to be overlooked by most researchers, which is particularly relevant to the IAE hypothesis, is that it is

consistently observed that the defense mechanism of denial (also called "reversal") tends to increase with age. In a sex- and age-stratified random sample of adults from low, medium, and high socioeconomic backgrounds, Diehl, Coyle, and Labouvie-Vief (1996) observed that older adults had significantly higher reversal scores than all other age ranges. This finding is of particular importance because it may indicate that the negative stereotypes associated with aging may be combated using denial, which is consistent with the IAE hypothesis. Moreover, their findings cut across a wide range of income and education levels, increasing the generalizability of our hypothesis, which has been tested in more limited populations. It is particularly interesting to note that mean scores on reversal level off in the over-70 age group in this study. This indicates that it is during the critical late middle age and retirement age period that the effects of ageism may be strongest and defenses such as denial necessary to counter its deleterious effects. In all, an impressive body of research support exists from a variety of disciplines within psychology suggesting that assimilative processes such as denial are increasingly used in later adulthood to maintain self-esteem.

Identity Styles: On the Road to Individual Differences in Reactions to Ageism

There is reason to maintain that not all older individuals are able to withstand the challenges to identity presented by negative views of aging in Western society. In this section, we present a model of identity styles that describes alternative combinations of the identity processes of assimilation, accommodation, and balance (Whitbourne et al. 2001). We then relate the variations among the identity styles to the challenges presented by ageism.

Characteristics of the Identity Styles

How one characteristically handles identity challenges can be thought of as one's identity style, an individual's characteristic way of processing information about the self that theoretically predicts adaptation to the physical, psychological, and social role changes inherent in the aging process (Berzonsky 1990; Whitbourne 1987). Identity styles are similar in scope and function to cognitive styles, which are conceptualized as bridges between an individual's cognitions and personality (Sternberg and Grigorenko 1997).

Identity Assimilators Identity assimilators possess fragile identities. At all costs, they attempt to fit identity-discrepant experiences into their existing identities because to recognize discrepancies is painful. A notion similar to extreme identity assimilation is Robins and John's (1997) metaphor of the Egoist, an individual who seeks self-enhancement and distorts information regarding the self because experiences that reflect poorly on the self produce negative affect. The inflated self-esteem of identity assimilators may serve as a defense against a weak and fragile ego that is defensively compensating for feelings of worthlessness and self-doubt (Kernberg 1975).

To maintain a positive identity, the identity assimilator characteristically uses defensive processes that cause potentially negative information about the self to be warded off or prevented from entering or invading identity. These individuals may blame others for their shortcomings, seek out only information that is consistent with identity, or defensively assert, sometimes in the face of contradictory evidence, that they are loving, competent, and good. It is interesting to note that these individuals may pride themselves on their flexibility and adaptability in keeping up with the standards and values of the day. Furthermore, they refuse to engage in self-reflection both because they do not value the process and because they unconsciously fear the outcome.

Identity Accommodators Identity accommodators have unstable and incoherent identities and therefore are easily shaped by new experiences and ideas. They are compelled to seek information about themselves to assuage their feelings of self-doubt and low self-esteem. At the same time, however, they continually recognize their own limitations and lack of integration. They also tend to be highly responsive to external influences; that is, they tend to look to the outside rather than the inside for inner guidance.

Robins and John's (1997) metaphor of the Politician is conceptually similar to this characterization of the identity accommodator. The Politician lacks a core sense of self or identity and can be seen solely as a product of the social context. According to Robins and John, the self-concept of such individuals can be thought of as a public performance. Politicians are primarily concerned with the impression they make on people and change their self-presentation to gain approval. When these individuals fail to gain approval, they experience negative affect and anxiety.

Given the theoretical relationship among identity accommodation, self-doubting, and low self-esteem, it would be predicted that identity

accommodation correlates with depression and depressogenic tendencies. Indeed, depression and self-esteem are inversely correlated (Tennen and Herzberger 1987), and it is believed the mechanisms underlying low self-esteem and depression are the same (Watson and Clark 1984).

Identity Balanced A dynamic balance between the opposing processes of identity assimilation and accommodation is considered the optimal approach to aging. Identity-balanced individuals are flexible enough to change in response to identity-salient discrepancies but not so flexible and unstructured that every new experience causes them to question fundamental assumptions about their self-definition. Identity-balanced individuals are theoretically in the best position to age successfully because they can flexibly adapt to and integrate age-related changes into their identities while simultaneously not losing their sense of self as consistent over time. People who are identity balanced regard the changes they have experienced as favorable (even if challenging), take a flexible approach to new experiences, and are able to engage in honest self-evaluation.

The notion of identity balance is conceptually similar to the Scientist metaphor of Robins and John (1997). Scientists are concerned with acquiring accurate self-knowledge. Thus, they construct theories about the self that are based on observation and can be tested. Because they are relatively objective in their approach to information about the self, they are neither devastated by nor unwilling to recognize changes that may potentially detract from the view they have of themselves as loving, competent, and good.

Theory predicts that identity-balanced individuals are free of debilitating psychopathology because they have a strong sense of personal control and self-efficacy. Indeed, individuals relatively free of psychopathology have a greater sense of personal control than do clinical populations (Shapiro, Schwartz, and Astin 1996). Because actual or perceived personal control is associated with decreased mortality (Alexander et al. 1989; Rodin and Langer 1977) and weak self-efficacy beliefs predict perceived declines in physical functioning (Seeman et al. 1999), it is believed that identity-balanced individuals adapt most successfully to the aging process. However, this may not result in the most positive account of later adulthood.

The possible liability associated with the balanced approach is as follows. The majority of age-related changes are in fact out of the individual's control, as is, of course, the individual's inevitable progress toward death with advancing age in adulthood. Individuals who pride themselves on personal control and self-efficacy may be adversely affected when important events that are uncontrollable affect them (Diehl 1999; Shapiro, Schwartz, and Astin 1996). Given the relationship between anxiety and the inability to perceive control over stressful experiences, periodic bouts of anxiety may be associated with identity balance as individuals face the prospect of loss of control over their mortality.

Reactions to Ageism

How do individuals who predominantly use one identity-processing style over another react to the age-related negative stereotypes present in our society? On the one hand, older adults seem to be able to withstand the difficulties of aging by using identity assimilation to preserve a positive view of the self. Assimilators characteristically exude optimism, perceive themselves as healthy, and take pride in their life's accomplishments. Nevertheless, the use of such a defensive process may lead to social isolation, exhaustion from constantly defending against reality, and failure to engage in age-related compensatory activities (Whitbourne 1987). Identity assimilators may excessively use downward social comparisons (changing the comparison standard in order to remain in a favorable light), which may alienate them from important social contacts like family and friends. This is particularly significant given the importance of close friends and family in later life to the maintenance of well-being and life satisfaction, as predicted by socioemotional selectivity theory.

On the other hand, older adults may suffer negative consequences by buying into social stereotypes about aging that lead them to overaccommodate to age-related changes. They assume that their life will follow a downward trajectory regardless of what actions they take, and as a result, they encounter even more negative changes in physical and cognitive functioning than would otherwise be the case.

In the other words, identity accommodators are expected to overreact and overgeneralize the consequences of age-related changes. For accommodators, stereotyped notions of old age provide a concrete set of external self-referents, and they adopt these stereotypes because they lack the internal identity structure that enables negotiating these challenges. For example, adults approaching their later years may react to the negative stereotype that older adults are cognitively impaired by becoming forgetful. What this buys the individual is the comfort of belonging to a group of similar others, but at the cost of losing healthy cognitive functioning. Individuals who accommodate may respond to medical diagnoses by "adopting" the disease, which protects them against identity instability

and, paradoxically, against the existential worry associated with aging. In a sense, accommodators escape from the freedom to choose to live healthily and happily.

Balanced individuals should adjust to age-related setbacks with the most positive outlook. When they cannot adjust to age-related physical, psychological, and social role changes, they readily take advantage of therapeutic interventions, both psychological and physical, by becoming actively involved in social activities and exercise programs. As a result, these individuals will be more able to adjust realistically to age-related changes instead of denying that they are aging (extreme assimilation) or accepting prematurely that they are "over the hill" (overaccommodation).

Potential Consequences of Ageism: Stereotype Threat and Identity

Ageism, defined as a prejudiced attitude toward aging and older adults that is characterized by myths and stereotypes that depict aging as a process of decay (Whitbourne and Hulicka 1990), is not simply an abstract concept of academic interest; the psychological effects or consequences of ageism are very real. As we have seen, although the IAE protects older individuals from having negative stereotypes invade their sense of identities, there are some older individuals at particular risk: those who use identity accommodation. Fortunately, identity accommodators are in the minority. However, all older individuals, whether or not they are aware of this, are vulnerable to the effects of ageism on more subtle aspects of their ability to perform the tasks of daily life.

Older adults share beliefs (both negative and positive stereotypes) about aging that are similar to those of younger and middle-aged individuals, although these stereotypes are more complex. Hummert and her colleagues (1994) demonstrated using a trait generation task that the stereotypic self-representations possessed by older adults are similar to those held by young and middle-aged adults. They believe, for example, that older persons are severely impaired (e.g., senile, feeble, and slow-thinking), despondent (e.g., depressed, sad, and hopeless), shrewd or curmudgeonly (e.g., complaining and bitter), and socially inept or isolated (poor, timid, and quiet). Although the stereotypes that older adults hold were more complex and differentiated, these beliefs generally represented subsets of the broader categories endorsed by younger adults. As a result, it appears that the content of the negative stereotypic representations of older adults remains stable over the life course, but as one moves from out-group to in-group member, these beliefs become more complex.

The Priming of Poorer Performance by Ageist Stereotypes: Evidence from the Laboratory

Although research on beliefs and stereotypes is inherently of interest to this discussion, of most significance are the findings of studies illustrating the self-fulfilling nature of ageist representations of older adults. One remarkable study demonstrated the surprising finding that the priming of negative stereotypes can influence the walking speed of college-aged individuals. Bargh, Chen, and Barrows (1996) primed negative stereotypes of older adults using a scrambled-sentence priming task. In this task, five words were presented in scrambled order, one of which is a negative stereotype prime, and participants were asked to write down a grammatically correct sentence using only four of the five words. Walking speed was measured at a time when participants believed they were not involved in an experimental task: walking to the next part of the experiment. As predicted, undergraduates primed with stereotypes of older adults walked more slowly down the hall than those in a neutral priming condition. Of particular interest is the fact that no primes related to walking speed were included in the task.

A similar phenomenon was demonstrated on a sample of older adult men and women, using ageist stereotypes as primes (Hausdorff, Levy, and Wei 1999). The walking speeds of forty-seven community-dwelling older adult men and women (aged 63 to 80 years) were investigated after subliminal activation of both negative and positive stereotypes. Participants played computer games for approximately thirty minutes, during which they were given subliminal cues about aging. As was predicted, participants who received positive stereotype priming significantly increased their walking speed and percentage of swing time (percentage of time with one foot in the air and one foot on the ground). Walking speed and swing time of participants who received negative stereotypes priming did not change, however. The observed improvements in gait under positive priming were independent of age, gender, health status, or psychosocial status, strongly suggesting, as Bargh and his colleagues had previously shown, that negative stereotypes of aging can alter what might otherwise be thought of as strictly a physiological function.

Bringing this methodology into the cognitive domain, Levy (1996) examined the effects of implicit self-stereotyping on memory using a computer priming method that subliminally presented words associated with wise (positive) or senile (negative) images of older adulthood. Using this procedure, Levy was able to demonstrate that positive primes increased

memory performance and self-efficacy beliefs, and negative stereotype primes had a detrimental impact on memory performance and self-efficacy beliefs. These findings challenge the wealth of data showing negative effects of aging on memory in later adulthood. They strongly suggest that the memory deficits that are observed in later adulthood stem not from biological decline but rather from implicit negative self-stereotypes that have been acquired from the environment over the life span without awareness.

These self-fulfilling prophecies that negative stereotypes about aging can produce appear to be specific to Western society, where predominantly negative stereotypes of aging abound (Kite and Johnson 1988). Levy and Langer (1994) observed that mainland Chinese older adults outperform American older adults on immediate, learned, delayed, and probed recall tasks. In fact, the older Chinese adults performed similarly to the younger Chinese adult participants. In contrast to Americans, who learn from an early age to fear and dislike old age, the Chinese learn from an early age to revere, respect, and honor older adults. Therefore, from an early age, the Chinese form positive beliefs regarding the role and function of older adults in society. These positive beliefs may help buffer the inevitable biological changes that take place in later adulthood.

Negative Stereotype Threat and Ageism

Steele's (1997) notion of disidentification following negative stereotype threat offers a compelling account of why and how older adults might take in negative stereotypes and what the possible consequences may be. Steele's analysis may help to explain why the ageism priming paradigm produces such powerful results.

According to Steele, African Americans and women underperform scholastically (women in math and physical sciences and African Americans in general) because, paradoxically, these domains are the most central to their sense of self-definition or identities. Stereotype threat is the fear of becoming like the stereotype in this valued aspect of functioning. In response to stereotype threat, members of these groups disidentify or reconceptualize their identities in order to remove the domain as a basis for self-evaluation. Consequently, they no longer care about the domain in question, and their performance suffers proportionately.

Previous attempts to explain negative stereotypes took the form that exposure to negative stereotypes leads to the internalization of these attitudes and consequently to self-hatred and own-group rejection. Based on

this view, however, the self-esteem of stigmatized group members should be less than the self-esteem of nonstigmatized group members. This, however, is not true. Self-esteem is as high in stigmatized groups as it is in nonstigmatized groups (Crocker and Major 1989). Viewed from the perspective of negative stereotype threat and domain disidentification, the self-esteem of stigmatized group members remains high because they have removed the self-relevant domain as a basis for self-evaluation.

Steele and his colleagues have conducted several studies examining the academic performance of African Americans and math performance in women to test the basic postulates of his model and its predictions. In one study, Spencer, Steele, and Dione (1999) manipulated negative stereotype threat to determine its effect on the math test performance of women self-identified as high-level math students and for whom mathematics was an important part of their self-definition. In the first condition, participants were told that the mathematics test would demonstrate gender differences. Presumably this information activated the negative stereotype that women are less capable than men in mathematics. In the second condition, participants were told that the test would not show gender differences. As expected, in the gender-difference condition, women performed more poorly than did men; by contrast, in the no-gender-difference condition, women performed as well as men. Interestingly, these differences were not observed in a similar experiment in which students self-identified as English literature students were tested on the advanced literature section of the Graduate Record Exam (in which women are not threatened by negative stereotypes). In both conditions, women performed as well as men.

In another study, Steele and Aronson (1995) investigated the effect of negative stereotype threat on the standardized test performance of African Americans. In one condition, black and white participants were randomly assigned to either an ability-diagnostic condition or an ability-nondiagnostic condition. Black students underperformed in the ability-diagnostic condition but equaled their white counterparts in the ability-nondiagnostic condition. The researchers produced the same results simply by having participants in an ability-nondiagnostic condition record their race on a demographics questionnaire just prior to taking the examination.

In spite of the obvious parallels, researchers have yet to extend the notions of negative stereotype threat, domain identification, and disidentification to the study of aging. It is possible, as Steele (1997) notes, that older adults too suffer from a "threat in the air" (p. 614). Given the mul-

titude of negative stereotypes that exist about older adults, it seems that disidentification following negative stereotypes threat offers a possible mechanism by which older adults suffer from the negative attitudes Americans hold toward them. We can assume that older people wish to see themselves as unchanged in their ability to engage in competent and positively valued behavior. Given this reality, it is possible that to avoid being reduced to a negative stereotype, older individuals disidentify with the domains of certain physical and cognitive abilities in order to remove these as a basis for self-evaluation. They too, in a sense, underperform. If a woman who is strongly identified with mathematics or an African American who is strongly identified with academics disidentifies, there are other domains in which they can excel. In contrast, if an older adult disidentifies from life satisfaction as a basis for self-evaluation, the alternatives appear rather grim. Although disidentification is meant to serve an adaptive function of maintaining positive self-regard, the consequences are damaging and maladaptive.

Conclusion

This analysis of ageism and its possible relationship to identity and well-being has taken us through a variety of literatures in exploring such phenomena as the paradox of well-being and the existence of successful aging in a world where, by all other reasonable accounts, most older people should in fact be depressed rather than happy. Having invoked the notion of the identity assimilation effect as a primary mechanism through which this process occurs, we have nevertheless identified the possibility of variations in the outcomes of evaluating the self by older individuals exposed to the specter of aging as a downward trajectory. Some individuals do not engage in the IAE: those who use identity accommodation and those balanced individuals who are at least temporarily looking at their own changes in a negative light. Moreover, due to the combined effects of ageism and sexism, women may find identity assimilation to be a necessary strategy to use to maintain their self-esteem in the face of age-related changes that otherwise may be threatening or anxiety provoking.

The possibility that stereotype threats do in fact invade the performance of even the staunchest identity assimilator is perhaps the most intriguing implication to emerge from this analysis. The few studies on priming through ageist stereotypes suggest that if you look below the surface of this identity assimilator, you will find the hidden fears of becoming old that inhibit performance or cause the reactions of those suffering from stereotype threat. Although the next logical question is one of reducing these harmful effects on the performance and well-being of older adults, gerontologists need to find more evidence to support the existence of these mechanisms. We hope that this chapter will provide just such an impetus.

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