

**IDENTITY PROCESSING STYLES AND THE NEED
FOR SELF-ESTEEM IN MIDDLE-AGED AND
OLDER ADULTS***

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ABSTRACT

This study was a test of the relationship between self-esteem and the identity processing styles of identity assimilation (i.e., maintaining consistent views of the self), accommodation (i.e., changing the self), and a balance between consistency seeking and identity change. A community sample of 242 older adults ranging in age from forty to ninety-five ($M = 63.31$) completed measures of identity processing and self-esteem. Previous research has demonstrated that identity assimilation increases with age in order to maintain self-esteem in the domain of physical and cognitive functioning; this is referred to as the identity assimilation effect (IAE). Based on this research, a similar result was expected in the domain of personality. Although identity assimilation and balance predicted increases in self-esteem, and identity accommodation predicted decreases in self-esteem, as predicted, no interaction effects were observed. The results of this study suggest the IAE may be domain specific to physical and cognitive functioning.

It is well known that self-esteem and quality of life are maintained well into later adulthood (Brandstädter & Greve, 1994), and that only a small percentage of this group suffer from clinical depression (Kasl-Godley, Gatz, & Fiske, 1998). Older adults may even be protected from low self-esteem and associated psychological disorders because of their strong attachment to religion, tradition, and family (Seligman, 1989).

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Until recently, however, the aging process was virtually equated with decline. As a result, life-span developmental theory has primarily focused on the negative aspects of aging rather than the positive aspects of aging (see Carstensen & Freund, 1994, for a review).

Whitbourne's (1986, 1996a) identity processing perspective is one approach that has not dwelled on age related decline. Placing identity at the center of experience, this model holds that "successful" aging results from maintaining a view of the self as loving, competent, and good (Whitbourne, 1986). This positive sense of self or identity is maintained over time through the use of two Piagetian-like processes: identity assimilation and identity accommodation. Identity assimilation refers to the interpretation of identity salient life events in terms of already established cognitive and affective schemata incorporated in identity. Identity accommodation refers to the changing of one's existing identity in response to identity discrepant experiences.

According to Whitbourne's model (1996a), person-environment experiences are processed through the self or one's identity. When identity salient information is discrepant with one's self-schema, dissonance emerges which motivates the individual to reduce the discrepancy. It is believed that such discrepancies are first dealt with using identity assimilation; that is, individuals tend to experience and understand self-relevant information in terms of who they are and what they already know. It is only when identity assimilation fails that identity accommodation, or the restructuring of one's self-schema, is utilized (Whitbourne, 1996a). Block (1982) refers to this as the adaptive imperative, "Assimilate if you can; accommodate if you must!" (p. 286).

Although there are several models now that address successful aging (e.g., Baltes & Baltes, 1990; Heckhausen & Schulz, 1995), Brandstädter and Greve's (1994) is particularly relevant because of its similarity to the identity processing perspective. According to this model, successful aging results from an "accommodative shift" from assimilative coping strategies. Assimilative coping strategies refer to attempts to maintain desired aspects of the self by selecting information or creating environments that reflect positively on the self. By avoiding those situations that reflect negatively on the self, assimilative strategies help minimize or counteract age-related losses. Accommodative coping strategies refer to the ability to disengage from blocked goals, adjust one's aspirations and self-evaluative standards, use self-enhancing comparisons, and selectively reduce or increase the attractiveness of certain age appropriate developmental goals. According to these researchers, successful aging occurs when goals and aspirations are adjusted in accordance with one's age-related abilities.

While at first glance these models share much in common (i.e., both are based on Piagetian-like constructs), at closer inspection, they diverge from each other considerably. Most importantly, Brandstädter's model is goal directed; people are motivated to achieve consistency between what they want to do and what they are

able to do. Assimilation, according to his model, refers to imposing one's will onto constraints posed by the environment; identity assimilation, in Whitbourne's model, refers to the interpretation of negative life experiences through pre-existing self-schemata incorporated in identity. With increasing age, people find it more difficult to achieve their desired goals and are consequently more likely to encounter failure. Compensatory or accommodative coping strategies, in Brandstädter's model, serve the important function of redirecting energy, attentional resources, and commitment to more attainable goals. Identity accommodation, according to Whitbourne, refers to changing oneself or identity in response to identity salient discrepancies. While there are points of convergence between the two models, they diverge in fundamentally different ways. The present investigation does not purport to assess Brandstädter's model; it is an examination of specific predictions based on Whitbourne's identity processing perspective.

How one characteristically handles identity challenges can be thought of as one's identity processing "style" (Whitbourne, 1987, 1996a; Berzonsky, 1990). A person's identity style theoretically predicts adaptation to the physical, psychological, and social role changes characteristic of the aging process. Whitbourne (1987) has detailed three identity processing styles: (1) the identity assimilative style, (2) the identity accommodative style, and (3) the identity balanced style.

According to Whitbourne and Connolly (1999), individuals who predominantly use identity assimilation (i.e., identity assimilators) possess fragile identities. To defend that frailty and escape realizing their own weaknesses and shortcomings, they distort identity discrepant experiences by maintaining a rigid self-conception and using defenses like projection and denial (Whitbourne, 1987). These individuals use defensive self-esteem to protect them from anxiety arising from threats to a fragile self.

Individuals who predominantly use identity accommodation (i.e., identity accommodators) are thought to possess characteristically unstable and incoherent identities (Whitbourne & Connolly, 1999). As a result, they tend to adopt, well before their time has objectively come, the attributes stereotypically associated with old age, because they provide a concrete set of external self-referents. Because negative stereotypes of aging have detrimental effects on their sense of control and self-esteem (Rodin & Langer, 1980), identity accommodators will tend to adopt the low self-esteem stereotypically, but not empirically, associated with aging. Corroborating this hypothesis is the finding that people with less clarity or certainty about their self-concept or identity evidence low levels of self-esteem (Baumgardner, 1990; Campbell, 1990).

According to the identity process perspective, the optimal approach to the aging process is a dynamic balance between identity assimilation and accommodation (Whitbourne, 1996a; Whitbourne & Connolly, 1999). That is, in a balanced state, "the individual's identity is flexible enough to change when warranted but not so unstructured that every new experience causes the person to question fundamental

assumptions about the self's integrity and unity" (Whitbourne, 1996a, p. 6). Thus, identity balanced individuals are closest to what most would call healthy and mature; they possess positive self-views and appropriately high self-esteem.

Viewing identity balance as the optimal approach to the aging process appears to be changing. Using a questionnaire designed to tap the use of the identity styles in response to age related physical and cognitive changes, Whitbourne and Collins (1998) found a strong relationship between the use of identity assimilation and the maintenance of self-esteem in older adults. Specifically, identity assimilation was (a) used by adults between the ages of forty and sixty-five to maintain self-esteem in the areas of appearance and cognition, (b) positively related to self-esteem in the area of appearance for adults sixty-five and older, and (c) positively related to self-esteem in the area of basic functioning for the sample as a whole. According to Whitbourne and Collins, while identity assimilators may make behavioral changes to cope with the aging process, they do so without ruminating about them. These authors imply that a shift in the assimilative direction may be responsible for the maintenance of self-esteem in later adulthood. Here, this phenomenon is referred to as the identity assimilation effect (IAE).

The primary goal of this research was to explore the relationships between the identity processing styles and self-esteem. It was predicted that both identity assimilation and balance would predict increases in self-esteem, where as identity accommodation would predict decreases in self-esteem. Given Lachman and Weaver's (1998) finding that control beliefs in the older adult are domain specific, a second goal of this research was to explore the possible extension of the IAE from the domain of physical and cognitive functioning to the domain of personality (defined as general identity processing styles concerned with age related changes in the self). Specifically, it was hypothesized that the relationship between identity assimilation and self-esteem would increase as a function of age (e.g., an assimilation \times age joint effect) because of the older person's need to maintain self-esteem in the face of age-related changes. No interactions between age and identity accommodation, or age and identity balance, were expected in predicting self-esteem.

METHOD

Sample

The sample consisted of 292 adults solicited by undergraduate students taking a psychology of aging course in the spring of 1997. Students were asked to give a packet of questionnaires to a relative or friend for nominal extra credit to be applied to their course grade. Two hundred and forty-two participants provided usable data. Of the 242 adults, 161 participants were female and eighty-one were male, ranging in age from forty to ninety-five ($M = 63.31$ and $SD = 13.31$), 61.6 percent of the sample was married while 30.9 percent of the sample were either divorced or widowed. The sample was almost exclusively white (93.4%) and was highly educated

with 49.9 percent having had some college or graduate education. The sample was comprised largely of members of the middle and professional classes, with only 13.8 percent of the male and 11.2 percent of the female participants falling in a low socioeconomic category.

Measures

Identity and Experiences Scale (IES)

Items developed to measure the identity styles were derived from an interview study of ninety-four adults (24 to 61 years old) in which they shared their views on adult life (i.e., their thoughts and feelings regarding family, work, values, and aging) (Whitbourne, 1986). The Identity and Experiences Scale (IES) is a Likert-type scale that assesses an individual's use of identity assimilation, accommodation, and balance. The IES consists of fifty-two self-report questions rated on a scale from 1 (not like me at all) to 7 (completely like me). Statements such as, "Have many doubts and questions about myself," tap the dimension of accommodation, "Have very few doubts or questions about myself," load on the assimilation dimension, and "Have benefited as much from my failures as my successes," define the balance dimension of the IES. Sixteen statements make up the assimilation and accommodation subscales each, and twenty statements make up the balance subscale. Cronbach's alpha for the IES subscales were .88 (balance), .85 (accommodation), and .71 (assimilation). For a review, see Whitbourne (1996b).

Self-Esteem Questionnaire (SEQ)

Rosenberg's (1965) ten-item Self-Esteem Questionnaire was used to assess self-esteem. Questions are in Likert-type format and range from 1 (strongly disagree) to 4 (strongly agree). There are two dimensions on this scale: a personal effectiveness dimension and sense of personal worth dimension. Items such as "I feel I am a person of self-worth, at least on an equal basis with others" tap the personal worth dimension; items such as "I am able to do things as well as most people" assess personal effectiveness. For the purposes of the present investigation, these components were combined to form a single outcome index of overall well-being. Cronbach's alpha for the SEQ in the present study was .86.

Procedures

Students in an introductory psychology course were asked to solicit one parent, grandparent, or relative, forty years of age or older, and deliver a questionnaire packet to them. Questionnaire packets included a demographics form, the IES, and the SEQ. Respondents were instructed to fill out anonymously the above questionnaires in a quiet place without interruption. Students returned the questionnaire packets directly to the professor; they received an extra course credit that was put towards their final grade.

RESULTS

Means and standard deviations for self-esteem, identity assimilation, accommodation, and balance are presented in Table 1. Preliminary analysis indicated that gender was not significantly related to self-esteem scores or identity processing styles; as a result, gender effects are not included in subsequent analyses. Table 2 presents bivariate correlations between age, self-esteem, and the identity processing styles. As expected, positive relationships were detected between self-esteem and identity balance ($r = .45, p < .01$) and self-esteem and identity assimilation ($r = .35, p < .01$). As predicted, a negative relationship was observed between self-esteem and identity accommodation ($r = -.45, p < .01$) and assimilation positively correlated with age ($r = .20, p < .01$). In addition, small correlations were detected between the IES subscales; identity assimilation positively correlated with balance ($r = .26, p < .01$), and identity assimilation negatively correlated with accommodation ($r = -.16, p < .05$).

To assess the unique contribution of age and the identity processing styles in predicting self-esteem, a simultaneous multiple regression analysis was performed. Results are summarized in Table 3. The significance of each partial regression coefficient was determined using *t*-tests. Compared to the simple correlation, the relationship between self-esteem and identity accommodation did

Table 1. Measures of Central Tendency for Self-Esteem and the IES

Measure	<i>M</i>	<i>SD</i>	Range
Self-esteem ^a	34.63	4.44	10–40
IES-assimilation ^b	75.57	11.55	16–112
IES-accommodation ^b	54.28	16.55	16–112
IES-balance ^b	103.12	16.86	20–140

Note: IES = Identity and Experiences Scale.

^a*n* = 238; ^b*n* = 242.

Table 2. Bivariate Correlations Between Self-Esteem, Age, and the IES

Measure	1	2	3	4	5
1. Self-esteem	—				
2. Age	-.10 ^a	—			
3. IES-Assimilation	.35*** ^a	.20*** ^b	—		
4. IES-Accommodation	-.45*** ^a	-.03 ^b	-.16* ^b	—	
5. IES-Balance	.45*** ^a	-.10 ^b	.26*** ^b	.04 ^b	—

Note: IES = Identity and Experiences Scale.

^a*n* = 238; ^b*n* = 242.

p* < .05; *p* < .01.

Table 3. Simultaneous Multiple Regression Analysis Predicting Self-Esteem

Predictor	<i>B</i>	<i>SE B</i>		<i>t</i> ^a	<i>p</i>
IES-Assimilation	.08	.02	.21	3.96	<.001
IES-Accommodation	-.12	.01	-.43	-8.66	<.001
IES-Balance	.11	.02	.40	7.90	<.001
Age	-.04	.02	-.12	-2.33	<.021

Note: IES = Identity and Experiences scale. *SE B* = standard error of *B*.

^a*df* = 233.

not change when the effects of assimilation, balance, and age were controlled ($\beta = -.43, p < .001$). The relationship between self-esteem and identity balance also stayed the same when the effects of assimilation, accommodation, and age were controlled ($\beta = .40, p < .001$). However, the association between self-esteem and identity assimilation decreased from $r = .35$ ($p < .01$) in the bivariate case to $\beta = .21$ ($p < .001$) in the multiple regression analysis (with the effects of balance, accommodation, and age controlled). This suggests that the shared association between assimilation and balance inflated the simple correlation between assimilation and self-esteem.

While in the bivariate case, age and self-esteem did not correlate ($r = .10, p > .1$), a positive relationship emerged when the effects of the identity processing styles were controlled ($r = .12, p < .02$). While this might indicate a suppression effect, the fact that the relationship (beta weight) between these variables did not change suggests otherwise. Apparently, identity assimilation, accommodation, and balance accounted for enough error variance in the multiple regression that a significant, but not meaningful, relationship between age and self-esteem emerged. Lastly, interaction terms (e.g., assimilation \times age, accommodation \times age, and balance \times age) were added to the multiple regression to test the IAE hypothesis. No interaction effects were detected even though a positive relationship between age and identity assimilation was detected in the simple correlation. Overall, the model accounted for 45.4 percent of the variance of self-esteem, $F(4,233) = 48.445, p < .001$.

DISCUSSION

In general, the hypothesized relationships between the identity processing styles and self-esteem were supported. As expected, identity accommodation predicted decreased scores in self-esteem and identity balance predicted increased scores in self-esteem. Identity assimilation also predicted increased scores in self-esteem, though when the effects of identity balance, identity accommodation, and age were controlled, the relationship (beta weight) between identity assimilation and self-esteem decreased. This indicates that the correlation between identity assimilation and self-esteem was bolstered by this subscales' correlation with identity balance, which is positively correlated with self-esteem. A small

correlation between age and self-esteem was observed indicating that self-esteem remains predominantly stable in adulthood (cf. Brandstädter & Greve, 1994).

It was hypothesized that identity assimilators would utilize defensive self-esteem (indicated by high self-esteem scores) to protect their fragile yet rigid identities. However, the strength of the relationship between identity assimilation and self-esteem was less than expected. When the effects of identity accommodation, identity balance, and age were controlled, only a modest correlation between identity assimilation and self-esteem remained. Results were not supportive of the IAE hypothesis (an assimilation \times age joint effect was not detected) though identity assimilation and age positively correlated in the correlation matrix. These results suggest that while increased use of identity assimilation with age may predict increased self-esteem in the domains of physical and cognitive functioning (Whitbourne & Collins, 1998), it does not robustly predict increased self-esteem when measured as a general personality processing style.

According to Whitbourne (1987), "Individuals who can flexibly adapt their identities to integrate age changes into a cohesive sense of self would seem to be in the best position to adjust physically and psychologically to aging" (p. 209). Although Whitbourne and Collins (1998) found no significant relationship between identity balance and self-esteem in the areas of physical and cognitive functioning, in this analysis, a strong relationship between identity balance and self-esteem was observed. This suggests that the optimal strategy may depend on the identity domain in question. That is, perhaps the optimal strategy for processing age-related changes in the areas of physical and cognitive functioning is identity assimilation, whereas the optimal strategy for processing identity discrepant information about the self's unity and integrity in the domain of personality is identity balance.

The IAE did not extend to the domain of personality; recent Terror Management Theory (TMT) and research (Arndt, Greenberg, Solomon, Pyszczynski, & Simon, 1997; Pyszczynski, Greenberg, & Solomon, 1999; Simon et al., 1997) may shed some light on this finding. TMT distinguishes between proximal defenses and distal defenses. Proximal defenses are threat-focused strategies that prevent mortality salience from becoming overwhelming and disruptive, distal defenses, on the other hand, are symbolic conceptions of reality (logically unrelated to mortality) that give life meaning, purpose, and stability, as well as the possibility of life after death. According to TMT, as mortality salience increases, faith in one's cultural worldview (distal defense) increases; proximal defenses are only employed when death-related thoughts threaten to enter consciousness. However, it has been empirically demonstrated that age and fear of death are inversely related (Cicerelli, 1999). As a result, increased use of threat-focused defenses like identity assimilation, such as self-serving attributions, downward social comparisons, and self-handicapping (Pyszczynski, Greenberg, & Solomon, 1999), may not be necessary to maintain a positive view of the self in later adulthood.

It is also possible that self-concept clarity, rather than identity processing style drives the above relationship with self-esteem. People with clear, confident, internally consistent, and temporally-stable beliefs regarding the self (i.e., self-concept clarity) possess high self-esteem; people with low self-concept clarity (i.e., uncertainty as to who and what they are) possess low self-esteem (Campbell, 1990). Within this perspective, identity-balanced individuals would possess self-concept clarity, and individuals predominantly using identity accommodation would possess low self-concept clarity. However, people who predominantly use identity assimilation theoretically possess fragile identities (self-concepts) and they defend against this frailty with rigidity. As a result, they will self-report as possessing self-concept clarity. While identity assimilation may be associated with clear (i.e., rigid) notions of the self, people using identity assimilation are not confident in these self-conceptions. Future studies ought to examine the structural components of the self-concepts associated with each of the identity processing styles.

The above point highlights the limitation associated with measuring the unconscious defensive processes theoretically associated with identity assimilation in self-report format. Shedler, Mayman, and Manis (1993) demonstrated that most psychological studies relying on self-report personality inventories are inadequate because they fail to tap the category of illusory mental health. According to these researchers, some individuals who self-report psychological health, when objectively rated, are distressed, suggesting they possess illusory mental health. These individuals, labeled defensive deniers, need to see themselves as well adjusted despite underlying vulnerability; they deny much of their emotional life showing little awareness of their needs, wishes, and feelings (Shedler et al., 1993). What we call identity assimilation, they term defensive denial. Clearly, future research should make use of experimental procedures, as well as self-report, in order to measure appropriately the identity assimilation dimension.

The inherent difficulties associated with measuring identity assimilation in self-report format are evident from the IES subscale reliabilities. Compared to identity balance ($\alpha = .88$) and identity accommodation ($\alpha = .85$), identity assimilation ($\alpha = .71$) evidenced a lower level of reliability. A possible reason for this difference in subscale reliabilities is social desirable responding (i.e., the presentation of the self in a socially acceptable light). Those items that theoretically correspond to extreme identity assimilation are also items that individuals endorsing identity assimilation characteristically deny because they reflect negatively on the self. Indeed, Safyer and Hauser (1995) maintain that the biases resulting from defensive denial and social desirability (i.e., identity assimilation) are serious limitations of the self-report method. Future research should employ a social desirability questionnaire as a covariate in order to separate out social desirable responding from identity assimilation.

This study examined the relationships between Whitbourne's identity processing styles and self-esteem. As expected, self-esteem was positively related to identity assimilation (i.e., rigidly maintaining an existing identity) and identity balance

(i.e., the flexible use of identity assimilation and accommodation), and negatively related to identity accommodation (i.e., making structural changes in identity). In addition, we assessed whether the identity assimilation effect (IAE) would extend to the domain of personality. Contrary to expectations, no support was obtained in this domain, suggesting that the use of the identity styles is domain dependent. In the domain of physical and cognitive functioning, older adults may maintain a positive view of the self by denying age related changes (Whitbourne & Collins, 1998); in the domain of personality, however, successful aging may depend on the realistic evaluation of identity discrepant experiences.

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