

## Models of the Aging Self

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*Older adults are faced with numerous physical, psychological, and social role changes that challenge their sense of self and capacity to live happily. In addition, they are inundated by our youth-oriented culture with negative ageist stereotypes. Nevertheless, most older adults live happy, fulfilling lives. In this article, we review theories of the aging individual that address this apparent paradox. These theories can be largely divided into those that emphasize control and goal attainment, and those that emphasize the self's organizational capacity. Of the self-oriented theories, we will highlight Whitbourne's (1996) identity process perspective, which is specific to the aging process and attempts to explain the self's unique capacity to remain stable yet change over time.*

Erikson (1963) viewed happiness or well-being as a developmental accomplishment resulting from the positive resolution of psychosocial crises over the lifespan. According to Erikson (1968), “. . . the vital personality weathers [internal and external conflicts], re-emerging from each crisis with an increased sense of inner unity, with an increase of good judgment, and an increase in the capacity ‘to do well’” (p. 92). Ego integrity, achieved only by resolving the eighth and final crisis stage in Erikson's theory, is achieved when the older adult is able to look back on life and be at peace with both successes and failure. In order to realize this positive outcome, however, older adults must overcome not only the normative physical, psychological, and social role changes that challenge their sense of vitality and positive self-regard but also the plethora of negative, ageist stereotypes that abound in our youth-oriented culture.

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Despite the existence of ageism and the normative age-related challenges that older adults must face, the majority of older adults maintain a positive sense of self, a phenomenon referred to as the “paradox of well-being” (Mroczek & Kolarz, 1998). Supporting this concept, Mroczek and Spiro (2003) studied the trajectories of the personality traits of extraversion and neuroticism in over 1,600 men (mean age = 63) from the Normative Aging Study over the course of later adulthood. They found that although extraversion was fairly stable, neuroticism tended to decrease over time, suggesting that people become less worried and anxious as they age. This finding has most recently supported by a large, cross-sectional internet study, which concluded that personality, like a fine wine, gets better with age (Srivastava, John, Gosling, & Potter, 2003). In general, the majority of people report having a positive evaluation of themselves and their lives, and this rosy view does not become dimmed in old age (Diener, Suh, Lucas, & Smith, 1999).

How is that that the majority of older adults are happy in the face of negative ageist stereotypes and normative age-related declines? A number of theories have been proposed to explain this paradox. These theories can be largely divided into two camps: The first camp emphasizes the older adult’s sense of control over his or her environment while the second camp focuses on the self as the guiding framework for understanding life’s experiences. In this article, we will review both control and self-oriented theories, and highlight the potential utility of Whitbourne’s (1996) identity processing perspective as one way of understanding the aging individual.

### **The Nature of Aging Stereotypes: Myth and Reality**

Prior to examining ageism in theories of the aging self, it is worth examining the specific stereotypes about aging which the individual is exposed to throughout life. Negative attitudes toward aging take three forms (Kite & Johnson, 1988). The first is that older adults are lonely, lacking close friends and family. The second is that older adults have a higher rate of mood disorders than younger adults. Both stereotypes conflict with the weight of evidence supporting the view of older adults as high on both components of psychosocial resources (Cooley et al., 1998). The third myth is that older adults are rigid and unable to cope with the declines associated with aging. Again, data on the adequacy of coping resources in later adulthood refute this myth (Diehl, Coyle, & Labouvie-Vief, 1996). The fourth stereotype is that older adults become increasingly like each other with each passing year. This stereotype portrays aging as unidimensional and unidirectional, again, a view that conflicts with the evidence (Nelson & Dannefer, 1992).

A fifth stereotype is that older adults are sick and dependent, a stereotype unfortunately reinforced by the use of the term “frail” elder promoted in the gerontological literature (Cooley et al., 1998; Whitbourne & Hulicka, 1990). The frail

elder stereotype has been shown to be internalized in younger college-age adults. In one study, Bargh, Chen, and Burrows (1996) primed undergraduate college students with negative age-related stereotypes using a scrambled-sentence priming procedure. Walking speed (the dependent variable) was measured as the time it took to participants to walk from the room in which the experimental condition took place to a room in which subjects were paid for their participation. As predicted, undergraduates primed with stereotypes about older adults walked more slowly down the hall than did those in a neutral priming condition. The stereotype that older adults are sick, frail, and dependent conflicts with the evidence on self-assessed and objectively rated health in older adults (National Center for Health Statistics, 2002).

The sixth type of negative stereotype is that older adults are cognitively and psychologically impaired (Cooley et al., 1998; Whitbourne & Hulicka, 1990). Counteracting this stereotype is the fact that although there are losses in attention and working memory with increasing age in adulthood, it is only the minority (7%) of older adults who develop extreme impairment in the form of Alzheimer's disease (Brookmeyer & Kawas, 1998).

Ageism is not only reflected in common myths held by the public at large, but is reflected in psychological theories about later adulthood also. For example, disengagement theory (Cumming & Henry, 1961), popular for decades, proposed that the reduced size of social networks in old age was the result of a preparation for death by both older adults and their social circles. As a result, the individual and the individual's social context tended to engage in a process of mutual withdrawal. Many studies conducted soon after the time of disengagement theory refuted these assertions. Most recently, researchers have found that as one perceives time as limited, as is the case in older adulthood, one prefers interpersonal interactions with close others in order to maximize positive affect (Carstensen, Isaacowitz, & Charles, 1999).

Negative stereotypes exist not only in the population at large, but also within the field of psychology. For example, undergraduate psychology textbooks often portray aging in an unfavorable light. In a study of undergraduate psychology textbooks published over a forty-year period (1949–1989), Whitbourne and Hulicka (1990) observed a consistent theme of negative stereotypes depicting older adults as depressed and low in self-esteem as a result of suffering losses in their social networks and psychological abilities. Throughout the years, geropsychologists have provided recommendations to help their colleagues avoid the trap of communicating these negative stereotypes. For example, Schaie (1988, 1993) provided recommendations for avoiding ageism in conducting and disseminating psychological research. The American Psychological Association has also gone on record as refuting ageism and in supporting efforts to improve the quality of care given to older adults (American Psychological Association, 2003).

## Theories of Successful Aging

In contrast to the negative views of older adults as depressed, frail, and cognitively impaired are theories that support the view of aging as involving positive growth. These theories of “successful aging” (Rowe & Kahn, 1987, 1998) emphasize personal control and the self’s organizing function.

### *Personal Control Theories*

Heckhausen and Schulz’s (1995) life-span theory of control postulates that the driving force in personality is the desire to gain control over or exert control on one’s interchanges with the environment. However, loss of control in physical, cognitive, and social domains looms large with increasing age. To optimize the ratio of gains to losses, and therefore maintain subjective well-being and life satisfaction, people attempt to adjust their goals accordingly. This model distinguishes between two forms of control processes: primary and secondary. Primary control refers to behaviors that are aimed at generating effects or behavior-event contingencies in the external world. Secondary control refers to the shaping of cognitive, motivational, and emotional states concerning self-environment interactions (Schulz & Heckhausen, 1999).

The primary-secondary control model makes specific predictions about the life-span developmental trajectories of these two control processes. Primary control has an inverted u-shaped relationship to age. The possibility of exerting control or behavioral-event contingencies on the environment is seen as increasing from infancy through middle adulthood and decreasing in later adulthood. Secondary control, in contrast, has a logarithmic relationship to age. The capacity to control and make changes to one’s internal milieu steadily increases from infancy to middle adulthood. At this point, secondary control takes on greater and greater importance with increasing age as age-related losses in primary control are compensated (Schulz & Heckhausen, 1996).

Brandstädter and Greve’s (1994) model of the aging self is a second personal control model that postulates age-related changes in control-related thoughts and behaviors. According to this model, the ability to maintain a positive sense of self in later adulthood is primarily the result of a shift from assimilative to accommodative coping strategies. Assimilative coping strategies are defined as efforts to maintain the desired aspects of the self by minimizing or counteracting the consequences of unavoidable losses, selecting information or creating environments that reflect positively on the self, or avoiding situations that reflect negatively on the self. Because of the age-related losses associated with the aging process, individuals are seen as shifting from the assimilative mode to the accommodative mode with increasing age in adulthood. Accommodation is 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 developmental goals. According to Brandstädter and Greve, successful aging occurs when individuals engage in flexible goal pursuit and adjust their abilities accordingly as they change with age.

Both control-oriented models emphasize goal achievement as the basis for personality and personality change. They also agree in their basic assumption that as people grow older, they are less able to effect desired changes and achieve desired goals. By stressing the inevitable decline of primary control and the turning inward of control related processes in order to maximize well-being, they (perhaps unwittingly) reflect the prevailing stereotypes of older adults as unable to effect change in their environments. Moreover, by stressing that instrumentality primarily results from directly affecting the environment (primary control), these models do not adequately address the universal need for instrumentality and agency as expressed in human relationships (Baumeister & Leary, 1995). For example, Gilligan (1982) argued that instrumentality and agency, as traditionally conceived, are particularly characteristic of men and that women tend to focus on attachment, connectedness, and intimacy. Cross and Madson (1997) have postulated that women's self-concepts are characterized by interdependence (self-definition based on one's relationships and group membership) whereas men's self-concepts are characterized by independence (self-definition based on autonomy and separateness from others). It seems that there may be a different conception of the way people primarily affect the environment that is overlooked by control theory in its present version. This potential drawback of control and goal-oriented models is particularly important given that the majority of adults in the older-old and oldest-old subgroups are women (Cooley et al., 1998).

Socioemotional selectivity theory (Carstensen et al., 1999), improves considerably over the previous models in being the only one to propose universal processes across age groups based not on age but on time perception. The basic tenet of socioemotional selectivity theory is that the perception of time as limited has important implication for social motivation. When people perceive time to be limited, they tend to weigh the regulation of positive emotional states more heavily than they do the acquisition of knowledge. In this situation, people become more present-oriented and their goals take the form of securing emotionally rich interactions with significant others. The size of social networks in the lives of older adults is reduced, according to this theory, in order to maintain positive and enriching emotional interactions. This theory accounts for the empirical fact that older adults have smaller social networks as due to their preference to select social interactions that maximize positive feelings and well-being.

Carstensen and her colleagues have accumulated and summarized an impressive body of research in support of socioemotional selectivity theory (Carstensen et al., 1999). In one study, potential partners were sorted along affective- and knowledge-related dimensions and older adults were found to emphasize the

affective dimensions of potential partners more so than their younger counterparts. More importantly, however, they observed in this study that symptomatic HIV-positive men showed this same tendency, which suggests that the effect is based on the perception that time is finite rather than age per se. In another study, it was found that older adults recalled a higher proportion of emotionally salient material than did younger adults when attempting to recall a two-page excerpt of a novel. This finding further supports the importance of emotionality in later adulthood.

Socioemotional selectivity theory also predicts that when time is perceived as expansive, people tend to be more acquisitive and seek out novelty. Supporting this proposition, it has been well documented that younger people have relatively large social networks with many acquaintances, whereas older adults have relatively small social networks with few acquaintances. Based on this observation, the authors reanalyzed longitudinal data and found that contact with novel acquaintances decreased over time, whereas contacts with intimate friends would not change.

Findings regarding the impending takeover of Hong Kong by the People's Republic of China at the end of 1997 provided data from a naturalistic setting to support the propositions of socioemotional selectivity theory. The situation was one in which people of all ages were presented with a time constraint. According to Fung, Carstensen, and Lutz (1999), one year prior to the handover, only older adults showed a preference for intimate others. Two months prior to the handover, however, both older and younger participants expressed this preference. Moreover, one year after the handover, only the older adults in their sample once again stated that they preferred to be with people whom they knew well.

Socioemotional selectivity theory supports the notion that, regardless of age, social preferences hinge on time perception. When time is unlimited, people seek out novelty. When time is perceived as limited, a situation more likely to occur in later adulthood, intimate and affectively salient others are preferred. Of the three theories of control, socioemotional selectivity theory stands out as the only one to identify situational rather than dispositional factors as the cause of changes in the goal-setting and behavior in older adults.

### *Self Theories*

As we have just seen, control-oriented theories of aging emphasize shifts in control strategies and goals due either to age or the perception of foreshortened time. It is the inability to impact the environment directly or achieve one's goals that is at the heart of these models. By contrast, self-oriented theories propose that the central issue is the ways in which people negotiate challenges to the self. These theories emphasize the self's ability to organize life's experiences; they also attempt to explain the stability and malleability of the self over time and across situations.

Markus and Nurius (1986) developed a model of possible selves that links cognition and motivation by intertwining cognitive self-representation with future goal-directed behavior. Possible selves are components of an individual's self-concept; a system of cognitive-affective structures or schemas that structure self-concept salient experiences (Markus, 1977). According to the possible selves model, self-conceptions motivate future oriented behavior to the extent that people wish to realize ideal selves and avoid dreaded selves. Positive self-regard emerges to the extent that people feel that they have been successful at realizing their hoped for selves. Negative affect will emerge to the extent they people feel that they are unable to or did not realize their desired possible selves. Thus, possible selves function as powerful incentives for purposeful future-oriented behavior.

The possible selves model defines the working self-concept or the "now" self as that aspect of the self-concept that is currently active in memory. Borrowing from memory research, the self-concept can be represented as nodes in a net of connections in memory. Possible selves remain stable to the extent that attributes of a particular self-concept representation stay the same each time it is activated. For example, each time the "unemployed self" is activated, it is always unemployed. Inherent in the notion of possible selves, however, is the potential for self-concept change. That is, the self-concept by definition changes every time a new self-concept representation becomes activated in working memory. For example, if one were to become employed, the model the working self-concept activated in working memory would now represent "employed self."

Self-discrepancy theory, proposed by Higgins (1987), is similar to the possible selves model in that it postulates that discrepancies between the actual and the ideal selves and between the actual and the ought selves cause agitated emotions such as fear, threat, and restlessness. Discrepancies between the actual self and the hoped-for self cause dejection, disappointment, dissatisfaction, and sadness. Presumably, discrepancies in the first case are caused by fears of negative outcomes (punishment), and in the second case, by failure to obtain positive outcomes (disappointment). Moreover, according to self-discrepancy theory, these discrepancies form particular self-guides (i.e., self-directive standards for being) that people are differentially motivated to meet.

Andersen and Chen (2002) have developed a theory of the relational self based on the phenomenon of transference and the fundamental human motivation for belonging, connection, and attachment. According to the relational self theory, the self is shaped by interactions with significant others represented as relational exemplars in long-term memory. Such self and significant other exemplars are activated by cues in the immediate environment which trigger transference (e.g., responding to novel others on the basis of previously stored cognitive-affective schemas about the self-with-significant-other) and lead to interpretive biases. This model is idiosyncratic to the extent that it emphasizes the uniqueness of each significant-other representation in long-term memory storage, but it also maintains that activation of

a particular self-with-significant-other representation is associated with activation of generic social category exemplars.

The models focusing on the self as a motivational construct hold potential as ways of understanding the active construal process of which the self is capable. However, as models of aging, they are not specific to developmental processes. An exception is Markus and Nurius' (1986) possible selves paradigm which may provide a useful framework for understanding the effects of negative stereotypes represented in memory as feared selves. For example, Snyder and Miene (1994) utilized the idea of the feared aging self to study stereotyping of the elderly in undergraduates. Specifically, stereotypes of aging individuals were hypothesized to serve three functions. The first, cognitive economic, refers to a situation in which stereotypes are viewed as resulting from information processing under limited conditions which function to reduce cognitive load. According to the psychodynamic perspective, stereotypes are viewed as a mechanism to protect the self from undesirable truths. Finally, according to the sociocultural function, stereotypes are viewed as an aid to identifying with one's reference group. To test this model, undergraduate students read stories about older adults under three conditions in which either the cognitive, psychodynamic, or sociocultural functions of stereotypes were emphasized. Stereotypes were reduced only in the psychodynamic condition (for women only) whereas the other two conditions had no effect.

Combining elements of socioemotional selectivity theory with Andersen and Chen's (2002) relational self model may be instructive also. Socioemotional selectivity theory makes specific predictions about the changes that older adults make in their social networks to maximize positive affect when time is perceived as limited. It would be instructive to understand how these changes affect the constellation of self-with-significant-other relational exemplars in memory and how these changes, in turn, affect transference in later adulthood as discussed in the relational self model.

### *Identity Process Theory*

In the next two sections, we review the basic postulates of identity process theory and then move on to describe a series of empirical studies based on the model. Identity process theory (Whitbourne, 1996) proposes that age-related changes in adulthood are negotiated through the processes of identity assimilation, identity accommodation, and identity balance. Individuals are postulated to use all three processes, but at times may use one to the exclusion of the others.

Identity assimilation refers to the interpretation of identity-salient experiences in terms of previously established cognitive and affective schemas about the self. These self-schemas include the collection of knowledge about the self based on previous experience and self-perceived competencies, values, and personality dispositions. Examples of these affectively loaded self-schemas might be physical

(able to run up a flight of stairs) and cognitive (able to remember people's names). Identity discrepant experiences, for example, would be experiences that challenge an individual's competence in specific areas such as mobility and memory. According to this theory, identity assimilation is a process that individuals use to maintain a sense of self-consistency even in the face of discrepant experiences or information about the self. To recognize unacceptable aspects of the self is painful and produces negative affect. People who exclusively use assimilative processes approach new experiences in a fixed and formulated way and seek out information that is consistent with their current identity schemas.

Identity accommodation is the process of changing identity in response to new experiences that are discrepant with existing self-schemas such as those referred to above (changes in mobility or memory). Individuals who use identity accommodation to excess are readily influenced and easily shaped by new experiences because their own identities are unstable and incoherent. The lack of internal constancy, according to the theory, leads individuals who use identity accommodation to be plagued by self-doubt and low self-esteem. Furthermore, the theory proposes that people who use identity accommodation exclusively are highly responsive to external influences; looking outside of themselves for inner guidance. In fact, they may be most likely to evaluate themselves negatively when failing to gain the approval of others. At that point, they may be vulnerable to experiencing highly negative evaluations of their thoughts, feelings, and behaviors because other people's negative evaluations mirror their own inner turmoil and confusion. To return to the above example, identity accommodation would involve re-defining one's physical identity schema due to the inability to run up the stairs.

When identity discrepant experiences occur, they are proposed to be first processed through identity assimilation. In the physical schema example, the cause of the problem would more likely be seen as a function of temporary fatigue or uncomfortable shoes rather than a change due to the aging process. Only when identity assimilation fails does the individual use identity accommodation. For example, after numerous instances of memory failure, the individual begins to question the previous schema of the self as having mental prowess. This basic tenet of identity process theory, derived from Piaget's (1975/1977) cognitive developmental theory, refers to a time-dependent process in which identity assimilation is always utilized prior to identity accommodation. Although not tested in the present study, this proposition is fundamental to the theory because it stipulates that people seek to verify preexisting beliefs about themselves prior to making changes in the self, which is consistent with the self-consistency perspective in personality (Lecky, 1945). Block (1982) has referred to this as the adaptive imperative, "Assimilate if you can, accommodate if you must!" (p. 286).

A dynamic equilibrium between identity accommodation and assimilation is theorized to be the most adaptive approach to aging and is captured in identity process theory by the concept of identity balance. According to identity process

theory, people who use identity balance change in response to identity-salient discrepancies, but they are not so unstructured that every new experience causes them to question fundamental assumptions about their self-definition. People who use identity balance, according to the theory, tend to make favorable changes to their self-concepts, which enables them to reflect and evaluate themselves realistically. As a result, it is a process associated with high self-esteem and a lack of significant psychopathology. When individuals are in a state of balance, they are able to make changes when their identity is challenged, but at the same time, maintain a consistent sense of self. Returning to the memory example, the individual may acknowledge that memory failures occur once in a while but will not become despondent or convinced that dementia is just around the corner.

### *Empirical Studies*

The first quantitative study investigating the hypothesis that identity balance is the most favorable approach to aging used a scale of identity processes adapted to evaluate how individuals reacted to specific age-related changes (Whitbourne & Collins, 1998). Respondents ranging in age from 40 to 95 years old selected the area of functioning most important to them and then completed scales measuring identity assimilation, identity accommodation and identity balance with regard to that change. For example, respondents might state that "loss of muscle strength" was the most important age-related change that they had experienced. They were then asked to rate the extent to which they used identity assimilation (minimizing the importance of the change), accommodation (feeling overwhelmed by the change), or balance (regarding the change as an impetus for psychological growth). Scores on these scales were then correlated with a global measure of self-esteem and examined for subgroups of respondents according to the area of change they regarded as most important. Contrary to the original expectation of the investigators, identity assimilation rather than balance was positively related to self-esteem within three of the four areas of functioning assessed by the identity scale. In particular, identity assimilation was positively related to self-esteem for those middle-aged individuals who ranked changes in appearance and cognition as most important. For participants 65 years and older, those who ranked basic functioning as most important had higher self-esteem if they used identity assimilation. From this pattern of findings, it appeared that the route to high self-esteem in middle and later adulthood was the use of identity assimilation, a phenomenon referred to the "identity assimilation effect." Contrary to what might be expected, older adults who were less, rather than more, self-reflective seemed to be better adjusted in terms of self-esteem.

In subsequent studies, we sought to examine in more depth the identity assimilation effect using a more general measure of identity processing, although research on the specific age-change identity scales is continuing. In the first of these studies (Sneed & Whitbourne, 2001), age, identity assimilation,

accommodation, and balance were regressed on self-esteem using the a more general measure of identity processes relating to the overall tendency to approach change with identity assimilation, identity accommodation, and identity balance. Contrary to the findings from the previous study using the age-specific version of the Identity and Experiences Scale, we found that both identity assimilation and identity balance were positively correlated with self-esteem, and that the relationship between identity balance and self-esteem was stronger than the relationship between self-esteem and identity assimilation. As before, identity accommodation was found to be negatively correlated with self-esteem. Consistent with the identity assimilation effect hypothesis, we found that identity assimilation was positively related to age but the relationship between identity assimilation and self-esteem did not depend on age. We concluded from this study that the identity assimilation effect is domain specific. That is, older adults use assimilative strategies to prevent themselves from recognizing and incorporating age-related physical and cognitive changes into their identity. They use identity balance in a more general sense to maintain high self-esteem.

More recently, Sneed and Whitbourne (2003) examined in a sample of older adults ranging in age from 40 to 85 the relationship between the identity processes and three dimensions of self-consciousness: public self-consciousness (the tendency to evaluate the self in terms of group or public standards), internal state awareness (psychologically healthy awareness of thoughts and feelings), and self-reflection (neurotic, ruminative, and maladaptive brooding over one's thoughts and feelings). Each of the identity processes was regressed on the three self-consciousness variables and age. As expected, identity assimilation was positively associated with age and negatively related to self-reflection. However, identity assimilation was also related to lack of internal self-awareness. Identity accommodation was negatively related to age and internal state awareness, and positively related to self-reflection and public self-consciousness. Identity balance was associated with internal state awareness, suggesting that people who are able to use identity assimilation and identity accommodation in a flexible manner are more likely to be able to gain and achieve insight into their own developmental processes.

The apparent benefits of identity assimilation converge with a growing body of literature documenting the usefulness of minimization and self-enhancement in later adulthood (Levy, Slade, Kunkel, & Kasl, 2002). Focusing on one's strengths and de-emphasizing one's weaknesses appears to have adaptive value, even among individuals for whom end-of-life reflections might seem to bring the benefit of achieving a sense of wholeness and integration. By the same token, identity accommodation is a less adaptive strategy and although when used alone, neither identity assimilation nor identity accommodation are as adaptive as when they are used together, identity assimilation clearly allows the older individual to maintain a consistent and positive view of the self even in the face of age-related changes in physical and cognitive functioning.

## Conclusion

In addition to the normative age-related challenges that older adults must face in terms of adapting to changes in their bodies, the array of negative stereotypes to which they are exposed create challenges for their sense of self. Yet, the majority of older adults experience high levels of satisfaction, and successful aging is the norm rather than the exception. Theories that emphasize adaptation to loss and the scaling down of cognitive and emotional resources in some ways fail to give sufficient credit to the resilience of the average aging adult. By contrast, Erikson's theory (Erikson, 1980, 1982; Erikson, Erikson, & Kivnick, 1986) provides a framework for understanding how older adults can adapt to age-related changes without becoming depressed or despondent. Although Erikson emphasized the crisis element of this last psychosocial stage, based on the empirical work just reviewed on identity process theory, it would appear that older adults are able to maintain optimistic attitudes toward their lives without engaging in deep, reflective analysis of their lives and their accomplishments. We have suggested identity assimilation as one such mechanism that older adults employ, but to be sure, it is not the only route possible to positive mental health. Indeed, an empirical examination of the relationship between the different models discussed in this article would clarify their differences and similarities in explaining adaptation in later adulthood.

With the graying of the population, we can hope that psychologists will shift their focus from loss and decline in later adulthood to a more balanced approach in which gains and growth are emphasized. Rather than following behind the past trends established by such ageist views as disengagement theory, psychologists should be at the forefront of discovering the ways that older people not only survive, but enjoy, the later years of life.

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