

2000

# Identity change and self-esteem throughout the life-span : does gender matter?

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IDENTITY CHANGE AND SELF-ESTEEM THROUGHOUT THE LIFE-SPAN:  
DOES GENDER MATTER?

A Thesis Presented

by

KARYN M. SKULTETY

Submitted to the Graduate School of the  
University of Massachusetts Amherst in partial fulfillment  
of the requirements for the degree of

MASTER OF SCIENCE

May 2000

Department of Psychology

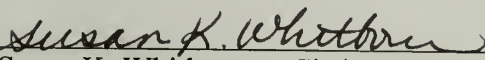
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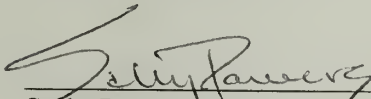
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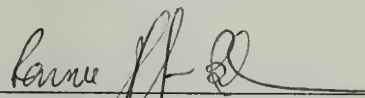
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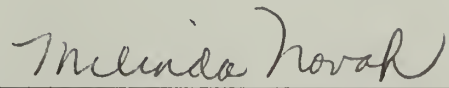
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## ACKNOWLEDGEMENTS

I would like to thank my advisor, Dr. Susan Whitbourne, for her assistance, time and advice throughout the process of completing this project. She has helped to advance my writing and research abilities, allowed me to conceptualize her theory in new ways, and taught me invaluable lessons about who I am. I would also like to thank my committee members, Drs. Sally Powers and Ronnie Janoff-Bulman for their valuable time and suggestions on this project.

I would like to recognize the students in my graduate school class, Joe Greer, Sharlene Beckford, Marlo Henderson, Juliet Stamper, Ali Zeljo and Deborah Arnold. By discouraging the competition between us and creating an environment of constant support, all of you have made my experience in graduate school more meaningful and helped me to stay focused and sane while completing this project.

I am eternally grateful to my family and friends from Colorado who have always supported who I am and what I've done, and to Josh Ardise, whose love and friendship are the true gifts in my life.

## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	v
LIST OF FIGURES.....	vi
Chapter	
I. INTRODUCTION.....	1
II. METHOD.....	16
III. RESULTS.....	24
IV. DISCUSSION.....	32
APPENDIX: QUESTIONNAIRE MATERIALS.....	in pocket
BIBLIOGRAPHY.....	45

## LIST OF TABLES

Table	Page
1. Demographic Characteristics of Participants Ages 40 and Older (Sample 1 N=107, Sample 2 N=118, Total N =225).....	22
2. Demographic Characteristics of Student Participants (N=108).....	23
3. Means and Standard Deviations of Identity Processes and Self-Esteem for Men (N=119) and Women (N=214).....	28
4. Means and Standard Deviations of Identity Processes and Self-Esteem for Young (N=108), Middle-Aged (N=138), and Older Adults (N=86).....	29
5. Pearson Product Moment Correlation Matrix For IES and RSE.....	30
6. Pearson Product Moment Correlation Matrix For IES and RSE By Age Group.....	31

LIST OF FIGURES

Figure	Page
1. Age Distribution of Participants Ages 40 and Older .....	21



# CHAPTER I

## INTRODUCTION

### Literature Review

Identity provides a definition of self throughout the life span. Identity processes are not static throughout adulthood but rather identity is influenced by experience and time. The physical, psychological and social changes associated with aging present opportunities to study how identity changes, the extent to which change occurs, and the costs or benefits of change. Specifically, individuals who engage in changing their identities may improve their self-evaluations or in contrast, by making changes, they may lower their self-esteem and experience increased psychological distress during the aging process.

In this project, the role of gender in identity change and aging was examined. Several studies have found that gender is associated with self-esteem and depression. (Nolen-Hoeksema, 1990; Whitley, 1983). A possible factor that may mediate this relationship is the distinctive manner in which men and women relate to their experiences. Specifically, men and women may experience different levels of self-esteem due to their methods and willingness to make changes to their identities. The goal of this study was to discover the relationship between identity changes and self-esteem and explore how the processes and consequences of change may differ for men and women as they grow older. After reviewing the literature on identity and change, the focus of this project will be on the role gender may play in identity processes and self-esteem.

## Models of Identity and Change

Erikson's (1963) model has provided the framework for several life-span models of identity. In his eight-stage model of psychosocial development, he suggested that changes occur consistently throughout an individual's life. According to Erikson, individuals define their identities during adolescence. However, adulthood presents the challenge of three subsequent psychosocial crises. These crises demand a resolution that can require a change in the identity that was formulated in adolescence. More specifically, young adults must cope with the challenge of establishing intimate relationships (intimacy) rather than primarily focusing on their own identities (isolation). Middle-aged adults attempt to guide and promote future generations (generativity) and avoid becoming self-engaged or self-absorbed (stagnation). Finally, individuals face their own mortality and attempt to find meaning in their existence (integrity vs. despair). One of Erikson's greatest contributions is that he construed adulthood as a time of continual change. Even though he focused on other stages, his theory suggests that adults' identities continue to be altered throughout the challenges of each developmental stage (Whitbourne & Connolly, 1999).

Whitbourne's (1996) model of identity processes presents a conceptualization of the individual's response to the challenges inherent in adult experience. Through the process of identity assimilation, people interpret their experiences in terms of their existing identities. Individuals engaging in identity assimilation may limit the relevance of an experience, or minimize it almost completely. By contrast, people use identity accommodation to change their identities in response to experiences. Accommodation becomes necessary when individuals cannot interpret an experience into their existing

cognitive and affective schemas. Individuals who engage in processes that involve both assimilation and accommodation achieve balance. Individuals using a balanced method may slightly change their identities in response to an experience yet interpret the experience so that the change remains minimal to their sense of self.

Whitbourne (1996) developed the multiple threshold model as a framework to predict when and if individuals will change their identities in response to age related changes. According to the multiple threshold model, individuals maintain vigilance to changes in physical and cognitive functioning, especially in areas central to their identity. When they have an experience that forces them to acknowledge a change they cross a "threshold." This experience creates the potential for accommodation in which individuals may alter their identities. The other possibility is that individuals engage in identity assimilation, find a way to minimize the change, and maintain their identities intact.

A second model of change in adulthood was proposed by Brandstädter and Greve (1994). This model differs from Whitbourne's because it emphasizes changes in people's goals rather than identities in response to aging. In Whitbourne's model, aging is viewed as a process in which individuals must face many physical, psychological, and social changes. In response to these changes, they may maintain their identities and interpret the changes accordingly or they may change their identities in response to these changes. In the model presented by Brandstädter and Greve, aging is viewed as a process in which an individual's goals become blocked by psychological, physical and social changes. In response to these changes, individuals alter their goals in order to maintain their identity, rather than making changes to their identity.

According to the Brandstädter and Greve model, the variety of changes and losses in middle to later adulthood place a strain on the adult's self-continuity. Brandstädter and Greve propose that to preserve identity an individual must engage in processes that change goals whose achievement may be altered by the aging process. There are three types of preservation and stabilization methods that maintain an individual's view of self. The first type is immunization in which an individual minimizes the relevance of a goal. The second type are the assimilative strategies in which people produce compensatory activities in hopes of preventing or reversing changes they perceive. Finally, accommodative processes involve individuals adjusting their personal goals and aspirations to be in accordance with changes that have already occurred to them at some point in the past. Events discrepant with existing goals may be met with the individual's assimilative or immunizing mechanisms until it is perceived that they are futile or costly. It is at this time that accommodation must be employed so an individual can disengage from what may now be a blocked goal.

Both the Whitbourne and Brandtstädter models address physical and psychological age-related changes. Other theorists have provided models focused on social changes in development and their effects on identity. Anderson and Haycs (1996) present a model of identity centered on the relationships and relational themes that change over the lifetime. Life-ties are a "set of related experiences and the perceptions these experiences evoke within the lives of adults." Examples of life ties are family of origin, work, and intimate relationships. The self is the interpreter of the experiences involving the various life-ties and is seen as making connections, drawing conclusions and formulating life-tie themes. Identity is shaped and changed by the unique patterns



that are created by these interpretations. Anderson and Hayes (1996) suggest that, as an individual ages, change is made by constant movement and balance between separating and connecting with the life-time experiences.

Kiecolt (1994) presents another sociological model to account for changes in identity throughout adulthood. Similar to the Anderson and Hayes model, Kiecolt regards social elements as relevant factors in identity change. The changes addressed in Kiecolt's model may differ from some of the changes described by Whitbourne's and Brandtstadter's because Kiecolt's model does not account for unintentional or unavoidable change. Instead, Kiecolt focuses on the process of making a conscious identity change. She proposes that the impetus for a person to alter one's self comes from the combination of a stressor (life events or chronic strain) with perceptions of the self. These stressors include negative perceptions that occur in comparisons with others which result in reduced self-esteem, authenticity, and efficacy. The combination of the stressor with these perceptions may or may not lead to a decision to change. The decision to change is dependent on the psychological distress that the stressor causes and the conditioning factors of identity relevance, social support, and beliefs involving change. Kiecolt suggests that a critical event, which forces the individual to evaluate the benefits of change and current identity, may be a final factor that leads to a decision to change. While these sociological models have enhanced the concepts of identity and change, there have not been attempts to validate or investigate them further. Given the interests among sociologists in issues related to self and social context (Ryff and Marshall, 1999), these would be interesting models to explore in future research.

## Benefits and Costs of Identity Change

It is beneficial not only to consider the ways individuals change their identities but also the benefits and costs individuals may experience when changing or maintaining their identities. Self-esteem has been broadly defined as “a person’s global orientation toward the self” (Brown & Mankowski, 1993). In the present study, self-esteem is conceptualized as an individual’s self-evaluation of identity. The process of identity change may impact beliefs or affects that contribute to self-esteem. In addition, individuals’ self-esteem may impact how and when they change their identities.

In previous research, the identity processes described in Whitbourne’s model have been shown to relate to self-esteem. Sneed and Whitbourne (in press) examined the relationship between self-esteem and identity assimilation and accommodation. They observed that people who incorporate experiences into their existing identities rather than change their identities had higher self-esteem. Individuals who engaged in identity assimilation were found to have higher levels of self-esteem than those who engaged in identity accommodation. This phenomenon is referred to as the Identity Assimilation Effect (IAE). It should be noted that the IAE seems to be limited to the domain of physical and cognitive change. Identity balance may be more predictive of high self-esteem in the domain of general personality assessments rather than in specific age-related areas of functioning (Sneed & Whitbourne, in press).

Another approach to the benefits and costs of identity change is that of Klohnen, Vandewater and Young, who defined the construct of Ego-Resiliency (ER; Block, 1980), the generalized capacity for resourceful adaptation to external and internal stressors. Specifically, ER is thought to be made up of four underlying components as measured by

the California Adult Q-Sort (Klohn, 1996). These are confident optimism (items that show an optimistic, positive and energetic outlook on life), productive and autonomous activity (items that show productivity, persistence, initiative, and independence), interpersonal warmth and insight, skilled expressiveness (items that reflect expressive interpersonal orientation, ease in social settings, and being skilled in interacting with others). Klohn, Vandewater, and Young (1996) propose that the ability to adapt is a necessary resource for mastering the challenges of midlife. The personality attributes shown to be associated with ER are meaningful engagement in the world, a sense of mastery of one's environment, insight and high inner perception, the capacity for warm relations with others and an ability to negotiate the social world (Klohn, 1996).

In a sample of college graduates studied at midlife, Klohn and colleagues found that women with low levels of ER, as measured by the California Adult Q-Sort, had poorer health, relationships and work satisfaction and higher levels of distress when compared to women with high ego-resiliency. In addition, Klohn and colleagues demonstrated that ER scores at age 43 predicted level of adaptive functioning at age 52. Those with high ER at the beginning of mid-life were found to have higher marital quality, better health, and higher life satisfaction when re-tested nine years later.

Klohn suggested that her results would be generalizable to men because her previous data (1996) showed "no systematic differences in the pattern of expected (and observed) relations of ER." However, Klohn's study (1996), only demonstrated that the mean level of ER did not differ between men and women. This is quite different than showing that ER predicts similar psychological adjustment for men. It is possible that ER differs in how it is related to men's adjustment during aging. In fact, these results

may also be limited in their generalizability for other women. Both of these studies (Klohn, Vandewater, & Young, 1996; Klohn, 1996) were conducted using women from upper middle class backgrounds who attended a private university in California. These findings may be useful in suggesting a predictor of psychological adjustment, but this predictor may not be applicable to all women and men. A logical conclusion from this research is that a flexible sense of self (ER) allows some women to adjust effectively to the increased changes of middle age.

However, possessing the flexibility for change does not imply that individuals benefit by being uncertain or unsure of their core identities. Baumgardner (1990) was the first to demonstrate that a sense of certainty regarding self-attributes is associated with positive affect. Baumgardner found that college students whose self-esteem scores fell in the lower third of the population of scores (100 participants) demonstrated less certainty about individual personality traits than those whose scores were in the upper third. She suggested that a strong sense of identity promotes a sense of control over future outcomes and thus generates positive affect and self-confidence.

Self-concept clarity is another relevant component of self-evaluation. Self-concept clarity is defined as "the extent to which self-beliefs are clearly and confidently defined, internally consistent and stable." Campbell, Trapnell, Heine, Katz, Lavallee, and Lehman (1996) found that, among college students, low self-concept clarity (SCC) is associated with high levels of neuroticism, low self-esteem, decreased internal state awareness and a ruminative form of self-focused attention. In addition, they suggest that the self-concepts associated with low self-esteem are evaluatively neutral, but are characterized by uncertainty, instability and inconsistency. It seems that a diminished



sense of self-esteem may not be associated with a negative sense of identity but rather a lack of stability or self-certainty.

Campbell's findings may have implications for the consequences of age-related changes in identity. A lack of stability or certainty in self may increase a person's willingness to engage in the process of identity change. Almost every psychological, physical or social change that occurs during the aging process may result in a change in the individual's identity. Individuals who engage in constant questioning and change may become even more uncertain of their own sense of self and thus come to experience lower self-esteem.

Instability in identity may not be associated with only lower self-esteem, but a more transient or labile sense of self-esteem. Roberts and Monroe (1992; 1994) have shown that labile self-esteem serves as a pre-disposing factor for depression in situations of life stress. Previous researchers have suggested that low levels of self-esteem are associated with psychological distress (Brown, Bifulco, Harris, & Bridge, 1986; Hammen, Marks, deMayo, & Mayol, 1985). Roberts and Monroe (1992; 1994) examined a group of students over a two-week period and asked them to track their daily self-esteem and depressive symptoms. They found that the trait level of self-esteem (the overall level of self-esteem over the two weeks) was a relatively weak predictor of depressive symptoms. Instead, the amount of variability in self-esteem the students showed over the two-week period best predicted the occurrence of depressive symptoms.

In the current study, it was impossible to measure the lability of participants' self-esteem. However, it is important to consider the possibility that changes in identity may

lead to an increased lability of self-esteem that serves as a source of psychological distress.

### Gender Differences in Self-Esteem

Self-esteem has been studied extensively in research on gender differences in psychological distress. It is a well-replicated finding that women have lower self-esteem than men, as will be discussed below. This finding coincides with much of the evidence demonstrating women's higher vulnerability for depressive disorders in adolescence and adulthood (Nolen-Hoksema, 1990). Current explanations of why this gender difference exists include genetic factors, societal influences, and the nature of the stressful events in women's lives (Cyranowski, Frank, Young and Sheer, 2000). Until now, the concepts of identity and identity change have not been considered as factors that may contribute to this difference. If men and women differ in their tendency to engage in identity change, it may provide an explanation for the differences found in the self-esteem and psychological distress of men and women.

The majority of the literature on gender differences in self-esteem focuses on the effects of gender role on self-esteem. Masculinity and femininity are considered sociocultural phenomena that prescribe certain behaviors and traits appropriate for individuals based on their sex. Masculinity is thought to be associated with independence, assertiveness and instrumental (task oriented) behavior, whereas femininity is associated with dependence, retiring and nurturing behavior, and expression of emotion (relationship oriented) (Bem, 1975). Early researchers suggested that individuals were either masculine or feminine. However, subsequent researchers have suggested that masculinity and femininity should be conceptualized as independent

constructs (Bakan, 1966; Block, 1973; Constantinople, 1973). Therefore, measures were created in which individuals could score high on both the masculinity scale and the femininity scale. Those who adhered to their gender role were considered sex-typed, those who adhered to the opposite gender role were considered cross-sex-typed. Those with high levels of each were considered to be androgynous (Bem, 1974).

In the 1970s, many researchers examined the question of whether there were psychological costs and benefits attached to being sex-typed, cross-sex-typed or androgynous. Whitley (1984) conducted a meta-analysis of the studies of sex-role orientation and psychological well being. He suggested that historically there have been three models of sex-role and psychological distress suggested in the research. The traditional congruence model predicts that psychological well being occurs only when an individual's gender and sex role are matched. The androgyny model suggests that psychological well being is maximized when an individual of either gender is high on both masculinity and femininity. Finally, the masculinity model suggests that well being is associated with the masculine sex-role.

The results of Whitley's (1984) meta-analysis provide support for the masculinity model. In 32 studies examined in this analysis, masculinity was associated with higher levels of adjustment and was negatively correlated with depression. These findings parallel Whitley's (1983) findings that masculinity was positively associated with self-esteem. Based on Whitley's support for the masculinity model and his and other studies demonstrating higher levels of self-esteem in men, researchers have suggested that femininity is associated with lower self-esteem.

However, following the initial studies on gender roles much of the literature has suggested the measures of gender role may be invalid. Whitley (1988) conducted a follow-up study that suggested that the traits of self-esteem and masculinity correlate to such a high degree that they may be measurements of the same construct. In this study, Whitley measured sex role orientation using both a behavior measure (Sex-Role Orientation Behavior Scale) and a trait measure (Personal Attribute Questionnaire) and tested how these measures related to self-esteem in a college population. Whitley found in this study that the trait and behavior measures of sex-role were not highly correlated. In addition, he found that trait measures of masculinity were highly correlated with measures of self-esteem while behavior measures of masculinity were not. Based on these results, Whitley suggested that the trait measure of masculinity and self-esteem do not show adequate discriminant validity. In addition, he suggested that sex-role behavior and sex-role personality traits may be quite different in their relations to self-esteem.

Due to the complications raised by Whitley and others regarding the discriminant validity of the measure of masculinity and self-esteem and the differences in sex-role trait and behavior measures, many researchers have abandoned the use of sex-role measures. However, some have argued that self-esteem is an integral part of masculinity and therefore the measurement overlap presents no problem. Others may argue that despite the measurement problems between masculinity and self-esteem, there is still evidence to suggest that feminine traits are predictive of depressive symptoms and a more negative self-concept (see Bromberger and Matthews discussed below).

Despite the unresolved questions regarding the association of femininity and low self-esteem and the lack of clarity distinguishing measures of self-esteem and



masculinity, more recent investigations of self-esteem have only included women. It appears that researchers have assumed that it is not necessary to include men because of the established finding of higher depression in women and recent research suggesting a self-esteem difference exists between men and women, regardless of the consideration of sex-role orientation (Kling et al, 1999).

In one of the investigations focused on women, Bromberger and Matthews (1996) present a "feminine model of vulnerability to depressive symptoms" that examined the effects of low instrumentality, high levels of expressivity and private self-consciousness on depressive symptoms in 460 middle-aged women over the course of a three year period. These traits are assumed to be associated with the feminine gender role. Bromberger and Matthews found that depression was higher in women low in instrumentality and high in self-consciousness. In addition, these women were found to be more vulnerable to stressors over the three years of the study.

Relevant to issues of identity and change in adulthood, other research suggests that men and women learn different strategies for facing developmental challenges over the lifetime. Diehl et al (1996) presented data on the different strategies of coping and defense mechanisms demonstrated in adolescence and adulthood. They found that older adults use a combination of coping and defense mechanisms indicative of greater impulse control and positive appraisal of a situation than younger adults and adolescents. In addition, women used more internalizing defenses than men and used coping strategies that integrated the intra- and interpersonal aspects of conflict. Men were more likely to use instead the coping strategies of intellectualization, projection and denial.

If in fact, coping strategies are associated with self-esteem, and women and men differ in their coping strategies and levels of self-esteem, then it is possible that gender differences in identity play an important role in mediating gender differences in self-esteem. While a tendency to change more often or more easily may lead to self-esteem deficits and psychological distress earlier in life for women, these accommodative tendencies may also alleviate the challenge of accepting age-related physical, psychological, and social changes. Such an explanation could explain the suggestion of some researchers that gender differences in depression decrease in old age (Nolen-Hoeksema, 1990). It may also be the case that changing more frequently leads to an increased lability of self-esteem rather than lower self-esteem. This increased lability may make women more vulnerable to depressive symptoms and psychological distress, especially in early adulthood when identity is in the formative stages.

#### Purpose and Hypotheses

The purpose of this study was to examine the role of gender differences in identity processes among different age groups of adults. The role of gender has not been considered in previous studies investigating identity change, self-esteem, or self-certainty. In many of the recent studies investigating identity processes, the sample included a significantly larger number of women than men (e.g., Sneed & Whitbourne, in press; Whitbourne & Collins, 1998). In the literature on self-esteem, men have often not been included in the samples (e.g., Roberts & Gotlib, 1997; Bromberger & Matthews, 1996). A goal of this study was to help explain the findings that women are more likely to have lower self-esteem than men. It is proposed that gender differences in self-esteem occur because men and women change their identities differently in approaching age-

related changes. A woman may be more likely to change herself in response to life experiences, whereas a man finds a way to avoid allowing experiences to affect his core identity. The cost of this difference may be that women report lower self-esteem and higher rates of depression across adolescence and adulthood.

However, in later life, the tendency to use identity accommodation may, in fact, assist women in adapting to the effects of physical, social and psychological age-related changes. Individuals who engage in high levels of assimilation may eventually face challenges in later life that necessitate a change in identity. This change may erode an individual's previously high self-esteem. Individuals who frequently change their identities may be more apt to make necessary age-related changes than individuals who avoid change. Thus, in old age, women may still experience the self-esteem costs associated with accommodation but may not experience the more extreme experience of attempting to accommodate following a long period of assimilation.

The following hypotheses were examined using the methodology described below:

1. Women will have higher scores in identity accommodation than men. Men will have higher scores in identity assimilation than women.
2. Higher self-esteem scores will be found for men than for women.
3. Identity assimilation will be positively correlated with self-esteem and identity accommodation will be negatively correlated with self-esteem.
4. There will be an interaction of gender and age on self-esteem. Thus, the gender difference in self-esteem scores will not be present for the oldest group of subjects.

## CHAPTER II

### METHOD

#### Participants

A combined sample of university college students (82 females and 26 males) and community adults (132 females and 93 males) participated in the present investigation. A total of 120 females and 85 males were obtained in the current investigation using the procedures described below (Sample 1). Sample 1 included 108 college students and 107 adults ages 40 and older. The remaining portion of the adult participants (Sample 2) were obtained in a previous study (Sneed, 1999) which used similar methods of measurement and procedure.

The community sample of adults (Samples 1 and 2) ranged in age from 40 to 84 years of age ( $M = 57.5$ ,  $SD = 12.1$ ). The age distribution is presented in Figure 1 (page 21). The demographic characteristics of Samples 1 (excluding students) and 2, separately and combined, are shown in Table 1 (page 22). As can be seen in Table 1, approximately one-third of the sample was above age sixty-five (31.1%) and over one third was retired (33.3%). Relatively equal numbers of men (41.3%) and women (58.7%) were in the sample. The majority of the sample was married (73.3%), caucasian (86.7%) and owned a own home (85.3%). The sample was well-educated, with over three-fourths of the participants (78.2%) completing some college education. One third of the participants (33.3%) received professional training (education beyond the post-baccalaureate level), 18.7% received their baccalaureate degree, and 26.2% attended some college but did not receive a degree.



Hollingshead's (1958) two-factor index of social position was used to compute the participants' socioeconomic status. The majority of the sample were middle class or above. Over 11% of the sample were in the highest socioeconomic class consisting of higher executives, major professionals, and proprietors of large concerns. 41% were in class II which is comprised of business managers, proprietors of medium-sized businesses and lesser professionals and 32% were in class III made up of administrative personnel, small independent business owners, and minor professionals. The remainder of the sample (16%) were in the lower socioeconomic classes (Classes V, VI, and VII) or did not complete the questions regarding either education or occupation and were unclassifiable. Thus, the majority of the sample was from the middle and upper socioeconomic classes.

The student participants were University of Massachusetts students enrolled in an introductory psychology course. They ranged in age from 17 to 26 years of age ( $M = 18.9$ ,  $SD = 1.3$ ). The demographic data for the student participants is found in Table 2 (page 23). The majority of the students were females (75.9%). Almost all the students were single (98.1%) and the sample was predominantly caucasian (89.8%). The majority of the students lived in dormitories on the University campus (67.6%) while a portion lived either with their parents (12%) or rented an off-campus apartment (6.5%).

### Materials

The participants were given a demographic questionnaire concerning their age, race, sex, occupation, level of education, marital status, and number of children. In addition, the demographic questionnaire included a question asking for a description of

any current mental or physical ailments. This questionnaire had been created in past research on identity processes (Sneed & Whitbourne, in press).

Following the demographic information, participants completed the Identity and Experiences Scale (IES; Whitbourne, 1996; see Appendix). The scale measures the identity processes of assimilation, accommodation and balance to describe one's general style of responding to experiences. It is made up of 33 self-report questions which subjects respond to on a 1 (not like me at all) to 7 (completely like me) Likert scale. These 33 items were chosen from an original scale of 55 items, based on their reliability, the factor analysis of responses given by the adult participants, and their theoretical relevance (Sneed & Whitbourne, in preparation). The IES consists of an 11 item sub-scale for each of the identity processes. The identity assimilation sub-scale (IAS) measures the extent to which a person engages in methods to minimize experiences. An example from the sub-scale is, "Don't think about my mistakes or shortcomings." The identity accommodation sub-scale (IAC) measures the extent of change in response to experiences. An example from this sub-scale is, "Find it very easy to change in response to new experiences." Finally, the balance sub-scale (IBL) measures the degree to which a person engages in both identity assimilation and accommodation. An example from this sub-scale is, "Am influenced by my experiences but also feel I can control my life." In this study, the Cronbach's alpha was found to be .85 for IBL, .85 for IAC and .70 for IAS for the adult participants ages 40 and over. Although the scale is designed for use with adult participants, the reliabilities for the students in the sample were found to be similar. Cronbach's alpha was found to be .76 for IBL, .84 for IAC and .69 for IAS.

Following the questionnaire on identity processes, participants completed Rosenberg's Self-Esteem Scale (RSE; Rosenberg, 1965; see Appendix). This is a measure of global self-esteem that has been found to have high test-retest reliability and face validity (Rosenberg, 1965; 1979). An example from the scale is, "At times, I think I am no good at all." The RSE consists of 10 items and is scored according to a four point Likert scale (Rosenberg, 1979). In the current study, reliability was found to be .83 for the adults over 40 sample and .87 for the student participants. The RSE has been found to correlate with other measures of self-esteem and constructs such as depression, confidence, popularity and anxiety (Demo, 1985; O'Connor, 1998).

### Procedure

One month prior to distributing the questionnaires, students were asked in their introductory psychology course to sign up to participate in the study. They were instructed that they would be asked to complete a questionnaire themselves and to obtain a volunteer, aged 40 and older, who would also complete a copy of the questionnaire. In exchange for their own participation, the students received 2 points extra credit (out of 360 total points) for the course. Additional extra credit was given based on the age and gender of the volunteer the student recruited for the adult sample in an attempt to obtain equal numbers of men and women. Students who recruited a man over age sixty received 4 points. Students who recruited a man between the ages of 40 and 59 or a woman over age sixty received 3 points and students who recruited a woman between the ages of 40 and 59 received 2 points. Following the explanation of the study and what would be required of them, students signed up indicating who they would recruit as a volunteer.

The questionnaires were distributed during the class preceding the Thanksgiving Break. Each copy of the questionnaire included a consent form and directions asking the participants to respond to all possible items. In addition, the last page of the questionnaire included a de-briefing form for the participants. The questionnaires were accompanied by return envelopes which participants were asked to seal. They also placed a sticker over the flap of the envelope in order to insure the college student did not open it before returning the questionnaire. This was done as a precaution to protect the confidentiality of the volunteers recruited by the students. Following the Thanksgiving break, the students were given several opportunities to turn in their questionnaires during class so they could receive their extra credit.



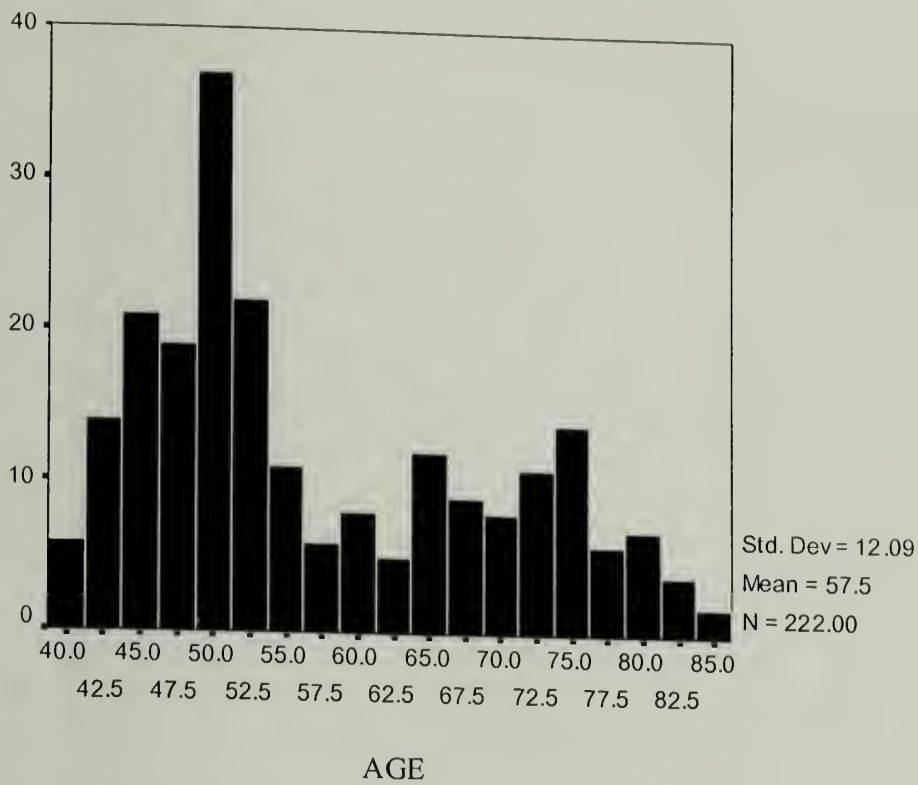


Figure 1. Age Distribution of Participants Ages 40 and Older

Table 1. Demographic Characteristics of Participants Ages 40 and Older (Sample 1 N=107, Sample 2 N=118, Total =225)

	Sample 1(n)	%	Sample 2(n)	%	Total(N)	%
Over 65						
Yes	40	37.3	30	25.6	70	31.1
No	67	63.7	87	74.4	155	69.6
Retired						
Yes	46	43.0	29	24.6	75	33.3
No	61	57.0	89	75.4	150	67.7
Sex						
Male	59	55.1	34	29.0	93	41.3
Female	48	44.9	84	71.0	132	58.7
Marital Status						
Single	2	1.9	4	3.4	6	2.7
Married	79	73.8	86	73.5	165	73.3
Separated	3	2.8	3	2.6	6	2.7
Divorced	7	6.5	10	8.5	17	7.6
Widowed	16	15.0	14	12.0	30	13.3
No Answer Given	0	0.0	1	0.8	1	0.4
Level of Education						
Professional Training (MS+)	30	28.0	45	38.1	75	33.3
College Graduate	17	15.9	25	21.2	42	18.7
Some College	29	27.1	30	25.4	59	26.2
High School Graduate	23	21.5	15	12.7	38	16.9
Some High School	7	6.5	3	2.5	10	4.4
Elementary School	1	0.9	0	0.0	1	0.4
Ethnicity						
Caucasian	99	92.5	96	81.4	195	86.7
African-American	0	0.0	5	4.2	5	2.2
Asian-American	6	5.6	2	1.7	8	3.6
Hispanic	1	0.9	3	2.5	4	1.8
Other	1	0.9	3	2.5	4	1.8
No Answer Given	0	0.0	9	7.6	9	4.0
Living Situation						
Own Home	91	85.0	101	85.6	192	85.3
Rent	8	7.5	5	4.2	13	5.8
Home of Children	1	0.9	2	1.7	3	1.3
Retirement Community	1	0.9	7	5.9	8	3.6
Other	4	3.7	3	2.5	7	3.1
No Answer Given	2	1.9	0	0.0	2	0.9
Socioeconomic Status						
Class I	12	11.2	13	11.0	25	11.1
Class II	35	32.7	58	49.2	93	41.3
Class III	32	30.0	39	33.1	71	31.6
Class IV	18	16.8	3	2.5	21	9.3
Class V	5	4.7	3	2.5	8	3.6
Unclassifiable	5	4.7	2	1.7	7	3.1

Table 2. Demographic Characteristics of Student Participants (N=108)

	n	%
Sex		
Male	26	24.1
Female	82	75.9
Marital Status		
Single	106	98.1
Cohabiting	1	0.9
Separated	1	0.9
Ethnicity		
Caucasian	97	89.8
African-American	2	1.9
Asian-American	8	7.4
Hispanic	0	0.0
Other	1	0.9
Living Situation		
Rent	7	6.5
Dormitory	73	67.6
With Parents	13	12.0
Other	13	12.0
No Answer Given	2	1.9

## CHAPTER III

### RESULTS

#### Design

A between subjects 2x3, Gender x Age design was used for the majority of the analyses. The age levels were college-aged students (young adults), individuals aged 40-60 (middle aged adults) and individuals 60 or over (older adults). The dependent variables were self-esteem (RSE) and identity processes (IAS, IAC, and IBL). Four pre-planned contrasts were performed to examine possible interactions of the main independent variables. The correlations between the dependent variables were also examined and analyses were performed to compare these correlations for men and women.

#### Analysis of Variance

A between subjects 2x3, Gender x Age (young adults, middle aged adults, and older adults) ANOVA yielded significant main effects of gender and age on the dependent variables of RSE and IAS, IAC, and IBL.

Hypothesis 1 was partially confirmed in that women were found to have higher accommodation scores than men. However, no significant difference was found for men and women in assimilation or balance. A significant main effect of gender was found for IAC ( $F = 15.69, p < .001$ ). The means and standard deviations for each of the identity processes are shown in Table 3 (page 28). As shown in the table, women ( $M = 40.49, SD = 12.22$ ) were significantly higher in IAC scores than men ( $M = 33.33, SD = 11.57$ ).



Hypothesis 2 was not confirmed. Gender was not found to have a significant main effect on self-esteem. Women ( $\underline{M} = 33.03$ ,  $\underline{SD} = 4.78$ ) and men ( $\underline{M} = 34.42$ ,  $\underline{SD} = 4.35$ ) scored nearly equally on the RSE.

A significant main effect of age group was found for RSE,  $\underline{F} = 13.43$ ,  $p < .001$ ; IAS,  $\underline{F} = 26.11$ ,  $p < .001$ ; IAC,  $\underline{F} = 21.55$ ,  $p < .001$ ; and IBL,  $\underline{F} = 6.26$ ,  $p < .01$ . The means and standard deviations for each of the age groups on the dependent variables are shown in Table 4 (page 29). For RSE, the mean for the young adults ( $\underline{M} = 31.41$ ,  $\underline{SD} = 4.94$ ) was lower than the middle aged ( $\underline{M} = 34.75$ ,  $\underline{SD} = 4.27$ ) and the older adults ( $\underline{M} = 34.28$ ,  $\underline{SD} = 4.01$ ). For IAS, the mean score was highest for the older adults ( $\underline{M} = 45.40$ ,  $\underline{SD} = 8.78$ ), followed by the middle aged ( $\underline{M} = 39.97$ ,  $\underline{SD} = 8.38$ ) and lowest for the young adults ( $\underline{M} = 35.88$ ,  $\underline{SD} = 7.75$ ). For IAC, the opposite pattern was found. The young adults had the highest IAC scores ( $\underline{M} = 44.52$ ,  $\underline{SD} = 11.03$ ), the middle aged followed ( $\underline{M} = 35.28$ ,  $\underline{SD} = 11.26$ ) and the older adults had the lowest IAC scores ( $\underline{M} = 33.84$ ,  $\underline{SD} = 12.82$ ). Finally, for the IBL scale, the middle aged adults were found to have higher scores ( $\underline{M} = 59.36$ ,  $\underline{SD} = 8.62$ ) than the young adults ( $\underline{M} = 55.10$ ,  $\underline{SD} = 7.49$ ) or older adults ( $\underline{M} = 56.88$ ,  $\underline{SD} = 10.37$ ). No significant effect was found for a pre-planned contrast which predicted the mean of the oldest age group would differ in RSE from the average of the two younger groups.

Hypothesis 4 was not confirmed in that there was no significant interaction effect of gender and age on self-esteem. In fact, no significant interaction effects for age and gender were found for any of the dependent variables. A pre-planned contrast predicting that the mean for the older males on RSE would be lower than the average of the two younger groups was not significant. However, an additional pre-planned contrast which

predicted that the mean of the youngest adult women on the RSE would be lower than the average of the middle and older adult women was confirmed,  $t(210) = 4.77, p < .05$ .

When the same contrast was performed post-hoc for the men using the Bonferroni adjustment, it was found that young adult men also had lower RSE scores than the average of the two older groups of men,  $t(116) = 2.88, p < .05$ .

#### Pearson product-moment correlations

To explore the relationship between self-esteem and identity processes, Pearson product moment correlations were calculated among these variables. Separate correlational analyses were performed for men and women to examine if these relationships differed by gender. The Pearson Product moment correlations for the entire sample and for men and women separately are found in Table 5 (page 30).

Hypothesis 3 was confirmed in that a significant positive correlation was found between RSE and IAS ( $r = .23, p < .001$ ) and a significant negative correlation was found between RSE and IAC ( $r = -.56, p < .001$ ). For men, the correlation between IAS and RSE was not significant ( $r = .12, p = .181$ ) but a similar negative correlation was found between RSE and IAC ( $r = -.56, p < .001$ ). For women, there was a significant positive correlation between IAS and RSE ( $r = .28, p < .001$ ) and a significant negative correlation between IAC and RSE ( $r = -.54, p < .001$ ). A significant positive correlation was found between IBL and RSE for both men ( $r = .36, p < .0001$ ) and women ( $r = .41, p < .0001$ ). Fisher z-transform tests revealed no significant differences for the correlations between RSE and IAS, IAC and IBL between men and women.

Due to the fact age had a significant main effect on all of the dependent variables, separate correlational analyses were conducted for each age group as well. The Pearson

Product Moment correlations for the entire sample and for each age group separately are shown in Table 6 (page 31). For the young adults, a significant negative correlation between RSE and IAC was found ( $r = -.51, p < .001$ ). In addition, a significant positive correlation between IAS and RSE was found ( $r = .21, p < .05$ ). A significant negative correlation between RSE and IAC was also found for the middle-aged ( $r = -.57, p < .001$ ) and older adult ( $r = -.407, p < .01$ ) groups. However, no significant correlations between RSE and IAS were found for either of these age groups. A significant positive correlation was found between RSE and IBL for the young ( $r = .24, p < .05$ ), middle-aged ( $r = .493, p < .0001$ ), and older adult ( $r = .35, p < .01$ ) groups. The correlations between IAS and RSE did not significantly differ among age groups. In addition, the correlation between IAC and RSE did not significantly differ between any age group. A fisher z-transformation revealed that the correlation between IBL and RSE was significantly different between the young and middle-aged groups,  $z = 2.25, p < .05$ . The correlation between IBL and RSE did not differ significantly between the young and older adults, nor did it significantly differ between the older and middle-aged adults.

Table 3. Means and Standard Deviations of Identity Processes and Self-Esteem for Men (N=119) and Women (N=214)

Identity Process	Mean	Standard Deviation
IAS		
Men	41.05	9.13
Women	39.47	8.92
IAC		
Men	33.33	11.57
Women	40.49	12.22
IBL		
Men	58.52	8.83
Women	56.60	8.98
RSE		
Men	34.42	4.35
Women	33.03	4.78



Table 4. Means and Standard Deviations of Identity Processes and Self-Esteem for Young (N=108), Middle-Aged (N=138), and Older Adults(N=86)

Measure	Mean	Standard Deviation
IES		
IAS		
Young Adults	35.88	7.75
Middle Aged	39.97	8.38
Older Adults	45.40	8.78
IAC		
Young Adults	44.52	11.03
Middle Aged	35.27	11.26
Older Adults	33.84	12.82
IBL		
Young Adults	55.10	7.49
Middle Aged	59.36	8.62
Older Adults	56.88	10.37
RSE		
Young Adults	31.41	4.94
Middle Aged	34.75	4.27
Older Adults	34.28	4.01

Table 5. Pearson Product Moment Correlation Matrix For IES and RSE

Measure	1	2	3	4
1.IES-IAS	--			
Women	--			
Men	--			
2.IES-IAC	-.215***	--		
Women	-.235**	--		
Men	-.135	--		
3.IES-Balance	.069	-.241***	--	
Women	.101	-.259***	--	
Men	-.011	-.152	--	
4.RSEQ	.233***	-.557***	.400***	--
Women	.277***	-.535***	.406***	--
Men	.123	-.564***	.362***	--

Note. \*p<.05, \*\*p<.01, \*\*\*p<.001

Table 6. Pearson Product Moment Correlation Matrix For IES and RSE By Age Group

Measure	1	2	3	4
1.IES-IAS	--			
Young Adults	--			
Middle Aged	--			
Older Adults	--			
2.IES-IAC	-.215***	--		
Young Adults	-.299*	--		
Middle Aged	-.098	--		
Older Adults	.088	--		
3.IES-IBL	.069	-.241***	--	
Young Adults	-.099	-.158	--	
Middle Aged	-.043	-.467***	--	
Older Adults	.265	.082	--	
4.RSE	.233***	-.557***	.400***	--
Young Adults	.211	-.507***	.242	--
Middle Aged	.156	-.572***	.492***	--
Older Adults	.107	-.407**	.345**	--

Note. \*p<.05, \*\*p<.01, \*\*\*p<.001

## CHAPTER IV

### DISCUSSION

The goal of this project was to investigate the relationships among gender, identity, and self-esteem in adulthood. In addition, the relationships between specific identity processes and self-esteem were examined in order to consider the possible effects of gender differences in these processes and their relationship to self-esteem. In general, gender differences were found for the identity process of accommodation and for the relationship between identity assimilation and self-esteem. However, no gender differences were found in self-esteem or in identity assimilation or balance.

Hypothesis 1 predicted that women would engage in more accommodative processes than men and that men would engage in more assimilative processes than women. It was found that women reported changing their identities in response to experiences (identity accommodation) more than did the men in the sample. However, no gender difference was found in identity assimilation or balance. Current models of identity processes have assumed that men and women engage similarly in changing their identities and have not considered the role gender may play. It appears from this finding that, as hypothesized, women are more likely to engage in processes that result in identity change.

It is valuable to consider what this finding suggests for previous research and the current models of identity. In Kiecolt's (1994) model of identity, she suggests that individuals are likely to change when they perceive themselves negatively in comparison to others, especially in situations involving a stressor or when these comparisons lead to significant distress. By discovering that women are more likely to engage in processes



that result in change and applying Kiecolt's theory regarding when change occurs, this finding suggests that women may be more likely to make comparisons due to sociocultural expectations or may be more likely to be susceptible to stressors that lead to comparisons with others. In addition, women's use of identity accommodation may play a role in the gender difference in depression. By engaging in more identity change, women may experience more feelings of worthlessness and distress. Alternatively, women who are depressed may experience more feelings of worthlessness and thus, engage in increased identity accommodation.

Finally, it may be that identity accommodation is in some way more advantageous to women than men with regard to adapting to the aging process. Identity accommodation may be a component of the ability to adapt which has been found to be associated with insight, a sense of meaning, and social relations in middle-aged women (Klohn et al, 1996). Research has not been conducted which examines this ability in men. Engaging in identity accommodation may be especially useful to women and future research must consider the possible benefits as well as the possible costs of this difference.

Hypothesis 2 predicted that women would report lower self-esteem than men. However, no gender difference in self-esteem was found. Women and men reported nearly equal self-esteem. This original hypothesis was based on the findings in the literature that extend back to the 1970's in which women were found to have consistently lower self-esteem than men due, presumably, to their adoption of traditionally feminine traits (Bem, 1975, Whitley, 1984). A recent meta-analysis (Kling et al, 1999) confirmed the finding of lower self-esteem in women, but noted that the effect size of this difference

was small. Furthermore, it appears that the largest difference in self-esteem is present in late adolescence and the effect size is smaller for adults. Thus, the fact that no difference was found in the present study may be due to the fact that the effect size was too small for the size of the sample. The gender difference may only consistently be found in meta-analyses, which combine the results of several studies. For example, in Kling's meta-analysis, 216 effect sizes, representing the testing of 97,121 respondents, were used to test the difference. In the present sample of young adult participants, a significant difference may have emerged if this group had contained more men. Kling and colleagues (1999) have found that the largest effect size was found for this age group. However, with only 26 men in the young adult sample, this difference may have been difficult to detect.

In addition to basing this hypothesis on past research on self-esteem, a gender difference in self-esteem was predicted due to the research that suggests women are twice as likely as are men to be depressed. It has been assumed that low self-esteem is associated with becoming depressed and thus, if women are more likely to be depressed it seems they would also be more likely to experience lower self-esteem. However, as noted earlier, Roberts and Monroe (1992; 1994) have found that overall trait level self-esteem (the average self-esteem over time of an individual) is a relatively poor predictor of depressive symptoms. Instead, they suggest that self-esteem lability, the amount self-esteem varies over time, is a better predictor. In light of this, it may be more fruitful to consider gender differences in self-esteem lability than in overall trait levels when considering the relationship of self-esteem to depression. Here, significant gender differences may have emerged in lability that were absent in overall levels of self-esteem,

especially in light of the finding that women are more involved in identity accommodation than men.

Hypothesis 3 predicted a positive correlation between self-esteem and identity assimilation and a negative correlation between self-esteem and identity accommodation. This hypothesis was confirmed but only for women. For men, the hypothesis was only partially confirmed. While a negative correlation was found between identity accommodation and self-esteem, no significant positive correlation was found between self-esteem and assimilation. Previous research, using predominantly female samples, had suggested the IAE (Identity Assimilation Effect) was gender transcendent. However, in light of these findings, it may be that the IAE is only found in women. This idea is further supported by the fact that when the correlations were examined by age group, the IAE was found only in the youngest group, which was predominately made up of women. For women, engaging in identity assimilation may be beneficial because this process serves to counteract or stabilize their identities as they continue to engage in accommodation. For men, the level in which they are engaging in accommodation may not be great enough to affect significantly their self-esteem and thus, assimilation does not serve to stabilize their identities. The concept of achieving equality between assimilation and accommodation suggests the benefits of a balanced approach. In this project, those benefits were demonstrated by the fact that balanced processes were found to be positively associated with self-esteem.

It may seem somewhat puzzling that accommodation was found to be negatively correlated with self-esteem, that women reported engaging in more accommodation than men, but that men and women did not differ in self-esteem. There are several possible

explanations for this finding. The first possibility is that there was a ceiling effect involved in the measurement of self-esteem. Many participants received the maximum possible score of 40 on the RSE. It could be that men would have scored higher than women on a wider range scale. Another possibility is that women were less likely to report low self-esteem in this study because of the methods used to collect the data. Perhaps concerns about the student's reaction to their answers (despite the fact that their answers were kept confidential) made women respond more positively to questions regarding their self-image. However, this explanation fails to address the reasons men would not have had the same concerns.

A final explanation comes out of the findings discussed above regarding the positive correlation between identity assimilation and self-esteem in women. Identity accommodation was found to be negatively correlated with self-esteem, but both identity assimilation and identity balance were found to be positively correlated with self-esteem in women. Perhaps there are two ways in which a person can be balanced. The first is to engage in identity processes that utilize both assimilation and accommodation. This is the type of "identity balance" which the IBL sub-scale specifically measures and this is positively related to self-esteem. An example of this type of balance would be when one purchases glasses for the first time due to a loss of vision but views the glasses as a "fashion statement" rather than as an acknowledgement of aging. However, perhaps balance can also mean engaging in strictly accommodative or assimilative processes, but in equal proportions. An example of this type of balance would be when individuals choose to buy glasses and change their identities in response to this change (identity accommodation) but also choose to dye their hair to hide their gray hair (identity



assimilation). The example may sound somewhat trivial, but it is the notion of engaging equally in these two, rather opposite, processes that may be important for self-esteem and represent a different sort of balance. Achieving this second notion of balance may be especially beneficial for women's self-esteem. The findings here suggest that women accommodate more than men, but they also suggest that for women there is a positive relationship between self-esteem and assimilation. Identity assimilation may be positively correlated to self-esteem in women because as women increase assimilation it establishes equality between accommodation and assimilation. Thus, as they achieve a balance between the two processes of accommodation and assimilation, their self-esteem may benefit enough to be equivalent to men's self-esteem. Men may take an approach that balances these two processes and thus, assimilating more does not serve to even out the processes or affect self-esteem. It would be interesting to consider men who engaged in mostly assimilative processes and test if some increased accommodation with age would lead to higher self-esteem as they became more balanced.

It should be noted that self-esteem could be serving to change individuals engaging in identity assimilation or accommodation rather than these identity processes affecting self-esteem. The relationship between identity processes and self-esteem in this study is only correlational and not causal. In discussing this relationship above, the identity processes were thought to affect self-esteem, however, one could imagine that self-esteem could affect engaging in identity processes. In this study, self-esteem was found to increase with age. Therefore, this increase in self-esteem could result in people feeling more satisfied with their identities and engaging in increased assimilation and decreased accommodation. Finally, a third unknown factor could be changing both self-



esteem and the identity processes and the correlations found here are merely a product of this change.

Hypothesis 4 predicted that there would be an interaction between age and gender on self-esteem. Specifically, it was thought that the oldest group of subjects would not differ in self-esteem, while the younger groups would, presumably because women's identity accommodative processes would be more adaptive to the changes of aging. However, this hypothesis was not confirmed. In fact, no interactions between gender and age were found, suggesting that the gender difference in identity processes, namely that women accommodate more than men, is a difference that exists in most or all adult age groups. Despite the lack of a significant interaction between age and gender, hypothesis four was partially confirmed in that it was found that the youngest group of females scored lower in self-esteem than the average of the two older groups. However, it was also found that the youngest group of males scored lower in self-esteem than the average of the two older groups. This seems to suggest that this finding is more a result of the difference in self-esteem found between age groups rather than a gender specific difference.

Although this study focused on gender differences and how these differences may vary by age, a number of interesting findings were obtained regarding differences between age groups in engaging in identity processes and in self-esteem that seemed to be gender transcendent. First, the middle-aged and older adults reported higher self-esteem than the youngest group. This finding supports research that suggests positive affect increases with age (Mroczek and Kolarz, 1998) and overall depressive symptoms may not increase with age (Gatz and Hurwitz, 1990). These findings suggest that age

may not be associated with decreased happiness and increased distress for healthy older adults.

In addition, the middle aged and older groups reported higher identity assimilation and balanced identity processes scores than the younger groups and reported lower identity accommodation scores than the youngest group. As noted earlier, identity assimilation was found to be positively correlated with self-esteem and thus, increased identity assimilation may help to explain the higher self-esteem for the older groups. As discussed earlier, this greater use of identity assimilation may be especially beneficial for women but not as crucial for men. Both men and women may be better able to find a balance between accommodation and assimilation that is associated with a higher self-esteem. In addition, these findings suggest that the older groups engaged in more balanced identity processes that were correlated positively with self-esteem. In fact, the findings showed that this relationship was significantly stronger in the middle-aged than the younger group, suggesting again that balanced processes are increasingly important with age. However, it was also found that identity accommodation was negatively related to self-esteem and lower identity accommodation alone may have been associated with the higher self-esteem found for the older participants. Finally, it must be considered that other factors occur during the aging process in adulthood, such as increased ego-resiliency (Klonen et al, 1996) or increased social interactions resulting in positive affect (Carstensen, 1991) that are associated with higher self-esteem in older adults. These factors may be related to both changes in self-esteem and changes in the amount in which an individual engages in identity assimilation or accommodation.

## Limitations

This study has several limitations, some of which have been addressed earlier. The first is that by selecting three specific age ranges, having the students sign up and recruit only participants of this age range, and awarding extra credit based on the recruitment, the sample is not random. Secondly, the sample is predominantly caucasian and somewhat higher in SES and education level than a general community sample. Lastly, the student participants were predominantly female, making the findings from this group difficult to interpret. Due to these sampling issues, the results obtained here may not be applicable to other samples. The adults that were willing to participate may have been the older adults with high self-esteem and not representative of what a random sample's self-esteem would have been. The same can be said of the identity processes, although it is more difficult to predict what ways a selection effect would have influenced the results. Additional replication studies would need to be conducted to analyze how well the results apply to other populations.

The second issue is that this project used a cross-sectional design. It is possible that cohort effects may play a role in the differences found between the three age groups. To determine how identity changes over the adult years, it would be necessary to conduct a study with a longitudinal or sequential design. Cohort effects could influence how and why people change their identities and how people respond to questions regarding their self-esteem. In addition, cohort effects could influence the participants' style of response. Older adults may be more hesitant to share negative thoughts or feelings about themselves as is evident in their reluctance to seek psychotherapy (Hinrichsen, in press),

and thus, older adults may not have answered truthfully to questions that would have revealed lower self-esteem.

As mentioned previously, these findings may have been limited by problems with the RSE measure. Many participants did receive a perfect score of 40 which leaves us to question what differences would have emerged without this ceiling effect. In addition, a cross-sectional design using the RSE can only measure current level of self-esteem. A participant's score may change depending upon the particular time of measurement. In fact, Roberts and Monroe (1992), as discussed earlier, have argued that the day to day variability (self-esteem lability) may be more predictive than global self-esteem for depression. Lability or changes over time in self-esteem may be associated with identity change. Again, a sequential design would be necessary to examine fully the changes in self-esteem over the adult years.

The fact that no gender difference in self-esteem was found could also be related to these limitations. As discussed above, recent research (Kling et al, 1999) has shown the effect size of the gender difference in self-esteem may be small. If this is the case, the study may have required additional participants, especially male students, in order to find a significant difference. However, it may be the case that only meta-analyses will possess enough power to consistently demonstrate this difference.

The procedure and measurements may have also limited these findings. By using a procedure that required participants to administer the questionnaire themselves, there is some uncertainty that the directions were followed. Participants may have been more easily distracted in filling out the questionnaires at home or wherever they chose than in the presence of an experimenter in a quiet place. In addition, all the measures used were



self-report questionnaires, which could have lead to method variance and other issues around validity. For example, participants may have been more likely to be influenced by social desirability because they were concerned (even with the sealed envelope and sticker) that the student would see their responses. In addition, by never having the opportunity to meet the experimenter or be given oral directions, participants may have felt less comfortable to be honest when they were unsure who would be seeing their responses. Thus, it may have been more difficult to obtain valid measurements of self-esteem or identity processes because participants were influenced by their beliefs about the procedure itself.

### Future Directions

This study has revealed that some gender differences may exist in identity processes and the associations between identity processes and self-esteem. Gender has not been considered in identity models up to this point and these findings suggest that the models may not be gender transcendent. It would be fruitful to return to identity processes suggested as methods of change and investigate whether these processes are equivalently used by men and women. Examining this would serve to illuminate current conceptions on how identity changes occur, especially as people age.

From the present results, it appears that achieving identity balance between different types of processes may be associated with higher self-esteem. Further clarification is needed on which processes are involved in identity balance and how this balance is achieved. The question remains as to whether balance is really a product of equal engagement in two separate types of processes or a separate type of identity process in and of itself, in which "balanced" types of approaches are used. Perhaps a study that



asks participants to give examples or define how they change their identity would serve to address these issues.

This project also revealed several findings regarding age, identity processes and self-esteem. First, the finding that older groups scored higher on self-esteem supports other current research that age is associated with positive affect and lower risk of depression. Further studies should be conducted which examine the positive effects found in the average older population rather than limiting the research focus to the changes that occur with in later life. A longitudinal study in which participants record self-esteem and identity processes over time would help to clarify and address how people change in their adult years.

Finally, there are many questions left to be addressed regarding self-esteem. The first is the question of whether men and women do in fact differ in self-esteem. The findings in adolescents seem somewhat more robust, but the question still remains for the older groups. Furthermore, if the difference does exist, which has been the long-held conception supported by past research, is it a large enough difference to serve in explaining the different experiences of men and women with regard to identity and aging? These questions may not be answered, but there does seem to be contradictory evidence to the assumption that women are the only subjects to consider for studies of self-esteem. In addition, this study found that different relationships may exist between self-esteem and identity processes for men and women. It is still unclear why women were found to use identity accommodation more than men, yet scored the same in self-esteem. Further investigation of what identity accommodation means for each gender and how it affects people would be useful. For example, perhaps identity accommodation

is a factor in the higher incidence of depression found in women. A study using a depression measure would be useful.

It does seem that studies that have used predominately women and assumed the relationships found were applicable to men may need to be reconsidered. For example, this study suggests that the IAE, previously thought to apply to both men and women may be limited to women only. Future studies that use equal numbers of men and women, examined both separately and together, may serve more accurately to characterize identity change and help in our understanding of how identity changes with age.

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APPENDIX

QUESTIONNAIRE MATERIALS

## IES Scale – Form G

Please circle the number next to each item that *best* describes yourself as you are in general. Read each item carefully and think about your answer before you respond. Answers range from 1 (not like me) to 7 (completely like me). Some items may appear similar but each item is unique. There are 55 items on this scale. **BE SURE TO ANSWER ALL ITEMS.**

	Not Like Me			Completely Like Me			
	1	2	3	4	5	6	7
1. Feel that other people often share my opinions.	1	2	3	4	5	6	7
2. Not very interested in advice from others.	1	2	3	4	5	6	7
3. Have benefited as much from my failures as my successes.	1	2	3	4	5	6	7
4. Spend little time wondering "why" I do things.	1	2	3	4	5	6	7
5. Have many doubts and questions about myself.	1	2	3	4	5	6	7
6. Can honestly admit when I've failed at something.	1	2	3	4	5	6	7
7. Depend heavily on others for advice and feedback.	1	2	3	4	5	6	7
8. Have thought about other lifestyles that may be better for me.	1	2	3	4	5	6	7
9. Look for feedback from others but still follow my own course in life.	1	2	3	4	5	6	7
10. My weaknesses are less important to me than my strengths.	1	2	3	4	5	6	7
11. Have very few doubts or questions about myself.	1	2	3	4	5	6	7
12. Find it very easy to change in response to new experiences.	1	2	3	4	5	6	7
13. Don't spend much effort reflecting on "who" I am.	1	2	3	4	5	6	7
14. Often wonder whether others like me or not.	1	2	3	4	5	6	7
15. Can accept negative feedback about myself from others.	1	2	3	4	5	6	7
16. Very influenced by what others think.	1	2	3	4	5	6	7
17. Often wonder about how my life could be different than it is.	1	2	3	4	5	6	7
18. Try to be flexible but also try to maintain my goals.	1	2	3	4	5	6	7
19. Find it difficult to admit that others may not like me.	1	2	3	4	5	6	7
20. Tend to find fault in those who criticize me.	1	2	3	4	5	6	7
21. Generally try to avoid change in my life or how I see myself.	1	2	3	4	5	6	7
22. Feel that the bad things I've experienced were worth the pain.	1	2	3	4	5	6	7
23. Don't think very deeply about my goals because I know what they are.	1	2	3	4	5	6	7
24. At times seriously question "who" I am.	1	2	3	4	5	6	7
25. Don't worry about making mistakes even though I might look bad.	1	2	3	4	5	6	7

26. Behave according to what I think others want from me.	1	2	3	4	5	6	7
27. Feel that it's hard to decide on which course I want in life.	1	2	3	4	5	6	7
28. Although I like to be consistent, I have changed when I had to.	1	2	3	4	5	6	7
29. Prefer to think only about the "good" in myself.	1	2	3	4	5	6	7
30. Like to see myself as stable, consistent, and unlikely to change.	1	2	3	4	5	6	7
31. My experiences have contributed to "who" I am.	1	2	3	4	5	6	7
32. Am challenged but not overwhelmed by change.	1	2	3	4	5	6	7
33. Need people to tell me they like me.	1	2	3	4	5	6	7
34. Feel I can handle disappointments about myself.	1	2	3	4	5	6	7
35. Find myself blaming others when something bad happens to me.	1	2	3	4	5	6	7
36. Often ask others for their opinions on things that are important to me.	1	2	3	4	5	6	7
37. Have always preferred not to make firm commitments about my future.	1	2	3	4	5	6	7
38. Try to keep a steady course in life but am open to new ideas.	1	2	3	4	5	6	7
39. See myself as important in the things I do.	1	2	3	4	5	6	7
40. Try not to get into situations that cause me to question myself.	1	2	3	4	5	6	7
41. Have had my share of experiences in which I've learned about myself.	1	2	3	4	5	6	7
42. Rely on others because I lack confidence in my judgement.	1	2	3	4	5	6	7
43. Wonder what others will think of my behavior.	1	2	3	4	5	6	7
44. Feel that I am usually right in my opinions.	1	2	3	4	5	6	7
45. Often change my mind as I consider different alternatives in life.	1	2	3	4	5	6	7
46. Look to others for guidance in my important decisions.	1	2	3	4	5	6	7
47. Feel confident in "who" I am but am willing to learn more about myself.	1	2	3	4	5	6	7
48. Don't think about my mistakes or shortcomings.	1	2	3	4	5	6	7
49. Often find others overly rigid and closed-minded.	1	2	3	4	5	6	7
50. When it comes to understanding myself, I'd rather not look too deeply.	1	2	3	4	5	6	7
51. Often take stock of what I have or have not accomplished.	1	2	3	4	5	6	7
52. Have a clear sense of my goals but am willing to consider alternatives.	1	2	3	4	5	6	7
53. Am always looking for ways to improve myself.	1	2	3	4	5	6	7
54. Not afraid to confront my failures.	1	2	3	4	5	6	7
55. Am influenced by my experiences but also feel I can control my life.	1	2	3	4	5	6	7



SEQ

Please read the following statements and circle the response that best applies to you.

	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel that I'm a person of worth, at least on an equal basis with others.	1	2	3	4
2. I feel that I have a number of good qualities.	1	2	3	4
3. All in all, I am inclined to feel that I am a failure.	1	2	3	4
4. I am able to do things as well as most people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I take a positive attitude toward myself.	1	2	3	4
7. On the whole, I am satisfied with myself.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. I certainly feel useless at times.	1	2	3	4
10. At times I think I am no good at all.	1	2	3	4



