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To cite this article: Susan Krauss Whitbourne, Joel R. Sneed & Karyn M. Skultety (2002) Identity Processes in Adulthood: Theoretical and Methodological Challenges, Identity: An International Journal of theory and Research, 2:1, 29-45, DOI: [10.1207/S1532706XID0201_03](https://doi.org/10.1207/S1532706XID0201_03)

To link to this article: https://doi.org/10.1207/S1532706XID0201_03



Published online: 12 Nov 2009.



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Identity Processes in Adulthood: Theoretical and Methodological Challenges

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The study of identity development in adulthood presents a number of fascinating theoretical challenges, including the relationship of identity to physical, cognitive, emotional, and social functioning. Equally challenging is the measurement of identity processes throughout the adult years. In this article, we discuss a theoretical model that relates identity to experiences in adulthood and incorporates the processes of identity assimilation, identity accommodation, and identity balance. We present data examining the relationship between the Identity and Experiences Scale (IES), a 33-item self-report rating scale, and the Defense Mechanisms Inventory (Gleser & Ihilevich, 1969). Relationships of identity processes to hypothesized personality constructs, gender, and age are discussed and examined as a basis for elaborating more fully on the model and its measurement.

It is a difficult and elusive process to define and measure identity. Erikson's (1963) definition of identity as the individual's answer to the question "Who am I?" provided a useful starting point but few details on which to base a measurable construct. The next major milestone was Marcia's (1966) operationalization of identity in terms of the "identity statuses," or alternative ways of resolving the fifth psychosocial crisis of life. Since that time, researchers and theorists working in the area of identity development in adolescence and adulthood have struggled to ex-

tend and expand on the basic concepts of the Marcia model. Particularly challenging have been attempts to extend the notion of identity into adulthood. Early research on this topic (Tesch & Whitbourne, 1982) built on the identity status construct as applied to college students, building it into an examination of the alternate paths taken by adults as they begin to navigate the years of adulthood.

Further extension beyond these efforts, however, has met with mixed success and led to alternative suggestions of systematic variations in the use of identity processes by adults rather than of statuses in the adult years (Whitbourne, 1986b). Nevertheless, the notion of identity statuses or styles may yet be proven to be useful in understanding adult development and aging if these can be defined in terms of processes. This article represents an attempt at such an approach.

IDENTITY PROCESS THEORY

The theory of identity processes, as initially proposed by Whitbourne (1986b), is based on a merging of the theories of Piaget and Erikson with the proposition that two processes, identity assimilation and identity accommodation, describe how the individual negotiates new experiences associated with the aging process throughout adulthood (Piaget, 1975/1977; Erikson, 1963). Identity is conceptualized as a broad biopsychosocial self-definition that encompasses the individual's self-representation in the areas of physical functioning, cognition, personality, relationships, occupation, and social roles broadly defined. Normal, healthy (nondepressed) adults attempt to maintain positive views of themselves in these realms, preferring to see themselves as loving, competent, and good. This set of positive self-attributions is maintained primarily through the process of identity assimilation, which, as in Piaget's theory, is defined as the interpretation of new experiences through the existing schema of identity. When experiences become sufficiently discrepant from an existing identity, the individual may then begin to make appropriate shifts through identity accommodation. According to the theory, as in Piaget's, it is assumed that the ideal state is one of balance or dynamic equilibrium between identity assimilation and identity accommodation.

Identity process theory predicts that individuals can best be described at any current moment according to their relative use of the identity processes; however, there may be heuristic value in the notion that there are consistent patterns in the preferences or competencies that people have for using identity assimilation, accommodation, or balance. These patterns may be regarded as having their origins in early experiences and relationships that influence the development of the individual prior to identity formation in adolescence (Whitbourne, 1989). Although these patterns may shift, they remain the individual's predominant mode of responding to new experiences in adulthood. As such, these patterns, referred to as "identity styles" (Whitbourne, 1987), can also influence the nature of the experiences that individuals may have, given the principle of reciprocity in development.

Berzonsky (1990, 1992, 1994) also used the notion of the identity styles, but there are fundamental differences between Berzonsky's information processing approach and its focus on adolescence identity development and the cognitive-affective approach advocated here, with its focus on identity processing in middle and later adulthood. Although overlap exists in the way both theorists use the term *identity style* and have operationalized it, we will highlight the differences for conceptual and operational clarity. Berzonsky was concerned with the way that adolescents process information and arrive at decisions that concern the formation of identity. Whitbourne (1987) theorized about cognitive-affective schemata that are already part of identity and therefore influence the way that adults approach identity-discrepant experiences. Berzonsky's model was information-processing and decision-making oriented, and Whitbourne's model focused on cognitive-affective discrepancies between identity schemata and age-related experiences.

Berzonsky's (1992) identity styles as operationalized by the Identity Styles Inventory (ISI) are based on Marcia's (1966) identity status paradigm and are not appropriate for middle-aged and older adults. The major reason is that Marcia's original interview study assessed issues related to college major, and decisions about ideological commitments being made for the first time in life. Adults past college age normally do not face such decisions with the same urgency. The questions on the ISI therefore are irrelevant to an adult who is already invested in life paths. Even if a change were to be contemplated, it would be done so against a backdrop of previous commitments and periods of exploration. Practically speaking, it is also difficult to determine when to consider an adult as having experienced a crisis. Is a change of major in college to be considered a past crisis for a 45-year-old person, or is it more proper to consider lack of contemplation of identity issues since college a sign of foreclosure in a middle-aged adult? As Whitbourne (1986a) maintained, the task ahead is not to extend Marcia's identity statuses to adulthood, but to determine whether the characteristic styles of processing identity-salient information and experiences are found as adults approach issues relevant to the aging individual.

Figure 1 shows the three identity styles and their primary characteristics as depicted by the identity process perspective. *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. People who predominantly use assimilative processes approach new experiences in a fixed and formulated way and seek out information that is consistent with their current identity schemata as loving, competent, and good. To recognize unacceptable aspects of the self is painful and produces negative affect (Whitbourne, 1996b). Most relevant to aging individuals is the sense of competence about the body, as perceptions of age-related changes in physical appearance and functioning are most likely to be threatened by identity-discrepant information.

A notion similar to the identity assimilator is found in Robins and John's (1997) metaphor of "the egoist"—an individual who seeks self-enhancement and distorts

<u>The Identity Balanced</u>	
Identity structure: Stable	
Processing style: Realistic	
Self-perception: The Scientist	
Self-esteem: High	
Characteristic defenses: Intellectualization	
Psychopathology: Anxiety	
<u>The Identity Accommodator</u>	<u>The Identity Assimilator</u>
Identity structure: Unstable	Identity structure: Fragile: rigid
Processing style: Self-doubt	Processing style: Self-enhancement
Self-perception: The Politician	Self-perception: The Egoist
Self-esteem: Low	Self-esteem: Defensive: high
Characteristic defenses: Intrapunative	Characteristic defenses: Denial: projection
Psychopathology: Depression	Psychopathology: Narcissism

Figure 1. The theoretical structure and function of the identity processing styles.

information regarding the self because experiences that reflect poorly on the self produce negative affect. The egoist and the narcissist are seen as similar because they share a grandiose sense of self and correspondingly high self-esteem. According to the identity processing perspective, self-esteem is viewed as the outcome of the evaluation of one's self as loving, competent, and good. The inflated self-esteem associated with identity assimilation is theorized to compensate for feelings of worthlessness and self-doubt. People who rely primarily on identity assimilation resist acknowledging changes associated with the aging process to the extent that these changes are discrepant with the youthful identity they wish to possess or retain (Whitbourne, 1996a).

There are both costs and benefits to excessive use of identity assimilation. Although people who use identity assimilation characteristically exude optimism, perceive themselves as healthy, and take pride in their life's accomplishments, the overuse of such a process may lead to social isolation, exhaustion from constant defense against identity discrepancies, and failure to engage in age-related compensatory activities. For example, people who use identity assimilation may ignore signs of physical aging and cause themselves harm in attempting to engage in activities formerly within their range of competence.

Identity accommodation is a process of changing the self in response to experiences. Those 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 leads individuals who use identity accommodation to be plagued by self-doubt and low self-esteem. Furthermore, they are highly responsive to external influences, looking outside of themselves for inner guidance. In fact, they may be most likely to evaluate themselves only when they fail to gain the approval of others. At that point they are vulnerable to experiencing highly negative evaluations of their thoughts, feelings, and behav-

iors because others' negative evaluations of them mirror their own inner turmoil and confusion.

Robins and John's (1997) metaphor of "the politician" accurately characterized people who predominately use identity accommodation. According to these authors, the politician is characterized by a lack of core self or identity and can be seen solely as a product of the social context. The self-concept of such individuals can be thought of as a public performance. Politicians are primarily concerned with the impression they make on people and will change their self-presentation to gain approval. When these individuals fail to gain approval, they experience negative affect and anxiety.

People who predominantly use identity accommodation are theorized to overreact and overgeneralize the consequences of age-related changes in their physical and cognitive functioning. They may cling to stereotyped notions of old age, which, although negative, provide a concrete set of external self-referents. The risk of overreliance on identity accommodation is that at the first sign of age-related changes, these individuals may conclude that they are "over the hill" and fail to take preventative or compensatory actions to intervene in the aging process.

A dynamic balance between the opposing processes of identity assimilation and accommodation is theorized to be the optimal approach to aging (Whitbourne & Connolly, 1999). *Identity balance* is a flexible approach that allows individuals to change in response to identity-salient discrepancies through identity accommodation. However, this approach is not so flexible and unstructured that every new experience leads to questions about fundamental assumptions regarding definition of the self. Identity-balanced individuals are in the best position to age successfully because they can flexibly adapt and integrate age-related changes while simultaneously retaining a sense of inner consistency and stability.

The notion of identity balance is conceptually similar to Robins and John's (1997) metaphor of "the scientist." Like the scientist, the individual who is identity balanced is concerned primarily with acquiring accurate self-knowledge and constructs testable theories about the self based on objective observation.

It is theorized that identity-balanced individuals possess a sense of personal control and self-efficacy with regard to the aging process (Whitbourne, 1987). Because actual or perceived personal control is associated with decreased mortality (Alexander, Langer, Newman, Chandler, & Davies, 1989), and weak self-efficacy beliefs predict perceived declines in physical functioning (Seeman, Unger, McAvay, & Mendes de Leon, 1999), it is expected that identity-balanced individuals will adapt more effectively and realistically to the aging process. However, a possible liability associated with the balanced approach is that many age-related changes are in fact out of the individual's control. Consequently, individuals who pride themselves on personal control and self-efficacy may be adversely affected when uncontrollable, important events affect them (Diehl, 1999; Shapiro, Schwartz, & Astin, 1996). Given the relationship between anxiety and the inabil-

ity to perceive control over stressful experiences, periodic bouts of anxiety may be associated with identity balance.

It is theorized that when balanced individuals cannot physically and psychologically adjust to age-related physical, psychological, and social role changes, they will be most likely to take advantage of therapeutic interventions, both psychological and physical. For example, the identity-balanced individual is more likely to respond ultimately in an optimistic manner to having a heart attack, considering him- or herself to have a new lease on life. Conversely, it is theorized that the identity assimilator will deny the significance of such a major health problem, and the identity accommodator will conclude life's end is near.

PREVIOUS RESEARCH ON IDENTITY PROCESSES

In an earlier study, a scale of identity processes was developed to evaluate how individuals react to specific age-related changes (Whitbourne & Collins, 1998). The sample consisted of 242 respondents (81 male and 161 female participants) ranging from 40 to 95 years old ($M = 63.31$, $SD = 13.31$). Respondents selected the area of functioning most important to them and then answered items on three scales of seven questions each to assess identity assimilation, accommodation, and balance with regard to that change. For example, respondents might state that "loss of muscle strength" was the most important age-related change. They would then be asked the extent to which they used identity assimilation (e.g., 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 the Rosenberg Self-Esteem Questionnaire (SEQ; Rosenberg, 1965) and the Physical and Cognitive Change Scale (PCCS; Whitbourne & Collins, 1998), a measure that asks participants to rate the extent to which they have experienced physical and cognitive changes associated with the aging process.

Contrary to expectations, 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 in the areas of appearance and cognition for participants 40 to 65 years old, in the area of appearance for adults 65 and older, and in the area of basic functioning for the sample as a whole. It was concluded, on the basis of this investigation, that assimilative strategies are responsible for maintaining self-esteem in later adulthood, and we subsequently referred to this as the identity assimilation effect hypothesis.

In subsequent studies, we sought to examine these relationships by 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), we regressed age and the Identity and Experiences

Scale-General (IES-G; Sneed & Whitbourne, 2001) on self-esteem using the same sample described earlier. The IES-G consisted of a 19-item identity assimilation subscale (IAS), a 20-item identity accommodation subscale (IAC), and a 20-item identity balance subscale (IBL). Items for this measure were originally derived from an interview study in which 94 adults shared their thoughts and feelings regarding family, work, values, and aging (Whitbourne, 1986b). We found that contrary to the findings in the original study using the age-specific version of the IES, both IAS and IBL were positively correlated with self-esteem, and the relationship between IBL and self-esteem was stronger than the relationship between self-esteem and identity assimilation. As before, IAC was negatively correlated with positive self-regard. Again, consistent with the identity assimilation effect hypothesis, we found that identity assimilation was positively related to age. However, we did not detect an $IAS \times Age$ Interaction effect in the multiple regression equation predicting self-esteem, which would have provided stronger support for the notion that identity assimilation is the most successful strategy for the oldest adults. We concluded from this study that the IAE is domain specific. That is, older adults use assimilative strategies to avoid recognizing and incorporating age-related physical and cognitive change into identity, and use identity balance in a more general sense (not specific to functional domain) to maintain high self-esteem. To create a shorter and less time-consuming questionnaire, we pooled data from two separate studies (Skultety, 1999; Sneed, 1999) and factor analyzed. Our goal was to create, without compromising validity or reliability, an easily administered scale that does not require long periods of time to complete. IES subscale scores were calculated based on the following criteria: (a) a factor loading of .30 or greater on the intended factor, (b) a mean of greater than 2 and less than 6 on the 7-point scale, and (c) a standard deviation of greater than 1. IES items, item means, standard deviations, and factor loadings are reported in the Appendix. Of the original 19 IAS subscale items, 11 loaded significantly on the third factor, which we used as the limiting factor in determining the number of items for all subscales. Of these 11 items, 4 also loaded significantly on either the IBL or IAC subscales. For the IBL and the IAC, we chose the 11 items that loaded most substantially, and represented the constructs most completely, to define these dimensions in the revised version.

A principal-components analysis with Varimax rotation was performed on the entire sample yielding three factors consistent with theory and accounting for 32% of the scale's variance. The remaining variance could be accounted for in part by the 7 items that did not load significantly on any factor, less meaningful and uninterpretable factors, method variance (i.e., the presentation of items in the same format), and measurement error. Total scores for the three subscales are computed by calculating the mean for each subscale and multiplying it by the number of items on the scale (11). This method of calculation is advantageous because it automatically corrects for missing data. There is no total scale score for the IES as a whole and averaging across subscales is not recommended. Cronbach's alpha coeffi-

cients for the shortened scale were .86 (identity balance), .86 (identity accommodation), and .72 (identity assimilation). Internal consistency estimates of .88, .85, and .71 for identity balance, identity accommodation, and identity assimilation, respectively, were originally obtained using the 55-item scale (Sneed & Whitbourne, in press). Thus, the length of the IES has been considerably shortened with no loss of reliability.

This more refined and psychometrically sound version of the IES-G was administered to 173 adults (108 women and 65 men) ranging in age from 42 to 85 years of age ($M = 60.80$, $SD = 12.58$). A simultaneous regression was performed with age, gender, the Self-Consciousness Scale (SCS; Fenigstein, Scheier, & Buss, 1975), the Need for Cognition Scale (NFC; Cacioppo, Petty, & Kao, 1984), and the Self-Esteem Questionnaire (Rosenberg, 1965) on IAS, IAC, and IBL. IAS was negatively associated with the self-reflection dimension of the SCS, positively correlated with age, and positively correlated with self-esteem in women. IAS was also negatively related to NFC in middle-aged adults and, unexpectedly, positively related to NFC in adults over 60. IBL was positively related to self-esteem and internal state awareness, and negatively related to social anxiety for midlife adults. IAC was negatively related to age and self-esteem and positively associated with self-reflection, social anxiety, and style consciousness. The relationship between IAC and NFC was positive in middle-aged women and negative in middle-aged men. Again, IAS was positively related to self-esteem and age but a significant Self-Esteem \times Age interaction was not detected using the IES-G.

Although this study confirmed many of the predicted relationships between the identity processing styles, self-consciousness, and the tendency to engage in and enjoy the effortful processing of information (NFC), it also demonstrated the expression of these styles as different for men and women. Therefore, we explicitly sought to examine gender differences in identity processing. This was the first study in which the older group contained a sufficient number of men to permit gender comparisons. There was a more balanced number of men (41.3%) and women (58.7%) than in past studies, allowing gender comparisons to be examined with greater power. In the middle age group (ages 40 to 59), 55 men and 83 women participated, and in the older age group (ages 60 and over), 36 men and 48 women participated.

These analyses revealed significantly different patterns of results for men and women (Skultety & Whitbourne, 2001). In this analysis, it became clear that women use identity accommodation more than men do. As in previous studies, scores on IAC were negatively associated with self-esteem and age for both men and women. IBL was positively associated with self-esteem and age for both men and women; however, IAS scores were positively associated with self-esteem and age only for women. This pattern of findings suggests that identity assimilation may serve to provide a sense of stability in response to the identity instability women experience throughout their younger years when engaging in accommodation. For men, this effect may not be present, as they are more likely to avoid en-

gaging in identity accommodation and thus, do not gain a sense of stability from identity assimilation. It appears that the use of identity assimilation is as advantageous for women as the use of identity balance with regard to general age-related changes is for men.

THIS INVESTIGATION

One possibility that has arisen during the analyses of data from the previous studies is that identity assimilation is related to defensive processes within personality. Therefore, scores on this measure may reflect a desire to avoid looking inward as a protection against anxiety. Consequently, scores on the identity assimilation measure may not reflect identity processes but instead reflect conscious or unconscious processes of self-enhancement or, even further, self-deception. Similarly, high scores on the SEQ may reflect the tendency to avoid looking deep within the self at inadequacies or weaknesses. To investigate these possibilities, we administered a measure of defensive responding along with the IES-G and the SEQ.

A subset of respondents, 92 women and 55 men ($M = 59.58$, $SD = 12.14$), from the aforementioned data sets (Skultety, 2000; Sneed, 1999) completed the Defense Mechanisms Inventory (DMI; Gleser & Ihilevich, 1969) in addition to the SEQ and the IES-G. This 200-item inventory consists of 10 hypothetical interpersonal dilemmas intended to elicit defensive responses from respondents. Each vignette is followed by four questions, and each question is followed by five possible responses. This forced-choice format is designed to tap five defense mechanism clusters: turning against the self (i.e., self-handicapping, pessimism, and masochism), projection (i.e., attributing to others undesirable aspects of the self), principalization (i.e., intellectualization, rationalization, and isolation of affect), turning against the object (i.e., identification with the aggressor and displacement), and reversal (i.e., negation, denial, reaction formation, and repression).

The correlations between age, the SEQ, the IES-G scales, and the DMI are shown in Table 1. Because these were exploratory analyses, no correction for significance was used. Here we can see some correlations that we did expect and some that we did not. We can also see that the majority of significant relationships were observed for women, not men. Although many relationships were in predicted directions, the one incongruous finding was that IBL was positively related to the reversal scale of the DMI, a scale that measures use of denial and similar mechanisms that distort or minimize the truth.

To investigate possible reasons for the IBL-Reversal (IBL-REV) relationship, we examined in more detail the characteristics of the group of women who responded positively to both the IBL subscale and the REV scale. It occurred to us that these women in fact might be identity assimilators who are attempting, perhaps for socially desirable reasons, to appear as though they are balanced. We split the male and female samples into four groups based on high and low scores (above

TABLE 1

Correlations Between the Identity and Experiences Scale—General and the Defense Mechanisms Inventory for Men and Women

	<i>Men</i>			<i>Women</i>		
	IAS	IAC	IBL	IAS	IAC	IBL
Age	.34**	-.18	-.14	.35**	-.24*	.07
SEQ	-.09	-.47**	.37**	.26**	-.51**	.37**
PRN	-.07	-.01	.21	-.04	-.22*	.24*
REV	-.09	-.21	.15	.17	-.34**	.23*
PRO	-.10	-.01	-.15	.08	.01	-.16
TAO	.07	.14	-.26	-.14	.24*	-.19
TAS	.16	.05	.13	-.03	.34**	-.09

Note. IAS = identity assimilation; IAC = identity accommodation; IBL = identity balance; SEQ = Self-Esteem Questionnaire; PRN = principalization; REV = reversal; PRO = projection; TAO = turning against the object; TAS = turning against the self.

* $p < .05$. ** $p < .01$.

TABLE 2

Identity Assimilation Scores for Women by Reversal and Identity Balance

Balance	<i>Reversal</i>	
	Low	High
Low	40.48 ^b	39.47 ^b
High	40.85 ^c	47.74 ^a

Note. Reversal \times Balance interaction $F(1, 88) = 4.59, p < .035$

^a $n = .23$. ^b $n = 19$. ^c $n = 27$.

and below the mean) on the IBL and REV scales and compared their IAS scores. As we suspected, the high IBL–high REV group of women did in fact score higher than did the others on the IAS scale. The results of this analysis are shown in Table 2. Because of their high scores on the IBL, IAS, and REV scales, we labeled them “defensive assimilators.” They are attempting to appear balanced but, based on their DMI and IAS scores, in reality are identity assimilators. Taking this one step further, the existence of these women in the sample could be accounting for the appearance of the positive relationship between identity assimilation and self-esteem in that defensive processes are moderating influences.

We then attempted to categorize all members of the sample, using high and low splits on REV, IAS, IAC, and IBL. This led to a four-way categorization of the sample into “true balanced” (high IBL; low REV, IAS, and IAC), “defensive

TABLE

Significant Differences Among Identity Style Groupings for Women

	<i>SE</i>	<i>TAO</i>	<i>PRO</i>
True balanced	35.19	34.19	38.00 ^a
Defensive assimilators	36.42 ^a	27.88 ^a	33.35 ^a
True assimilators	34.63	29.38	35.50
True accommodators	28.88 ^a	38.75 ^a	38.00
<i>F</i> (3, 45)	8.45**	3.84*	2.92*

Note: SEQ = Self-Esteem Questionnaire; TAO = turning against the object; PRO = projection

^a Denotes significantly different means.* $p < .05$. ** $p < .01$.

assimilators” (high IBL, REV, and IAS; low IAC), “true assimilators” (high IAS and REV; low IAC and IBL), and “true accommodators” (high IAC; low on all other scales). The significant differences on the other personality scales using this categorization system for women are shown in Table 3. This categorization system could not be applied to men, as there was only one true accommodator among the male sample. This finding of only one male accommodator is in accordance with the findings showing that women tend to engage in accommodation more than men.

THE SEARCH FOR IDENTITY ASSIMILATION: A TALE OF TWO SEXES

Putting together the correlational with the categorical data, we arrive at the following picture of the identity processes, which provides a different scenario for men and women. For women, we see that the high self-esteem scores associated with identity balance may be a function of the defensive adoption of positive statements on that scale to describe the self. The so-called defensive assimilators are those who receive high IBL and REV scale scores and who also subscribe to high—perhaps unrealistically high—self-esteem statements. These women are also low on the scale of projection and low on the scale of turning against the object. Both of these are scales that assess an individual’s readiness to criticize or blame others for their failings. Why would the defensive assimilators be afraid to turn their anger toward others? Putting these results together with the original finding of the positive relationship between identity assimilation and self-esteem for women, we may piece together an explanation. The so-called “double standard” of aging, although more apparent in the 1970s when first described than now (Sontag, 1979), may still cause certain women to push aside

their thoughts of fear or anger at losing their youth and beauty. The best strategy for coping with these feelings is to use denial. Furthermore, these women find it difficult to vent their frustration in other arenas as well, notably the interpersonal domain. Perhaps this is a cohort effect that will dissipate in future generations, but for this group of women, there are apparent difficulties in expressing such negative or frightening thoughts about the aging of the self. Of course, the facade of “balance” helps to disguise these feelings as well, but the high self-esteem of the assimilating women is clearly a defensively high self-esteem, masking underlying feelings of anger and fear.

Another alternative to the aforementioned explanation, which regards identity assimilation as ultimately an unhealthy means of adaptation to the aging process, is to regard identity assimilation as having benefits. Who is to say that it is not better to deny or distort some of reality’s tough outcomes? In a study on ego integrity, Walaskay, Whitbourne, and Nehrke (1983–84) identified the “foreclosed” ego integrity status as one that adapted favorably to the last psychosocial crisis but did not examine in depth (or at all) the existential issues of mortality described by Erikson as crucial to that stage. Perhaps these older women should be permitted to deny the angst of aging in peace, left unperturbed by us academic psychologists.

A related argument was put forth by Shedler, Mayman, and Manis (1993), who proposed that a significant proportion of people in the mental health spectrum can be classified as having illusory mental health and are not readily detected using self-report questionnaires. According to these authors, illusory mental health corresponds to those who self-report as psychologically healthy but are objectively rated as distressed. These individuals, called “defensive deniers,” have a need to see themselves as well adjusted despite underlying vulnerability and, therefore, deny much of their emotional life, showing little awareness of their needs, wishes, and feelings. Clearly, identity assimilation corresponds to what these authors label defensive denial, and self-reporting may not be the appropriate method of measurement. The DMI allowed us to go beneath the defensiveness associated with assimilation and revealed relationships that were consistent with this line of thinking.

When we contrast the experience of the defensive assimilators to that of the true accommodators, we may see other benefits to identity assimilation. For women, identity accommodation was found to be negatively associated with principalization and reversal but positively correlated with turning against the self and turning against the object (see Table 1). A Tukey test revealed that there was a significant difference in self-esteem between this group and the defensive assimilators. Thus, identity accommodation is associated with self-handicapping or self-blame and a lack of ability to deny or to rationalize experiences of a negative nature. It may appear somewhat surprising that identity accommodation is also associated with turning anger toward others. However,

this may be less puzzling when we consider the social context in which accommodators may attempt to change themselves to gain approval from other people. It seems logical that those who engage in identity accommodation would experience some anger toward those who provide the impetus and evaluation of the individual's personal characteristics. In turning against the self, the true accommodators may experience in full force the negative evaluations that they hold of themselves.

This negative self-evaluation accompanied by the lack of a stable identity may make this group of women especially vulnerable to depression. Women are more likely than men to experience depression (Nolen-Hoeksema, 1990), and it has been suggested that part of women's vulnerability to depression may arise from their using more internalizing defense mechanisms than men (Diehl, Coyle, & Labouvie-Vief, 1996). Thus, this group may be especially likely to become depressed, especially in the context of age-related changes that they may view as a sign of their lives coming to an end. It is noteworthy to consider how beneficial it would be for these women to engage in identity assimilation, which could provide some strengthening of self-concept and a sense of stability.

Although the ultimate resolution of these issues awaits further investigation, the existence of sex differences throughout the identity and personality scales and in the presumed mechanism of adapting to the aging process points to the need to incorporate social context into studies of identity. Unfortunately our samples in this research have been primarily middle or upper-middle class; future research should explore socioeconomic status, sex, and cross-cultural differences.

CONCLUSIONS: REFLECTIONS ON STYLES AND PROCESSES

In general, the categorization system we developed to incorporate reversal scores into the identity process scheme was not as satisfactory in the analyses of the data presented here as the use of correlational data using process scores was. Only one-half of the sample met the grouping criteria, so considerable power was lost in analyses based on this system. This is the problem identified by other researchers attempting to use identity status or style categorization systems, and it is clearly a weakness of such a model.

However, there is something to be gained by picking out a group of individuals on the basis of their unique scoring patterns and trying to identify their distinguishing features. By moving flexibly between style- and process-oriented approaches we can, as the saying goes, gain the best of both worlds. Furthermore, with the measurement of identity processes in adulthood becoming increasingly sophisticated, we may in fact be able to move toward structural modeling of these relationships, which is clearly the next step in allowing far stronger inferences to be made about the application of the very central construct of identity to the analysis of change in adulthood.

ACKNOWLEDGMENTS

This article was based in part on the master's theses of the second and third authors. Original data reanalyzed for the purpose of this article were originally presented at the 52nd annual meeting of the Gerontological Society of America on November 21, 1999, San Francisco.

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APPENDIX

The Identity and Experiences Scale: Means, Standard Deviations, and Factor Loadings

	<i>Factor</i>			<i>M</i>	<i>SD</i>
	1	2	3		
Identity balance (Factor1)					
Try to be flexible but also try to maintain my goals (9)	.63			5.41	1.22
Am challenged but not overwhelmed by change (17)	.51			5.29	1.38
Feel I can handle disappointments about myself (19)	.59			4.99	1.37
Try to keep a steady course in life but am open to new ideas (20)	.76			5.58	1.28
Have had my share of experiences in which I've learned about myself (22)	.58			5.52	1.31
Feel confident in "who" I am but am willing to learn more about myself (26)	.70			5.43	1.34
Often take stock of what I have or have not accomplished (29)	.58			4.42	1.59
Have a clear sense of my goals but am willing to consider alternatives (30)	.73			5.13	1.31
Am always looking for ways to improve myself (31)	.61			5.19	1.45
Not afraid to confront my failures (32)	.64			5.13	1.48
Am influenced by my experiences but also feel I can control my life (33)	.64			5.48	1.29
Identity accommodation (Factor 2)					
Have many doubts and questions about myself (3)		.59		2.99	1.71
Often wonder whether others like me or not (6)		.56		3.53	1.79
Very influenced by what others think (7)		.74		3.31	1.58
Often wonder about how my life could be different than it is (8)		.53		3.86	1.74
At times I seriously question "who" I am (12)		.61		2.93	1.77
Behave according to what I think others want from me (13)		.64		3.36	1.62
Feel that it's hard to decide on which course I want in life (14)		.64		2.91	1.63
Need people to tell me they like me (18)		.64		3.17	1.79
Rely on others because I lack confidence in my judgment (23)		.62		2.67	1.70
Wonder what others will think of my behavior (24)		.72		3.17	1.69
Often change my mind as I consider different alternatives in life (25)		.42		3.77	1.56

(continued)

APPENDIX (cont.)

	<i>Factor</i>			<i>M</i>	<i>SD</i>
	1	2	3		
Identity assimilation (Factor 3)					
Not very interested in advice from others (1)			.36	3.49	1.68
Spend little time wondering "why" I do things (2)	-.34	.62		3.69	1.84
Have very few doubts or questions about myself (4)			.39	4.42	1.59
Don't spend much effort reflecting on "who" I am (5)			.56	4.35	1.74
Generally try to avoid change in my life or how I see myself (10)		.31	.51	3.45	1.62
Don't think very deeply about my goals because I know what they are (11)			.57	4.24	1.61
Prefer to think only about the "good" in myself (15)	.34		.47	4.13	1.60
Like to see myself as stable, consistent, and unlikely to change (16)			.57	4.39	1.56
Try not to get into situations that cause me to question myself (21)		.36	.45	4.02	1.65
Don't think about my mistakes or shortcomings (27)			.47	3.38	1.51
When it comes to understanding myself, I'd rather not look too deeply (28)			.55	2.97	1.55

Note. Numbers in parentheses indicate the sequence of items on the 33-item scale