

The Crown of Life: Dynamics of the Early Post-Retirement Period

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Jacquelyn B James, PhD
Paul Wink, PhD
Volume Editors

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Annual Review of Gerontology and Geriatrics

*The Crown of Life: Dynamics of the Early
Postretirement Period*

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Volume Editors

JACQUELYN BOONE JAMES, PhD
PAUL WINK, PhD

Series Editor

K. WARNER SCHAIE, PhD

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religion and positive aging has been supported by grants from the Lilly Foundation, the Fetzer Institute in conjunction with the Institute for Research on Unlimited Love, and the Templeton Foundation. Dr. Wink serves on the editorial boards of the *Journal for the Scientific Study of Religion*, and *Journal of Personality*.

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Preface

This book is the product of a collaborative program of research on the meaning and experience of the Third Age in American life. The added years of longevity and health being lavished on today's Third Age adults are unprecedented and, as such, represent opportunities for a variety of approaches to contentment, satisfaction, and, yes, continued growth during the conventional retirement years.

To focus attention on the potential of the Third Age, describe what it is like for current role occupants, predict satisfaction and well-being outcomes, and think more broadly about changing trends in retired living for individuals from a broad spectrum, we invited an interdisciplinary team of researchers from a variety of institutions to a meeting held at the Henry A. Murray Research Center at the Radcliffe Institute for Advanced Study, Harvard University, in spring 2003. We are grateful to the Retirement Research Foundation for funding the effort and to the Murray Research Center for providing space and staff support for the meeting.

The purpose of the grant was to host an organizational meeting with leading scholars in the field of aging and retirement from across the United States to build intellectual rigor and coherence for an edited volume that would chart the Third Age as a new life stage. Given the dearth of data-driven research on the subject, the goal of the project was to provide a new view of retirement for a large segment of the population now contemplating its future as retirees. We believe that the volume is unique in that most of the contributors make use of longitudinal data to study patterns of development as they occur, as opposed to using retrospective accounts. In addition, most authors had access to qualitative data that could be used to enrich findings and enhance the accessibility of the volume.

At the end of the first meeting, considerable interest was expressed in the project and a recommendation made that participants gather a second time to discuss findings, identify themes that cut across the papers and, where possible, reconcile areas of disagreement. Fortunately, sufficient money also was left in the budget to make a second meeting possible. In addition, we were

gratified to receive supplementary funds from the Wellesley College faculty development program endowed by the Mellon Foundation.

The investigators were sociologists, economists, psychiatrists, and psychologists. At least 11 of the investigators had long worked with ongoing longitudinal studies. Some of the studies have been active for 60 years or better, for example, the Intergenerational Studies data from the University of California at Berkeley (Wink) and the Terman Life-Cycle Study of children with High Ability (McCullough), both of which are made available through the auspices of the Murray Research Center's archive. Three others had been active for over 40 years: the Adult Development Study (Vaillant), the Mills College Longitudinal Study (Helson), and the Seattle Longitudinal Study (Willis & Schaie). Some used population-based surveys. Sorensen, for example, made use of U.S. Census Bureau data (2000); Grafova and Stafford drew upon their experience with the multi-cohort Panel Study of Income Dynamics (PSID). James and Spiro conducted secondary analyses of the Health and Retirement Survey (HRS), an ongoing study of a cohort born from 1931 to 1941 that has been followed every 2 years since 1992.

The second meeting was held at Wellesley College, June 18–19, 2004. Papers from most of the contributors were circulated prior to the meeting. Twelve contributors attended the meeting. Sessions were organized around sections of the book including: 1) demographic characteristics of Third Age individuals; 2) anticipation of the Third Age during the Second Age; 3) change over time during the Third Age; and 4) life in the Third Age, including one very nice descriptive study of life in retirement communities. The work of contributors who sent papers but could not attend was summarized by one of the coauthors and discussed by the group. Each contributor in turn then presented an overview of his or her findings for a set of analyses delineating the Third Age as a unique period in the life span, with time for discussion of each paper. Several issues were discussed in depth:

- Is the United States officially a Third Age society? With retirement decisions changing and in flux, what is retirement? Should we think of the Third Age as primarily a time when individuals try to *compensate* for lost personal abilities and social roles, or as a time when new abilities and roles *emerge*? In what circumstances is it perhaps a *mixture* of both?
- Who is most vulnerable to negative Third Age experiences; Who is most likely to have positive Third Age experiences?
- What predicts positive or successful functioning in the postretirement period (and what are the criteria for positive and successful aging)? What

is the role of personality, gender, social class, race/ethnicity, sexual orientation, and religion on positive functioning in the Third Age?

- Most people think about financial planning for the Third Age; is lifestyle planning necessary as well?
- What changes, and what stays the same across the years of the Third Age?

By the end of the day on Saturday, the group had heard a rich array of findings, discussed areas of disagreements, and drawn some conclusions of a generally positive nature about the potential of the Third Age as a rich and rewarding time of life. Answers to the questions, as posed above, permeate the book.

We believe the powerful nature of the meeting format enabled us to develop a volume on the Third Age that makes a unique contribution to the literature on aging by providing: 1) evidence for the existence of the Third Age as a distinct segment of the life cycle while simultaneously engaging the field in a debate as to its demarcation from middle and late adulthood; 2) rich quantitative and qualitative data on everyday life in the Third Age and; showing its diversity; and 3) numerous findings on factors associated with positive psychosocial functioning during the Third Age.

A panel of five contributors (Wink, Cohler, Jackson & Brown, Schaie & Willis, and James) presented results from the volume at the 2004 Gerontological Society of American (GSA) annual meeting in Washington, D.C. Another session was organized for the 2005 GSA meeting held in Orlando, Florida (Grafova & Stafford, Spiro, James & Spiro, and Wink). Our authors have been enthusiastic and cooperative. We are grateful to all of them for their willingness to join us in the effort, their timely responses to our requests, and their patience as we corresponded over the period of 3 years that it took to create this volume. The shared responsibility for the volume has been rich and rewarding as well for the coeditors. We are grateful to Lauren Brennan for her untiring assistance in the production of the volume. Most important, we appreciate the support that the Retirement Research Foundation, especially Dr. John Santos, has provided for this important work and believe that the book offers a unique contribution to understanding the ever-changing needs of older Americans.

—Jacquelyn Boone James and Paul Wink
Coeditors

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INTRODUCTION

The Third Age:

A Rationale for Research

Jacquelyn Boone James and Paul Wink

As the Baby Boom generation approaches age 65 (the conventional age for retirement), a new division of the life course appears to be evolving. Referred to as the “Third Age,” it has been the topic of conversation and research for over a decade in Britain and France, but has hardly entered the American vocabulary save for a few self-help books (for a notable exception see Weiss & Bass, 2002). What has inspired this new division?

First, the average person retiring today can anticipate living and being in good health at least 15 years beyond retirement. Second, society’s attitudes toward old age and aging appear to be changing as large numbers of people are defying aging stereotypes. “Old age will not begin until 80” appears to be the view of the newly emerging and large generation that the Baby Boom generation represents (Gergen & Gergen, 2003). Third, it seems that contemporary social institutions have not kept up with the added years of life, a phenomenon described as a “structural lag” (Riley, Kahn, & Foner, 1994). Indeed, some time ago, Kuypers and Bengtson (1973) referred to a similar lag for the elderly as the “social breakdown syndrome,” having to do with a “loss of normative guidelines (absence of clear, positive behavioral expectations in old age, presence of negative expectations); shrinkage of roles (many former roles terminate, while few alternative roles are developed); and lack of appropriate reference groups (lack of shared, positive values and attitudes about the aged)” (Ryff & Marshall, 1999, p. 15). Although significant progress has been

achieved in these areas for the aged, this structural lag is now most obvious in the early postretirement years (Moen, 1998; Weiss & Bass, 2002). Developmental science has yet to map out the Third Age for current generations. The purpose of this volume then is to provide an empirical overview of how current generations of the young-old are faring during these added years of generally healthy living, whether and how Second Age individuals are anticipating the Third Age, what biopsychosocial changes occur over time during the Third Age, and what predicts health, happiness, and well-being in the Third Age.

WHAT IS THE THIRD AGE?

The phrase originated in France, according to Laslett (1991), and was used in the titles of organizations for the elderly, *Les Universites du Troisieme Age*. The phrase implies a different conception of stages of life from any one that has previously been suggested. The First Age, according to the theory, is the age of childhood, a time of “dependence, socialization, immaturity, and education” (Laslett, 1991, p. 4). The Second Age involves independence, earning a living, responsibility for the younger generation, and maturity. Thus, the Third Age, according to Laslett, is the age of opportunity for personal fulfillment and is ended only when the Fourth Age begins, that time of life which is marked by “dependence, decrepitude, and death” (Laslett, 1991, p. 4). Because the Third Age is longer and involves greater health and vitality for current generations, who are larger in number than previous generations, the question becomes, what will we as a society do with this great expanse of time? Laslett says we need a “fresh map of life” (Laslett, 1991, p. viii).

The Third Age is said to begin when active career and parenting ends. It is harder to determine when it ends, because the end is generally taken to begin at the onset of illness and terminal decline (Rubenstein, 2002). Because the Third Age is typically thought of as the early retirement years, we could have used retirement status as our delimiter. Retirement, however, is a murky concept as fewer and fewer Americans conceive of retirement in the traditional sense of a career-ending expanse of leisure.

Indeed retirement is a rather recent phenomenon. According to Moen (this volume), it only became a real age-graded transition just prior to the middle of the twentieth century, when the provision of Social Security benefits to older workers, along with employer-provided private pensions, offered the kind of income security that made retirement possible. Moen says that such benefits brought about an enormous transformation. In this volume, Moen tells us that, in the early 1900s, about 65% of American men age 65 and older

were still in the labor force; by 1990, only 10% of those 65 and older were (Costa, 1998; Quadagno & Quinn, 1996).

Today, the notion of retirement is changing again. Firman (cited in Trafford, 2004) of the National Council on Aging, says, for example, that very few people in a survey of 300 older Americans self-identified as retired. Similarly, Hart (2002) reports that retirement is seen more as the beginning of a new phase of life rather than an extended vacation. Instead, people indicate a desire to find new purpose, volunteer, set new goals. Hart says people are looking for meaning, a chance to make a difference. Many people in the Third Age retire from one job only to take on another, or else move into a new career in unpaid community service. Add into this mix the number of people who say they are retired as a more socially acceptable status than “laid off,” and the concept becomes murkier still.

For these and other reasons, we decided to use age as the marker of the Third Age; specifically, all the chapters in this volume define the Third Age as that period between ages 65 and 79. We have included the entire seventh decade (as opposed to the 65–75 grouping suggested by Schaie & Willis, 2002) to represent the slice of life that has been sorely neglected in research. As Gergen and Gergen (2003) have pointed out, current generations do not expect to think of themselves as “old” until age 80. We have decided to use that age as the rather arbitrary conclusion of the young-old period, as the beginning of true old age, while at the same time acknowledging that chronological age may not be a very good predictor of physical and mental levels of functioning at this point in the life cycle.

WHY HAS THIS NEW LIFE STAGE BEEN SO IGNORED?

First, the extension of the number of years of health and vitality is a rather new phenomenon, only recently brought to our attention by demographers and our European colleagues. Second, other research needs have taken priority. Not too long ago, for example, there was a dearth of research about the old-old of society, who manifested critical needs in the absence of clear policies. Recent years have seen enormous progress in understanding the needs of our elders, revisioning aging per se, and developing professional organizations whose mission it is to carry this work forward. Indeed, this research paradigm has included the young-old along with the old-old. Even though Neugarten (1975) complained about this lack of specificity years ago, only recently have critics observed that qualitative differences among the elderly suggest very distinct groups: the young old, the old-old, and the oldest old, the parameters of which are changing with time as well (see for example, Schaie & Willis,

2002). Unfortunately, the practice of lumping this expanse of the aged together is still the norm. Finally, the young-old, as a life stage, may have been neglected because no “crisis” or myth-making surrounded it, as was the case when midlife dominated the research agenda during the 1990s (Lachman & James, 1997). On balance, we are left with a huge expanse of uncharted territory. To be sure, the Third Age involves aging, negative stereotypes about it, and a longer time to worry about it. As the largest segment of the population is moving into this life stage in the next decade, an important need exists to better understand who functions well during this phase of life, who does not, and how to improve quality of life during this period.

As is often the case when a void in research exists, a few self-help volumes have sprung up with claims of knowing just how to handle it. These authors suggest a need to develop a new outlook and develop institutional resources and organizations to give purpose to the additional years available to the current generation of older Americans (Laslett, 1991), although not a self-help author per se, says that this period has the potential to be an era of personal fulfillment during which the “apogee of personal life is achieved.” The self-help experts say that development during this period may be different from earlier phases of the life course. It may be less linear, harder to observe, more complex, paradoxical (Sadler, 2000). Midlife has been seen as the peak of life by some researchers (Helson, 1990); some self-help experts say that we now have the chance for additional peaks. Sadler (2000) says we need to reinvent ourselves during this transition, create a new identity. With a more balanced perspective, Trafford (2004) says that the Third Age represents a chance to make the most of the rest of your life. Freedman (1999) contends that the coming of a new generation to the Third Age represents an opportunity to leverage a cohort of talent for civic engagement that will truly transform the aging of American society into the backbone of civil society and the spearhead of an unparalleled age of renewal (p. 251).

BUILDING THE CASE FOR EMPIRICAL RESEARCH

The first claim, that we need new institutions and social structures, may well be true; it may be that we need a lot more in the way of social policy, organizational changes, and new institutions (see for example, Moen, 2003). To illustrate, Wenger and Appelbaum (2004) say that the workplace needs to be restructured to accommodate more part-timers, more jobs with flexibility and autonomy, because of the number of people who desire some work in retirement. The opposite may just as well be true. It may be that people are faring well by finding their own way through this life stage (see, for example, Hamarat, Thompson,

Steele, Matheny, & Simons, 2002). The trouble is, with a few exceptions, such claims are being made in the absence of empirical data. We need to know more before such costly recommendations are implemented.

The second claim, that the Third Age can be the peak of life, may also have merit, but this too lacks empirical support and follows a trail of similar claims made about growing old. During the 1990s, a number of books in the popular and scientific press emerged having to do with “successful aging.” Jimmy Carter wrote *The Virtues of Aging*; Betty Friedan, *The Fountain of Age*; Lisa Birnbach delivered an enticing title, *1,003 Great Things about Getting Older*; and so on. The scientific treatise on this subject was written by Rowe and Kahn, titled simply *Successful Aging*. Some critics have argued that these “aging-is-the-greatest” books are creating yet another set of social myths, making people for whom aging is debilitating and difficult even more painful (Kane, 2001). The same may be true for proponents of the Third Age as the “apogee of life.”

Is there really a new age? Or is this idea a product of the heady 1990s, when we envisioned a retirement of prosperity and health only to have pensions be drastically reduced in the early 2000s and plans for extended retirement converted to longer work lives (Hazan, 1994; 1998)? Indeed, Moody (2002) views the concept of the Third Age largely as a reflection of the optimism of the decade of the 1990s, when possibilities for growth and development into later life seemed endless, with a generation of healthy and, particularly, wealthy retirees able to span the globe. With the dramatic economic reversals of the past several years, the cohort of Baby Boomers, now on the cusp of retirement, have seen their pensions seriously eroded; the cohort of young to middle-aged adults entering the work force within the past decade sees little promise for ever realizing significant retirement income. Moody sees little possibility for resolving the problem of meaning and uncertainty that arises as older adults confront the reality of their own mortality.

Finally, have we really advanced so far from negative stereotypes about aging to the point where we can think of retirement as the “apogee of life,” the opportunity to “write a descant”? Indeed, not too long ago, researchers (Cummings & Henry, 1961) were suggesting that older individuals were actively disengaging from social roles in anticipation of old age (for a discussion see Ryff, Marshall, & Clarke, 1999). And at the other end of the spectrum, Ernest Hemingway (cited in Trafford, 2004) said that “retirement is the ugliest word in the language.” In this volume, we intend to balance such claims with empirical research.

Another tension in research around the Third Age is whether it brings more interiority, as suggested by Neugarten (1973) and thus more self-awareness, self-focus, and/or new identities, or whether it encourages the

individual to become more other-oriented, by involving oneself in civic affairs, volunteerism, caring for others, and using prior developed competencies on behalf of others. Erikson (1950) in fact suggests both, arguing that, in middle age, generativity (taking care of) is the presiding concern, whereas in later life ego integrity (seeing one's life as meaningful and whole) is the abiding concern. Both of these theories, as Winter (this volume) points out, were developed when life expectancies and the retirement years were shorter. We need new data to discover the underlying personality and behavioral changes that occur for those in the Third Age today.

Finally, the claim that we need to reinvent ourselves during the Third Age follows a long line of conversation in the social and behavioral science literature about the self in transition. Erikson (Erikson, Erikson, & Kivnick, 1986) and Jung (1965), on the one hand suggest that self-exploration or life review (Butler, 1963) and reintegration (creating a new or revised self concept) are required for healthy adaptation to the aging process, whereas less psychodynamic models say that people can be quite satisfied with their lives without such reexamination or self-reflection (Coleman, 1986; Lieberman & Tobin, 1983; Lowenthal, Thurnher, & Chiriboga, 1975; Wink & Schiff, 2002). In addition, Atchley (1999) has argued that such changes as retirement, relocation, or even changes in physical appearance rarely are associated with establishing a new identity. "Rather, he maintains that transitions are usually assimilated using preexisting patterns of self-understanding" (Wink & Schiff, 2002, p. 45).

Similarly, several researchers have questioned the extent of discontinuity of lifestyle and personality in the transition from middle-age to young-old (Nakamura & Cohler, 2004; Rubenstein, 2002; Zarit, 1996). Adding to this debate Costa, McCrae, and Zonderman (1987) say that people over 50 are remarkably stable as they adapt to good and bad circumstances and that happiness in later life (as in earlier life) depends more on disposition than on outside events.

Given this debate, Wink and Schiff (2002) conclude that the either/or focus of the argument is too simplistic and suggest that we need more empirical research that asks for whom and under what circumstances is the process of life review adaptive. Cohen (2000), for example, says that individuals in the Third Age benefit from rich life experience, which is enhanced by energy and effort toward positive later life experiences; those who put out such effort do well. Similarly, Baltes and his colleagues (Baltes & Kliegl, 1987; Baltes & Reichert, 1992) say that individual differences can be explained by the flexibility with which people approach aging, that those who manage to recognize their limits and maximize their strengths are going to fare better as they age than will those who stand firm in old ways of operating.

THE THIRD AGE RESEARCH PROGRAM

With all these questions about life in the Third Age in the balance, we invited a number of leading scholars, almost all of whom had access to longitudinal data, to create this volume describing life during this Third Age. This is an age (roughly between 65 and 79 years) in which most Americans tend to be retired (having left or severely cut employment) and maintain the relatively good health and energy needed to engage in various projects and activities, yet they confront a paucity of well-developed social roles and expectations.

Our task of filling an important gap in the literature was made infinitely easier by the availability of existing longitudinal data sets. We have long ago discovered the necessity of using longitudinal data for addressing issues relating to intra-individual change and the correlates of such changes as reported here. Such data are available in archives across the country, most notably for this project, the Inter-university Consortium for Policy and Social Research (ICPSR) at the University of Michigan, and the Murray Research Center, a social and behavioral science data archive at Harvard University. To answer some of the questions posed by the Third Age research agenda, we asked 14 distinguished colleagues among social scientists, some of whom have spent their lives working with a particular longitudinal data set, and others who took advantage of archival data, to help us create a portrait of today's young-old.

Some of these authors have compared data collected from the 65–79 age bracket with data from earlier life stages (Cohler & Hostetler; Diehl & Berg; Schaie & Willis; Vaillant & DiRago; Wink; Winter, Stewart, Henderson-King, & Henderson-King), whereas others make upward comparisons of the young-old with the old-old (Sorensen); some make both sets of comparisons (Grafova, McGonagle, & Stafford; McCullough & Polak); some examine different cohorts of individuals in the Third Age (Brown, Jackson, & Faison; Moen & Altobelli); some examine changes from the early Second Age to later Second Age for anticipatory change moving into the Third Age (Helson & Cate); and one simply describes the lives of a particular group of Third Age individuals, those who have chosen to move into retirement communities. Analyses focus on such key variables such as health, self/personality, quality of life/activities, intergenerational relations, incidence of bereavement, spirituality, and so on. We asked our contributors to consider gender, class, sexual orientation, and racial differences in how people experience the Third Age. We made use of both quantitative and qualitative data to illuminate life during this period (see, for example, Cohler; Winter, et al.; Vaillant).

By bringing together these esteemed researchers and exploiting the value of existing longitudinal data, we intend to set in motion the mapping of this last frontier in developmental research. In doing so, we hope to avoid the

myth-making that proliferates in the absence of research, generate policy discussions, illuminate the factors involved in quality of life for a generation being awarded the added years that we have described, and hopefully inspire a new field of research about the Third Age.

CULTURE AND CONTEXT FOR THE THIRD AGE

We begin by providing descriptive data about the culture and context of the Third Age for current generations. Using U.S. census data, Sorensen (this volume), for example, tells us whether we are actually a Third Age society (as defined by Laslett, 1991). Compared to people older and younger than people in the Third Age, she spells out how many are still married and examines the overall economic well-being of U.S. citizens during this stage of life. Similarly, Grafova, McGonagle, and Stafford describe patterns of health and well-being across the Third Age for different cohorts. They show that health behaviors (with the exception of eating behaviors) have improved both over time and, for recent generations of Third Age people, especially with regard to less reported smoking and more exercise. They also answer questions about economic well-being and dispel a few myths about the wealth of current generations of individuals in the Third Age. Brown, Jackson, and Faison complete this section by answering similar questions about aging Black Americans. Examining older Blacks in the Second (ages 50–64) and Third Age (ages 65–79) at three different points in time, they present demographic and psychological characteristics associated with the work and retirement statuses of Black elderly over the last 25 years. They show the gains and losses for current generations of our nation's older Black population. As with many of our authors, they also wrestle with issues surrounding the definition of retirement. As a group, these authors answer such questions as how many people continue to work, or reduce work hours, rather than retire in the traditional sense? How many are financially secure enough to make choices about their lifestyles?

ANTICIPATING THE THIRD AGE: LIFE IN THE SECOND AGE

What do people in the Second Age do to prepare for life in the Third Age? Cohen (2000) asserts that people need a plan, a concern for a “social portfolio” if you will. A study by the American Association of Retired Persons (AARP) reported that nearly 70% of workers over 45 say that they plan to continue to work in their retirement years. Trafford (2004) says that “Boomers and older Americans today tend to see retirement not as termination, but as

transition—to a life that may include work, education, civic engagement, and of course, being ardent consumers” (p. 84).

In this second section of the volume, Moen and Altobelli assert that contemporary workers and retirees now in the 50s, 60s, and 70s in the United States are typically midcourse between the traditional career and family-building tasks associated with adulthood and the frailties we associate with being truly old. Individuals and families in this life stage thus make strategic decisions around retirement plans and timing in the face of often outdated social and organizational policies and practices, and in the context of an aging workforce now composed almost equally of men and women. Therefore, they argue that retirement is very individualized and uncharted territory—a “project” to be accomplished. They show that planning for the transition to retirement is associated with greater well-being after retirement.

Similarly, Helson and Cate show that, prior to the Third Age, the women in the Mills College sample had begun to prepare for the Third Age by becoming less achievement-oriented and scheduled, and thus freer to live their lives in their own way. They had increased in awareness of aging and death but had also increased in positive attitude. At age 61, they were making decisions about work and retirement that would affect their lives in the Third Age. Their attitudes toward work suggested reappraisal to make way for ending careers, whereas attitudes toward retirement were generally positive. These authors also point out individual differences among the women.

Finally, Winter, Torges, Stewart, Henderson-King, and Henderson-King show support for Erickson’s view that people who have more “identity certainty” and generativity are better situated for the dilemmas of later stages. Several interesting cases are provided that bring such findings into bold relief.

In general, the authors of this section provide answers to questions such as the kinds of plans people have made for this phase of life and the extent to which people implemented those plans. They ask whether or not personality changes in preparation for the Third Age, examine the images of people in this age/stage, and analyze gender differences in approaches to Third Age living.

CHANGE OVER TIME DURING THE THIRD AGE

In addition to these questions, we know still less about what actually changes during those 10 to 15 postretirement years, and how these changes differ from those that occur during midlife and old-age. We know that this transition, however positively framed, involves aging, a process of endocrinal and other biologic changes that affect our health and well-being. How much physical change do we witness?

With aging and its concomitants, we also know to expect social and behavioral changes as people move from childrearing and career building to other pursuits. It has been said that “we have been taught to grow old inadequately” (Langer, cited in Sadler, 2000, p. 19). Langer also says that “growth is often blocked by premature cognitive commitments about old age that [people] make in their youth.” Do people move in new directions, or do they continue to follow well-worn paths? Do we see personality change during this period? Do we observe new adaptive strategies, or well-honed familiar ones?

As we have said, surely one of the strengths of this volume is the overwhelming availability of longitudinal data, the value of which is clear in all sections, but nowhere more salient than for describing how life changes over the course of the Third Age as defined here, ages 65–79. With indebtedness to scholars who have spent lifetimes collecting, maintaining, and analyzing data for one continuous sample, we present three studies in this section mapping such trajectories of change. Willis and Schaie, who have dedicated their lives to the development of the Seattle Longitudinal Study, use these valuable data to map change over time in different types of intelligence. James and Spiro, using the Health and Retirement Survey data show the impact of work status (whether still working or retired) on psychological well-being. And McCullough and Polak used data from the Terman Life Cycle Study of Children with High Ability, made available to them by the Murray Research Center, to examine religiousness and health for patterns of change and stability.

EVERYDAY LIFE IN THE THIRD AGE: PREDICTIONS OF SUCCESS

Finally, we move to questions of what life is really like for those living in the Third Age and what predicts successful and happy lives. Surely one ingredient of adaptation to life for the young-old involves confronting aging and the stereotypes we have about it. In fact, Levy and Banaji (2002) have shown that ageism is more entrenched than either racism or sexism and cuts across all age groups, even the elderly themselves. Such findings are all the more discouraging in the wake of a decade or more of emphasis on successful aging (see, for example, Rowe & Kahn, 1998).

Do we see new heights of well-being and pleasure in the Third Age, demise and misery, or some combination? What are the antecedents and consequences of individual differences? Who does well and who does poorly in sustaining personal health and happiness and productive social behavior? Can we identify pathways to health outcomes, both mental and physical? How many people

move from their communities during the Third Age? How do retirement-community dwellers evaluate this choice? The answers are, of course, mixed.

Some of the mix stems from studying diverse life experiences. Both Brown and colleagues and Cohler and Hostetler show in this volume the effects of a lifetime of stigma and discrimination. Brown and her colleagues report that, despite health and wealth deficits, the Black elderly they studied have a well-developed capacity to adapt to changing circumstances and arrive at old age “more fortified, more rehearsed, and better able” to adapt to the ups and downs of later life. Similarly, Cohler and Hostetler uses life-history interviews with gay men to show the development of “crisis competence” developed over many years of confronting injustices of many sorts, which enables them to cope with the exigencies of life.

Vaillant and DiRago, using data from the Study of Adult Development (the working class sample of men), which has been in motion since 1938, find that retirement is highly over-rated as a major life problem. Indeed, men who best liked working at 60 best liked retirement at 75. They show factors in the decision to retire, when and under what circumstances. They have data that lends credence to the idea that retirement can provide a new lease on life, an apogee as Laslett suggests, but certainly not for all. They also predict a rewarding retirement on the basis of what activities are engaged.

Similarly, Wink uses longitudinal data from two generations of participants in the Institute of Human Development studies to capture many aspects of life in the Third Age as conveyed in face-to-face interviews that he collected as part of a follow-up study. Overall, participants appeared to take the transition to the postretirement period in their stride and viewed life in the Third Age as just another normative stage in the adult life cycle, and one that did not require any particular psychological adjustments such as life review. They did, however, seem well aware of the fact that time was limited and that the odds of illness or death increased with every year. While emphasizing everyday life in the Third Age, both Wink, and Vaillant and DiRago use longitudinal data from their studies to highlight important continuities and discontinuities in psychosocial functioning across the life course.

Finally, Diehl and Berg show individual differences in the extent to which people engage in activities of personal interest and in activities that involve socializing with others. Those who have developed a sense of themselves as capable of mastering a variety of situations and successful in a range of endeavors tend to show greater engagement with others and greater involvement in leisure activities than do those without this kind of “personal agency,” an important psychological resource in the aging process.

Where do Third Agers live? Sorensen reports that over three-quarters of the Third Age population live in the same place where they lived 5 years ago. Omoto, however, uses ethnographic data to describe what life is like for those who do move to retirement communities, presenting a generally positive picture of independence, activity, and social support. Antonucci adds to this mix with a discussion of the involvement of extended family members in decisions about where to live—showing some negative and some positive outcomes.

These and more topics are addressed in the pages that follow. In the concluding chapter, we attempt to draw the findings together, integrating and highlighting themes. Broader implications of the research are also discussed. The Third Age does appear to be the crown of life, but not exactly in the sense that Laslett envisions.

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CHAPTER 1

The Demography of the Third Age

Annemette Sorensen

With the publication of *A Fresh Map of Life*, Peter Laslett (1996) introduced the concept of the Third Age to a wide audience consisting of academics as well as lay people. With it, he pointed to an important change in modern societies brought on by the spectacular increase in longevity and in the accompanying increase in disability-free longevity that occurred during the twentieth century. Laslett used the Third Age to describe a newly emerging phase of life, in which productive activities largely cease or at least change, but in which the majority of people remain healthy and active in many ways. In this volume, the Third Age is defined as consisting of the period between age 65 and 79, with the Fourth Age, characterized by increasing levels of dependence, beginning at age 80. Some individuals have always lived healthy and active lives well beyond the age of 65, but within the last 50 years, a rapid increase has occurred in the likelihood of reaching and living through the Third Age. It was this development that caught the interest of Peter Laslett and many others. From the latter part of the twentieth century, the rich developed countries became societies with a substantial proportion of their population being in the Third Age. The dominance of this group of adults varies somewhat from country to country, depending largely on the level of fertility and immigration, but it is safe to say that at the beginning of the new millennium, a large part of the population in the Organization for Economic Cooperation and Development (OECD) countries were in the Third Age.

The goal of this chapter is to provide a description of the Third Age population in the United States. Two broad questions will be addressed: 1) when and to what extent can the United States be said to be a Third Age society; and 2) who are the people in the Third Age, how and with whom do they live, what are their financial circumstances and what do they do, and how healthy are they? Analyses will be based on national vital statistics and census data. The focus for the first question will be on the period between 1950 and 2000, and for the second question, on the situation in the year 2000.

STRUCTURAL INDICATORS OF THE UNITED STATES AS A THIRD AGE SOCIETY

It is, of course, arbitrary as to when to begin to consider a society a Third Age society. Following Laslett, there should, at a minimum, be a reasonably good chance of reaching the Third Age—that is, of surviving until age 65. Also, the size of the Third Age population should be substantial, either in absolute or proportional terms, so that the sheer size of the young-old population requires society and the elderly to make adjustments to the existence, demands, and needs of this population group. Laslett suggested that adults should have at a least a 50-50 chance of surviving until the Third Age before a society should be considered a Third Age society. Using men's chances of survival until age 70, he found that in England this transition occurred in the middle of the twentieth century. If he had included women in his calculations, the transition would have occurred considerably earlier, because adult women had a 50-50 chance of living until age 70 as far back as 1911 (Laslett, 1996).

For purposes of this chapter, I decided to base the estimate of the Third Age indicator on the mortality experiences of both men and women, seeing little justification for excluding women's survival from consideration, and to use survival until age 65 rather than age 70. As is evident from the figures presented in Table 1.1, American adults 25 or older have had more than a 50-50 chance of surviving until age 65 at least since 1950.¹ The first indicator, Laslett's *3AI indicator*, provides an estimate of the chance that a 25-year-old will survive until age 65. Based on mortality expectations in 1950, about 71% of adults could expect to do so. This percentage increased steadily during the next 50 years, so that, in 2000, a 25-year-old had an 84% chance of

¹ In fact, the 3AI measure based on both men and women's mortality expectations was already 0.55 around the turn of the twentieth century. If survival until age 70 is used instead, the index exceeds 0.5 around 1940; if only men's survival expectations are used, the index exceeds 0.5 around 1950, the same year as in England.

TABLE 1.1
Third-Age Indicators, Men and Women United States, 1950–2000

Year	3AI ^a	% 65+/25+ ^b	% 65–79/25+ ^c	% 80+/65+ ^d
1950	0.71	13.9%	12.0%	14.1%
1960	0.74	16.7%	14.1%	15.2%
1970	0.75	18.2%	14.8%	18.6%
1980	0.79	19.2%	15.3%	20.3%
1990	0.81	19.7%	15.3%	22.4%
2000	0.84	19.2%	14.1%	26.4%

^aChance of a 25-year-old surviving until age 65.

^bPercentage of adults 25 and older who are 65 or older.

^cPercentage of adults 25 and older who are in the Third Age, 65 to 79 years.

^dPercentage of adults 65 and older who are 80 or older.

From Table 10 in *National vital statistics report*, vol. 51, No. 3, 2002, and the U.S. Bureau of the Census, International Database.

living at least until the beginning of the Third Age. Concurrent with this increase, we see an increase in the percentage of adults (those 25 or older) who are 65 or older. This indicator increases from about 14% in 1950 to a little more than 19% from 1980 and on. Focusing on the relative size of the Third Age population, we see in the third column in Table 1.1 that 12% of adults were between 65 and 79 in 1950, increasing slowly to a little over 15% in 1980 and 1990, and then declining to about 14% in 2000. In other words, the relative size of the Third Age population has not increased much since 1960, and has in fact declined a bit between 1990 and 2000.² The age group 80 or older has increased much more rapidly than the 65- to 79-year-old group. In 1950, it constituted less than 2% of the adult population; by the end of the century, more than 5% were 80 years or older. This rapid growth in the old-old is further illustrated in the final column in Table 1.1, showing the percentage of adults 65 or older who were 80 or older. This percentage increased from 14% in 1950 to fully 26% in 2000. The elderly as a group got older between 1950 and 2000 as a result of increased longevity and relatively small birth cohorts. When the Baby Boom generation begins to enter the Third Age in 2012, the aging of the elderly as a group will slow down or even be reversed, and the relative proportion of the adult population who are in the Third Age (65+/25+) will begin to increase.

² The trend in the relative size of an age group is affected by changes in the size of the age group and in the size of the adult population over 25. The latter in turn reflects past fertility and mortality and immigration.

Using data on the projected age distribution of the U.S. population in 2010, 2020, and 2030, it becomes clear that the relative size of the Third Age population will remain around 14% and only begin to increase around 2020. The projection for that year suggests that 16.7% of the adult population will be in the Third Age, and about 22% will be 65 year or older. By 2030, 21% of the adult population is projected be in the Third Age, and 29% will be 65 or older (calculations based on data in U.S. Bureau of the Census, International Database).

Women are considerably more likely to enter the Third Age than are men, and Whites are more likely to do so than African Americans. At the beginning of the new millennium, adult men's chance of surviving until age 65 was 80%, whereas it was 88% for women. Of adult African Americans, 74% (compared with 85% for Whites) could expect to enter the Third Age. Among African American men, 67% could expect to do so, compared with 81% of White men. African American women had an 80% chance of surviving until the Third Age, compared with 88% for White women.

The aging of the elderly that is reflected in the growth of the population over 80 years of age means that the chance of living through the Third Age (i.e., at least until age 80), has improved considerably during the latter half of the twentieth century. As shown in Table 1.2, the average life expectancy at age 65 was almost 14 years in 1950 overall: 13 years for men and 15 for women. By 2000, the average 65-year-old could expect to live another 17.9 years: 16 years for men and 19 years for women. By 2000, fully 62% of the men and women who survive until the Third Age can expect to live through it, up from 43% in 1950. Again, women are more likely than men to do so. In 2000, more than two out of three women (compared with a little over half

TABLE 1.2

Life Expectancy at Age 65 and the Chance of Surviving the Third Age, 1950–2000, by Sex

Year	Life Expectancy at Age 65			% Surviving Until Age 80		
	All (in years)	Men	Women	All	Men	Women
1950	13.8	12.7	15.0	43.4%	41.0%	49.2%
1960	14.4	13.0	15.8	47.2%	39.4%	54.9%
1970	15.0	13.0	16.8	49.0%	38.7%	58.3%
1980	16.5	14.2	18.4	56.0%	45.0%	65.1%
1990	17.3	15.1	19.0	59.2%	50.0%	67.0%
2000	17.5	16.3	19.2	62.1%	55.4%	67.8%

From the U.S. Bureau of the Census, International Database.

of the men who live until age 65) can expect to live at least until they are 80 years old.³

It should be quite clear by now that, using Laslett's definition, the United States in fact has been a Third Age society for quite some time, at least since the 1950s and, if we include women's experience in our measures, possibly going back at least until the 1930s. This means that in terms of sheer survival until the Third Age, we are not talking about a recent phenomenon. It has been with us for quite some time. It also is quite clear that, in the United States, the relative size of the Third Age population has remained rather constant since 1960, and that it is not projected to increase substantially until after 2020. Given these trends, it is hard to understand why the phenomenon of the Third Age was not put on the intellectual and political agenda until the mid-1980s. The reason may be that, although the chances of living until the beginning of the Third Age were good prior to the 1980s, the chances of living *through* the Third Age were considerably worse than they became toward the end of the twentieth century. It is now, however, *very* common for both men and women not only to make it to the Third Age, but also to live through it. So in this sense, it is meaningful to talk about a new life phase that most adults should expect to experience in good health and with a relatively low mortality risk. This makes it important to gain an understanding of what this life stage is like for the many of us who will live it.

In the remainder of the chapter, I provide a description of the women and men who populated the Third Age life stage in 2000. When significant differences are noted by race or ethnicity, I shall refer to them. Let us begin with a look at the sex and marital status composition of the Third Age population.

SEX AND MARITAL STATUS

As has been clear from the data presented so far, women have lower mortality than men, both prior to age 65 and after. Thus, more women than men are present in Third Age, and the over-representation of women increases with age. It also means that men are much more likely than women to still be married, whereas widowhood is the common experience for elderly women.

In fact, at the beginning of the Third Age, women already outnumber men. In the 65- to 69-year-old age group, there were 926 men per 1,000 women. As we move up in age, the number of men goes down: 738 men per

³ The chance of living through the Third Age also varies significantly by race. In 2000, less than half of Black men (46%) compared with 56% of White men, and about 60% of Black women compared with 68% of White women could expect to do so.

TABLE 1.3
*Sex Ratio and Marital Status for Women and Men by Age;
 Men and Women 65 or Older; United States 2000^a*

	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
Sex Ratio	926	738	671	592	438
% of men married	75.9%	73.2%	69.3%	64.6%	50.1%
% of women married	52.4%	49.2%	36.1%	25.5%	11.3%
% of men widowed	6.4%	10.6%	16.0%	21.6%	32.2%
% of women widowed	27.3%	35.2%	49.2%	59.9%	69.7%

^aCalculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

1,000 women among the 70- to 74-year-olds, 671 among the 75- to 79-year-olds, 592 among the 80- to 84-year-olds, and only 438 men per 1,000 women among those 85 or older. Among African Americans, the under-representation of men is most pronounced. For example, the sex ratio for Blacks aged 65 to 69 years old was 742, about the same as it was for Whites 5 years older. The dominance of women in the Third Age is then quite clear. It makes the life experience at this stage of life quite different from earlier phases in life, and, to understand fully what life in the Third Age and beyond is about, it is important to examine the life situations of men and women separately.

As noted, one of the more dramatic gender differences in old age is with respect to marital status. As is clear from Table 1.3, a majority of men are married through the Third Age and beyond. Among the 65- to 69-year-olds, three quarters of men are married. This figure declines slowly with age, so that it is 73% among 70- to 74-year-olds, and fully 69% among the oldest in the Third Age. In contrast, only 52% of women aged 65 to 69 are married—only a little more than among men 85 or older. This figure declines rapidly with age, so that only a little more than a third of the oldest (75 to 79 years old) remain married. Considerably fewer older African Americans are married. Among African American men, a little more than half (56%) of the 65- to 69-year-olds are married and, among women in this age group, less than a third (29%) are married. The aging trend is the same as for other groups, so that for the oldest group, 85 and older, a third of black men and only 6% of Black women are married.

Given these figures, it should come as no surprise that widowhood is a status experienced by many Third Age women, and considerably fewer men. For example, among the 65- to 69-year-olds, only 6% of men but 27% of women are widowed. By the end of the Third Age, 16% of men and about

half of women (49%) are widowed. It is somewhat more common for Black women to be widows than for other women, but the differences are not nearly as pronounced as they are with regard to being married.

The combination of the trends in the sex ratio and in marital status means that the sex and marital status composition of the Third Age population changes quite dramatically with age. For example, among the youngest somewhat more women are present than men, and two thirds of this age group are married. During the last 5 years of the Third Age (75 to 79 years old), 60% of them are women, about half are married, and 36% are widowed. Widowed women constitute 30% of this age group. If we add to this group other non-married women, they constitute 38% of the 75–79 year olds in the year 2000. In contrast, 28% of this age group are married men. The increasing dominance of unmarried women continues beyond the Third Age. Among people 85 or older, fully two thirds are unmarried women.

HOME OWNERSHIP, RESIDENTIAL MOBILITY, AND EMPLOYMENT STATUS

It is well known that the United States has a very high home ownership rate, and this is even more apparent for older people. A majority of the people in the Third Age own their home free and clear. As shown in Table 1.4, half of

TABLE 1.4
*Home Ownership, Residential Mobility, and Employment Status,
by Sex and Age; United States 2000^a*

	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
% of men owning home free and clear	49%	57%	63%	66%	64%
% of women owning home free and clear	51%	56%	58%	58%	53%
% of men renting	14%	14%	15%	16%	21%
% women renting	18%	18%	21%	26%	32%
% of men in same house	77%	79%	80%	79%	73%
% of women in same house	76%	79%	78%	75%	66%
% of men not in labor force	70.9%	80.3%	86.6%	91.4%	94.8%
% of women not in labor force	80.9%	88.6%	93.6%	96.5%	97.4%

^aCalculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

the 65- to 69-year-olds own a house without a mortgage on it. This figure increases somewhat with age, so that 63% of men and 58% of women aged 75 to 79 years are in this enviable position. Relatively few are renters, less than 20%, and the remainder live in a home with a mortgage. Not surprisingly, large variations by race and ethnicity are noted in home ownership. Whites are considerably more likely to own their home free and clear than are Blacks, Hispanics, and Asian Americans. For example, among the 65- to 69-year-olds, 55% of Whites owned their home, compared with only 31% of Blacks and Asian Americans and 20% of Hispanics. These differences remain for the older age groups.

The high rates of home ownership are combined with a high degree of residential stability. Over three quarters of the Third Age population live in the same place as they lived 5 years ago. It is interesting to note that only small and trivial differences occur between men and women and between people from different racial and ethnic groups regarding their housing situation and residential mobility.

One of the most important distinctions between the Second (young adulthood and middle adulthood) and the Third Age is that gainful employment no longer is the most important daily activity for people. As can be seen from Table 1.4, it is quite clear that the vast majority of men and women in the Third Age are no longer active in the labor force. Seventy-one percent of men and 81% of women among the 65- to 69-year-olds are not employed or looking for work; at the end of the Third Age, these figures have increased to 87% for men and 94% for women. Employment rates differ only little by race and ethnicity, with Whites having somewhat lower rates throughout the Third Age. The high nonemployment rates for older people means, of course, that income from earnings play a less and less important role for men and women in the Third Age, as we shall see in the next section.

PERSONAL INCOME AND INCOME PACKAGING

Throughout the adult life course, men on average have higher personal incomes than women (Padavic & Reskin, 2002), and this is also the case during both the Third and the Fourth Age. The figures in Table 1.5 show the mean personal income from all sources for men and women and the gender gap in personal income. The 65- to 69-year-old men had an average income in 1999 of \$38,286 compared with \$17,438 for women. Men's average income declined somewhat with age, whereas women's remained fairly constant. This in turn means that the gender gap becomes smaller with age, increasing from 46% among those who are aged 65–69 years to 52% among those who are 75–79, and 59%

TABLE 1.5

Total Personal Income from All Sources, Income from Social Security, the Gender Gap in Total Income and Social Security Income, by Age and Sex; United States 2000^a

	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
Total income, men	\$38,286	\$25,816	\$33,691	\$32,114	\$28,290
Total income, women	\$17,438	\$16,788	\$17,413	\$17,412	\$16,781
Gender gap: total income ^b	0.46	0.47	0.52	0.54	0.59
Social Security, men	\$8,339	\$9,358	\$9,457	\$9,494	\$9,351
Social Security, women	\$5,722	\$6,372	\$6,852	\$7,265	\$7,212
Gender gap: Social Security ^c	0.69	0.68	0.72	0.77	0.77

^aCalculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

^bAverage total income for women divided by average total income for men.

^cAverage Social Security income for women divided by average Social Security income for men.

among those 85 or older. The main reason for the narrowing of the gender gap in personal income is that women's personal income increases when they become widows, largely because their Social Security income increases. This is also shown in Table 1.5. Women who are 65–69 receive, on average, \$5,722 in Social Security income, while those who are 75–79 receive on average \$1,100 more. The gender gap in Social Security income is considerably smaller than it is for total income, hovering around 70% throughout the Third Age.

In all age groups, Whites have higher personal incomes than do African Americans, Hispanics, and Asian Americans. For example, among 70- to 74-year-olds, the average personal income for White men was \$38,605, while the corresponding figure for Black men was \$21,186, for Hispanic men \$20,205, and for Asian American men \$23,507. For women in this age group, White women's average personal income was \$17,832; for Black women the figure was \$13,526, and for Hispanic and Asian American women \$9,612 and \$12,057, respectively. Similar differences are observed for all age groups. Reflecting lower lifetime earnings, Social Security income also is higher for Whites than for others. As is evident from Table 1.5, Social Security income constitutes an important source of income for the elderly. In fact, it is by far the most important income source, as is clear from the figures presented in Table 1.6.

TABLE 1.6
Income Packaging: Relative Contribution of Wages, Investment Income, Retirement Income, and Social Security Income to Total Personal Income. In Percent, by Age and Sex; United States 2000^a

	Income Source	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
Men	Wages	17%	9%	6%	4%	2%
	Investments	10%	11%	14%	16%	16%
	Retirement	22%	22%	22%	20%	17%
	Social Security	41%	47%	48%	49%	55%
Women	Wages	12%	6%	3%	2%	1%
	Investments	9%	11%	12%	13%	14%
	Retirement	13%	13%	13%	12%	11%
	Social Security	56%	60%	62%	64%	64%

^aCalculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

In Table 1.6, we see that for men ages 65–79, Social Security provides on average 41% of their personal income, while 17% comes from earnings, 10% from investment income, and 22% from retirement income. As men get older, the relative importance of Social Security income goes up, earnings become less and less important, investment income somewhat more important, and retirement income a little less important. Using these data, it is not possible to say whether these age trends reflect cohort or aging effects. For women, income from Social Security is even more important, providing 56% of personal income for the 65- to 69-year-olds, and more than 60% for the 75- to 79-year-olds. This is because income from earnings, investments, and retirement funds are less important for women. Some variation occurs in income packing among racial and ethnic groups, but these differences are relatively modest. Significant variations exist, however, in the extent to which men and women in different racial and ethnic groups rely solely on Social Security to provide their personal income.⁴ This is shown in Table 1.7.

⁴ Somewhat surprisingly, a nontrivial proportion of older people report that they have no personal income or receive no Social Security income. A little less than 3% of men and about 6% of women had no personal income of any kind, and fully 16% reported no Social Security income.

Men and women who remain in the labor force were somewhat less likely to receive Social Security income, but even among those not in the labor force, 13% of men and 16% of women 65 or older did not report any income from Social Security.

TABLE 1.7
*Percentage of Men and Women Whose Personal Income Consists Solely
of Social Security Benefits, by Age and Race/Ethnicity^a*

Race/Ethnicity	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
Men					
White	10.6%	11.6%	12.2%	13.9%	18.2%
Black	20.1%	23.7%	25.0%	27.9%	33.2%
Hispanic	8.1%	11.9%	12.3%	12.7%	10.9%
Asian	18.4%	21.3%	22.7%	27.4%	31.0%
Women					
White	27.1%	29.2%	28.8%	29.8%	31.3%
Black	26.5%	30.4%	33.3%	38.2%	38.4%
Hispanic	17.9%	18.5%	16.5%	14.9%	16.3%
Asian	27.9%	32.0%	30.8%	31.7%	31.4%

^aCalculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

Among White men, the majority has personal income from sources other than Social Security. Only 10% to 12% of White men in the Third Age fall in this group, with some increase for the two oldest age groups. For Black men, however, a fifth of those in the 65–69 age group, and fully a third of those 85 or older, only have income from Social Security. Among women, reliance on Social Security is even more pronounced. The proportion and age variation for White, Black, and Asian American women is similar to that observed for Black men. Among Hispanics, men as well as women, the figures are smaller, presumably because a lower proportion qualifies for Social Security benefits.

Information about personal income is important because it tells us about the level of income individual men and women have control over. It does not tell much, however, about the standard of living they enjoy. For this we need to consider what the economic resources are for the households or families older people live in.

FAMILY INCOME AND POVERTY STATUS

The mean family income for the elderly hovers around \$50,000 for men and \$40,000 for women, as shown in Table 1.8. A decline occurs in family income with age, presumably largely accounted for by the fact that an increasing proportion of households are one-person households. Women's economic

TABLE 1.8
*Mean Family Income and Adjusted Family Income in Relation
to the U.S. Poverty Standard, by Age and Sex; United States, 2000^a*

	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
Family income, men	\$56,741	\$52,952	\$50,141	\$48,114	\$45,741
Family income, women	\$47,081	\$44,613	\$40,016	\$37,513	\$36,117
Gender gap in family income	.83	.84	.80	.78	.79
Relative family income, men	347	335	324	320	310
Relative family income, women	313	303	285	274	271
Gender gap in relative family income	.90	.90	.90	.86	.87

^aCalculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

circumstances as measured by family income are considerably better compared with men's than was the case with personal income. Women's average family income at age 65–69 was 83% of men's and, by the end of the Third Age, it was 80%. The fairly dismal picture for women gained from information about their personal income is then modified considerably when we take into account that many women benefit financially from living with other people. White men and women live in households with higher family income than do Blacks and Asian Americans, whereas the mean family income for Hispanics is higher, presumably because extended family households are more common among them.

Although family income is a better measure of standard of living than is personal income, it fails to take into account how many people need support from that income, and it also is unclear what level of family income is required to keep the family out of poverty. A better measure of the relative economic well-being of an individual can be obtained by adjusting family income by the size and composition of the family and by relating this adjusted measure to the level of income required to keep that family out of poverty. An individual living in a household with a relative adjusted family income of 100 has a standard of living just at the official U.S. poverty line in 2000. Adjusted family incomes

below 100 indicate that family members live in poverty, whereas adjusted family incomes above 100 indicate a standard of living above the poverty level.

As can be seen from Table 1.8, the average relative adjusted family income among the elderly is well above the poverty line. The average for men 65–69 years old is 347 and for women in the age group 313, meaning that the average standard of living is more than three times the poverty level. Some decline occurs with age for both men and women, so that the mean for men ages 75–79 is 324 and for women 285. The gender gap in economic well-being is relatively small, with women in the Third Age having an average living standard of about 90% of men's. Compared with Whites and Asian Americans, African Americans and Hispanics have lower adjusted family income. For Black men 65 to 69 years old, the figure is 268 compared with 357 for White men, whereas for Black women in that age group, it is 236 compared with 325 for White women. The decline with age in economic well-being is pretty similar for all groups. Overall then, one must say that men and women in the Third Age are doing relatively well regarding their economic well-being, and that Whites on average are doing better than Blacks, Hispanics, and Asian Americans.

This is not to say that low income and poverty are unknown phenomena among the elderly. As shown in Table 1.9, between 6% and 7% of men aged 65–79, and between 9% and 12% of women in that age group live in poverty. Two to three percent of men and women live in deep poverty, with adjusted relative family incomes at or below 50% of the poverty line. A great deal of variation in poverty rates exists by race and ethnicity. Compared to Whites, poverty rates are between two to four times higher for Blacks, Hispanics, and Asian Americans. For example, among the 70- to 74-year-olds, less than 5% of White men and 8% of White women live in poverty. The corresponding

TABLE 1.9
Poverty Among the Elderly. Percent Poor^a and Very Poor^b by Age and Sex;
United States, 2000^c

	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
% poor, men	6.5%	6.4%	6.5%	7.2%	8.8%
% poor, women	9.8%	10.2%	12.0%	13.0%	14.0%
% very poor, men	2.0%	2.0%	2.0%	2.4%	2.8%
% very poor, women	2.6%	2.8%	3.3%	3.7%	3.8%

^aPercent living in households with adjusted family incomes at or below 100% of the U.S. poverty line.

^bPercent living in households with adjusted family incomes at or below 50% of the U.S. poverty line.

^cCalculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

TABLE 1.10

Percentage of Women and Men With Difficulties With Hearing/Seeing and Remembering, Disability That Prevents Working and Physical Difficulty, by Age; United States, 2000^a

	65–69 years	70–74 years	75–79 years	80–84 years	85+ years
Vision or hearing difficulty, men	10%	13%	18%	23%	34%
Vision or hearing difficulty, women	6%	8%	13%	19%	36%
Difficulty remembering, men	7%	8%	12%	17%	27%
Difficulty remembering, women	6%	8%	12%	19%	35%
Difficulty working, men	14%	15%	18%	23%	34%
Difficulty working, women	14%	15%	21%	29%	48%
Physical difficulty, men	20%	23%	29%	36%	47%
Physical difficulty, women	22%	25%	32%	42%	60%

^a Calculations based on Steven Ruggles and Matthew Sobek, et al. (2003). *Integrated public use microdata series: version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, www.ipums.org.

figures for Blacks are 17% and 25%, respectively. Black women are much more likely to live in poverty than are women of any other group. Among the 65- to 74-year-olds, a quarter of Black women live in poverty and, for the three oldest groups, this figures hovers around 28%. Also, severe poverty is more common among minority groups, with rates being about three times higher than for Whites.

It is important here to note that poverty rates among the elderly are considerably lower than for the population at large, and especially lower than among children. The Social Security program takes most of the honor for keeping so many elderly people out of poverty. Similarly effective programs are not available for American children (Preston, 1984).

The importance of taking family or household income into account when measuring the economic well-being of individuals is also illustrated by the fact that the vast majority of the elderly men and women who reported no personal income or no Social Security income do not live in poverty, although their risk of poverty is considerably higher than for people with some personal income. The poverty rate for people without Social Security income was 22%. compared with 7% for those with some Social Security income. For people reporting no personal income at all, the poverty rate was 40%.

PHYSICAL HEALTH AND FUNCTIONING

The census asks very few questions about physical health and functioning, but information exists about four indicators, namely difficulty with seeing or hearing, difficulty remembering, disability that makes working difficult, and physical difficulty, denoting whether or not the respondent has a long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying.

It is very clear that the proportion of the elderly who experience some physical or mental limitation increases with age. As can be seen in Table 1.10, among the youngest, relatively few report vision, hearing, or memory difficulties (less than 10%), whereas a few more report that they have difficulty holding a job (14% for both sexes), and about a fifth have physical limitations that make daily activities difficult. At the end of the Third Age, 18% of men and 13% of women report that they have vision or hearing problems, and 12% report that they find it difficult to remember things. About a fifth would find it difficult to hold a job, and almost a third report some kind of physical limitation. Few differences occur between men and women with these types of difficulties during the Third Age but, after age 80, women are more likely than are men to have difficulties remembering, not being able to work, and to have physical limitations that affect daily activities. Among women 85 or older, fully 60% say they have some kind of physical difficulty (compared with 47% of men), and more than a third have difficulty remembering. These figures vary somewhat by race and ethnicity, but the variation is not very large.

The Third Age is often distinguished from the Fourth Age as being a time in life in which one is up in age, but still very likely to be healthy, active, and independent, whereas the Fourth Age is characterized by declining health and increasing dependence on others. The figures presented here do not contradict such a view but, at the same time, it is clear that no sharp decline follows age 80, but rather a gradual one, and that the majority of those 85 or older in fact do not report any of the problems focused on here.

CONCLUSION

This brief overview of the demography of the Third Age has shown three important things. First, using Laslett's structural indicators of the Third Age society, the United States has been one for more than half a century and, if women's mortality experiences are taken into account (which I think they should), at least going back to the 1930s. What is fairly recent is the fact that the vast majority of adults not only survive until the beginning of the Third Age, but also live through it.

The second important result of the demographic analysis is that women's and men's lives in the Third Age are very different, largely because women are much more likely to lose their spouse, whereas men's chance of remaining married well beyond the Third Age is very good. These marital status differences suggest that men and women in the Third Age probably have quite different needs in terms of the help and support that might improve their quality of life.

The third lesson of the analysis presented here is that, overall, the economic well-being of the elderly in the United States is quite good, and that income from Social Security to a great extent is what secures a decent standard of living for so many elderly people. For a high proportion of women, the Social Security benefit is the only source of personal income. Poverty rates are relatively low, and a majority of people in the Third Age lives in and owns outright their own home. Elderly women have considerably lower personal incomes than do men, but this does not translate into very large gender differences in economic well-being. There are three main reasons for that: namely that married women benefit from their spouse's higher income, that income from Social Security increases when a woman loses her husband, and that she often also inherits other income from him, such as retirement income or income from investments.

The analyses showed that considerable differences exist between Blacks and Whites in their chance of living long enough to enter the Third Age and to live through it. Also, the marital status of the elderly varied by race and ethnicity, with African Americans being considerably less likely to be married than are other groups. The economic well-being, whether measured by personal income, family income, adjusted family income or poverty rates, was considerably better for Whites than for other groups. African American women stand out as a particularly vulnerable group.

In conclusion, the analyses presented in this chapter suggest that the social and economic conditions for men and women in the Third Age are quite good. Whether individuals in the Third Age make use of these conditions for living the good, full, and active life that Peter Laslett envisioned is not for a demographer to find out.

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Functioning and Well-Being in the Third Age: 1986–2001

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A belief exists that those in the Third Age, defined as the age range from 65–79 years, now have more choices: their health is better, their finances are better, and their ability to maintain their own home or work in the job market is better than it was for earlier generations of Third Agers. What is the health status of those in the Third Age, and how has this changed in the 15-year period from 1986–2001? Is it in fact the case that the health status is now better than it was for earlier generations? And, if health has improved, on average, which families are living with health limitations or under emotional distress versus those in good physical health enjoying good mental health as well? Are those enjoying good mental and physical health able to reach out to help other family members and to volunteer time and contribute money to charitable causes?

Are today's Third Agers in fact more likely to live independently in their own home by virtue of better health and economic status? How did their lives and well-being change over the time from when they were 50–64 years old? Is there a lesson to be learned for those now age 50–64 that would help them be better off at age 65–79? Do what may be termed objective measures of well-being predict an absence of mental health problems and better overall psychological well-being? In this chapter, we make use of data from a long national panel, the Panel Study of Income Dynamics (PSID), to address these questions.

In 1986, in addition to the regularly appearing annual measures of income, labor market activity, housing, and other economic indicators, an extensive set of questions was included in the PSID on health, health behaviors, and

functional limitations.¹ These items were asked of all adults. Again in 1999 and 2001, many of these same measures of health and functioning were repeated. Because of the 15-year span between 1986 and 2001, we can study those who were Third Agers in 1986 and those who were the future Third Agers of 2001 as of 1986, how they fared during the period from 1986–2001, and how those aged 50–64 years as of 2001 compare to earlier cohorts prior to the Third Age.

In 1984, 1999, and 2001, PSID families were asked about their wealth holdings. Although 1984 does not line up quite so neatly with the age categories as does 1986, we can nonetheless get a picture of changing affluence in the Third Age. This picture clearly shows that, as of 2001, Third Agers hold more wealth than earlier Third Age families. Were they this fortunate in other domains? Are they able to make choices about retirement from the labor force, or is retirement primarily the result of health or other limitations on the ability to work?

OVERALL HEALTH: BODY AND MIND

Overall Reported Health

The year-by-year drift toward less favorably reported health is presented in Figure 2.1. These balanced panel data are for those individuals who were included in the sample, year-by-year, for the full period 1986–2001. As can be seen, in 1986, about 80% reported being in good to excellent health. By 2001, this declined, but not dramatically, to about 70%. Shifts occurred within the narrower health categories, with about 3% reporting poor health in 1986, rising to about 10% in 2001. Yet, the clear majority, over two-thirds, report being in good to excellent health in 2001.

Keeping in Shape

It can be argued that the health status of the Third Age results at least in part from health behavior. The health behaviors of the population generally, and of the older population in particular, have clearly improved in a number of dimensions (Table 2.1). Smoking rates have declined noticeably, although about 40% of those over 65 report being former smokers, and these may have persistent and lagging health effects. In contrast, for those under 50, smoking rates are lower in 2001 than in 1986, and rates of having been a smoker are

¹ The measures were sponsored by grants from the National Institute on Aging and include measures of household net worth that are also used in the manuscript.

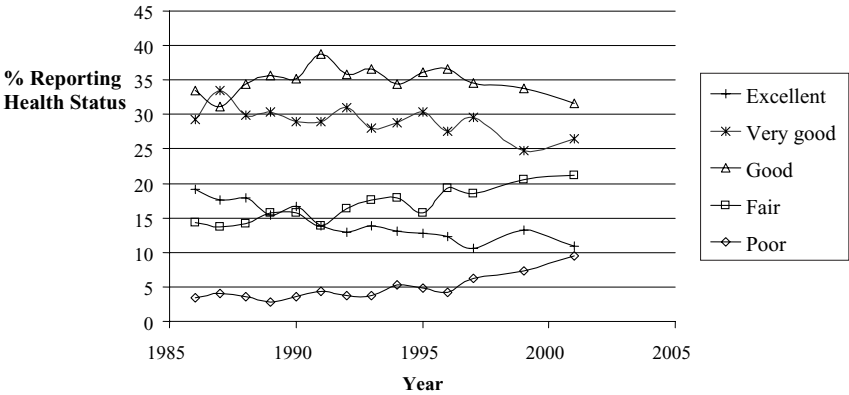


FIGURE 2.1 Overall reported health status: time trend by health status category balanced panel.

about 20% in both years. As the cohort transitioned from 50–64 years of age in 1986 to 65–79 years of age in 2001, the smoking rate fell dramatically, from something over one-quarter of the individuals to something under a tenth. Some of this decline can be attributed to the higher mortality of smokers, but the major factor derives from having quit smoking—as noted, many former smokers are among the Third Agers of 2001.

The incidence of underweight is lower in 2001, but on the other side of the equation, rates of obesity have about doubled for each age group during the period 1986–2001, even for those aged 80 and above. Among the Third Age population, the rate of obesity has more than doubled for the new cohort, from almost 13%–30%. The extent to which regular exercise has become a more prevalent aspect of American life is unclear from these data. In 1986, 45% of those 65–79 engaged in regular physical activity. As of 2001, when the question sequence was changed, 30% of those age 65–79 report heavy physical exercise and 81% report light physical exercise. The implication is that exercise is at least as important a part of daily living for this age group in 2001 as it was in 1986.

States of Well-Being, Good and Bad

The psychological well-being of the Third Age and other families can be captured by a six-item 30-day distress measure called the K-6 (Kessler, Andrew, Colpe, Niripi, Mroczek, Nounand, Walters, & Zaslavsky, 2002). This measure asks respondents how frequently in the past 30 days they have felt sad, nervous, restless, hopeless, and worthless on a scale from none of the time (0)

TABLE 2.1
Percentage of Individuals Engaged in Health Behavior

	1986	2001
Age group: <50		
Excellent health	29.32	27.39
Very good health	36.85	37.68
Good health	25.58	26.02
Fair health	6.98	7.06
Poor health	1.25	1.83
Smoker	33.26	24.42
Former smoker	21.26	19.95
Underweight	3.73	1.64
Normal	58.64	38.61
Overweight	25.96	29.69
Obese	11.66	30.06
Regular exercise ^a	63.92	
Average frequency of regular exercise participation	20.21	
Light physical activity participation ^b		92.05
Average monthly frequency of light physical activity participation		23.58
Heavy physical activity participation ^c		70.40
Average monthly frequency of heavy physical activity participation		14.67
Age group: 50–64		
Excellent health	16.55	17.19
Very good health	26.23	34.35
Good health	31.48	30.89
Fair health	17.42	12.66
Poor health	8.19	4.80
Smoker	26.04	18.28
Former smoker	33.10	34.75
Underweight	1.45	1.10
Normal	45.50	29.78
Overweight	36.28	34.64
Obese	16.78	34.48
Regular exercise ^a	52.49	
Average frequency of regular exercise participation	21.96	
Light physical activity participation ^b		87.80

(continued)

TABLE 2.1
(continued)

	1986	2001
Age group: 50–64 (cont.)		
Average monthly frequency of light physical activity participation		23.29
Heavy physical activity participation ^c		47.55
Average frequency of heavy physical activity participation		13.63
Age group: 65–79		
Excellent health	8.59	11.08
Very good health	19.33	27.12
Good health	32.44	29.67
Fair health	26.14	21.46
Poor health	13.46	10.52
Smoker	15.83	8.21
Former smoker	34.50	44.32
Underweight	3.20	2.08
Normal	47.20	34.67
Overweight	36.33	33.10
Obese	13.27	30.14
Regular exercise ^a	44.71	
Average frequency of regular exercise participation	24.07	
Light physical activity participation ^b		81.07
Average monthly frequency of light physical activity participation		29.99
Heavy physical activity participation ^c		30.48
Average monthly frequency of heavy physical activity participation		15.90
Age group: 80+		
Excellent health	6.29	05.32
Very good health	14.50	25.91
Good health	22.15	33.71
Fair health	39.11	22.21
Poor health	17.01	12.85
Smoker	11.00	4.80
Former smoker	29.82	32.22
Underweight	8.58	7.01

(continued)

TABLE 2.1
Percentage of Individuals Engaged in Health Behavior

	1986	2001
Age group: 80+ (cont.)		
Normal	51.53	45.67
Overweight	33.30	33.42
Obese	6.59	13.90
Regular exercise ^a	23.32	
Average frequency of regular exercise participation	23.94	
Light physical activity participation ^b		67.97
Average monthly frequency of light physical activity participation		35.08
Heavy physical activity participation ^c		16.61
Average monthly frequency of heavy physical activity participation		23.15

^aDo you get any regular exercise, such as doing hard physical work, or walking a mile or more without stopping, or playing an activity sport?

^bDo you participate in light physical activity, such as walking, dancing, gardening, golfing, bowling, etc.?

^cDo you participate in vigorous physical activity or sports, such as heavy housework, aerobics, running, swimming, or bicycling?

to all of the time (4). The scale is constructed by simply summing the values obtained (from 1–4) on each of the six symptoms, yielding a score ranging from 0–24. Others have used levels at 13 and above achieved on the K-6 as a probable marker for serious psychological distress (CIT).

The measure is only available for 2001 and not for 1986. In terms of PSID measures, this is reported on directly by the respondent. As of 2001, the reporting was about equally split between husbands and wives in married couples, so we are able to portray general prevalence of distress as reported by both adult men and women age 17 and older.

An examination of the distribution of K-6 among those in the Third Age shows that about one-third (33%) report never feeling sad, nervous, restless, hopeless, or worthless at any time during the past month. For the rest of the sample, another third report feeling at least one of these six symptoms in the past month (37%), another approximate third (27%) have values ranging from 4–12, and approximately 3.2% have a value of 13 or higher, a level which is considered to be define severe psychological distress. The 3.2% is very comparable to the percentage of all adults experiencing serious psychological

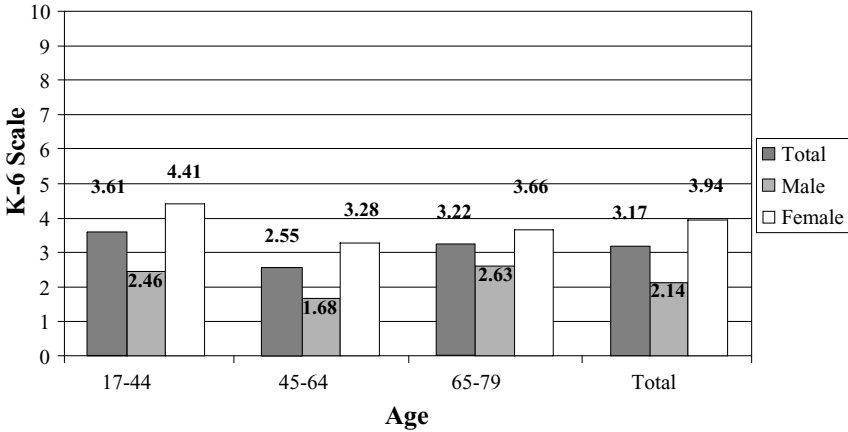


FIGURE 2.2 Percent of PSID respondents aged 17 and older reporting high levels of 30-day psychological distress.

distress over the 30 days prior to the survey found in the National Health Interview Survey.

Figure 2.2 shows the well-known patterns of high levels of psychological distress by age and gender. Women are about twice as likely to report acute distress within the broad age groups. Distress is highest among the youngest age group (17–44), decreases among 45- to 64-year-olds, and increases slightly at older ages (65–79), especially among males.

Health and Happiness?

In Figure 2.3, we present the relationship between the self-rating of overall health from Figure 2.1 and the psychological distress by dividing the sample into four broad groups of zero, low, medium, and high distress. As can be seen from Figure 2.3, a strong relationship exists between psychological distress and self-rated health status.

Nearly 80% of those reporting no distress at all and 72% of those reporting low distress in the past month also report excellent, very good, or good health status. About 50% of those reporting moderate distress and only about 8% of those with high distress also report excellent, very good, or good health status. Thus, those who report none or low distress levels also rarely report fair or poor health (22% and 28%, respectively). A full 50% of those with moderate distress and 92% of those with high distress in the past month report fair or poor overall health status.

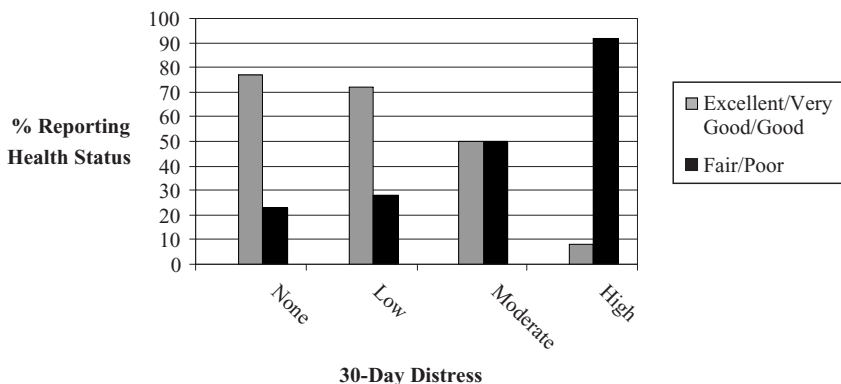


FIGURE 2.3 Percent of Third Agers reporting excellent/very good/good or fair/poor health status by levels of 30-day distress.

CAPACITIES AND RESOURCES

Consistent with their health and health behavior, most Third Agers are able to work in *both* the market and the home. Although market work declines as the cohort moves over the life course, time in housework rises some for men and shifts to a somewhat more equal division of time between husbands and wives. Here we first look at reported capacity to engage in nonmarket and daily living activity and relate it to the housework. In a parallel manner, we examine reported ability to engage in market work and then compare it to actual labor market activity.

Activities of Daily Living

As the current cohort of Third Agers transitioned from age 50–64 as of 1986 and were aged 65–79 as of 2001, how did their ability to carry out activities of daily living (ADLs) change? In Table 2.2 we see that, as of 1992, about one of eight reported difficulty walking and, by 2001, this had nearly doubled to over a fifth of the (weighted) sample. Overall, in 1992, when their age range was 55–69, 14% reported at least one of these difficulties; as of 2001, when their age range was 65–79, 24% reported at least one of these difficulties. Table 2.3 shows a similar shift to greater difficulty in Instrumental Activities of Daily Living,² particularly with heavy housework, which may be thought of as the most physically challenging, but only very few reporting difficulty doing light housework and managing their finances.

² These were measured only for 1992–1996.

TABLE 2.2
*Percentage of Individuals Who Report Having Difficulty With Activities
of Daily Living (ADL)^a*

Activity of Daily Living	1992	1993	1994	1995	1996	1999	2001
Bathing or showering	2.02	2.71	2.84	2.63	2.93	4.96	6.56
Dressing	2.94	2.47	2.57	2.50	2.11	3.77	4.21
Eating	0.87	1.44	0.83	1.01	0.65	1.72	1.65
In or out of bed or chair	4.58	4.52	4.94	4.02	3.94	5.90	7.54
Walking	12.58	10.59	11.46	10.55	10.05	17.01	21.60
Getting outside	4.03	3.31	3.68	3.66	3.59	4.57	6.54
Using the toilet	1.64	1.56	1.40	1.29	1.54	1.92	2.97
At least one of the above	14.58	12.56	13.67	13.07	12.68	19.95	24.41

^aBalanced panel of individuals who were 50–64 years in 1986 and who are present in all 1986–2001 waves.

Do Some Dishes, Dear

Studies in both Sweden (Hallberg & Klevmarken, 2003) and the United States (Juster, 1985) have shown ordinary housework to be an activity with low ratings of process benefits or inherent satisfaction. Despite this, the housework time of married couples is shown to be positively related, just as for activities rated highly for their process benefits. The wider research literature (Bianchi, Milkie, Sayer, & Robinson, 2000) shows a strong shift away from ordinary or core housework through time. This shift is confirmed in Table 2.4. Yet, given generational factors, wherein the older generations have become accustomed to more housework earlier in life and the apparent complementarity of spousal

TABLE 2.3
*Percentage of Individuals Who Report Having Difficulty, by Survey Year,
with the Instrumental Activities of Daily Living (IADL)^a*

Instrumental Activities of Daily Living	1992	1993	1994	1995	1996
Preparing meals	1.09	1.65	1.93	1.09	1.89
Shopping	1.39	2.57	2.96	2.63	3.29
Managing money	1.26	1.72	1.28	1.70	1.71
Using phone	1.53	1.66	2.43	2.26	2.74
Doing heavy housework	11.80	17.82	17.36	16.24	17.29
Doing light housework	2.74	3.10	2.71	3.01	2.28
At least one of above	14.35	19.67	20.34	19.32	20.12

^aBalanced panel of individuals who were 50–64 years in 1986 and who are present in all 1986–2001 waves.

TABLE 2.4
*Average Weekly Hours of Core Housework by Gender, Marital Status,
 and Age Group*

	1986	2001
Age group: ≤49		
Entire sample	14.39	13.29
Married females	23.06	18.44
Unmarried females	14.12	11.34
Married males	7.18	7.85
Unmarried males	8.26	6.94
Age group: 50–64		
Entire sample	14.83	11.60
Married females	24.13	18.05
Unmarried females	14.90	10.38
Married males	6.59	7.26
Unmarried males	9.13	6.74
Age group: 65–79		
Entire sample	16.28	14.71
Married females	27.21	21.77
Unmarried females	15.49	13.99
Married males	8.65	10.29
Unmarried males	11.27	8.11
Age group: 80+		
Entire sample	13.12	11.24
Married females	18.76	21.02
Unmarried females	14.03	9.66
Married males	9.56	8.38
Unmarried males	11.45	9.65

time, core housework by couples could in fact, be a predictor of greater well-being.

Living Arrangements

Those in the Third Age are most likely to own their own home (about 83% do), but the percentage with a mortgage has increased more than for other age groups; more than 70% of those aged 80 and older own their own home (Table 2.5). Of those in the 65–79 age range, only a small percentage are living in elder housing, about 7%. Of those 80 and older, over 20% are living in elder

TABLE 2.5
*Percentage of Households That Own or Rent Their Place of Living
 by Household Head Age Group*

	1986	2001
Age group: ≤49		
Own	49.04	53.18
% of owners with mortgage	85.96	88.25
Rent	43.74	40.93
Age group: 50–64		
Own	80.41	78.81
% of owners with mortgage	53.63	69.67
Rent	17.79	18.47
Age group: 65–79		
Own	84.25	83.18
% of owners with mortgage	20.39	34.12
Rent	15.33	14.49
Age group: 80+		
Own	68.19	69.23
% of owners with mortgage	9.95	10.64
Rent	26.75	25.00

housing (Table 2.6). One notable change is the increase in the share of those in such housing who have nursing home service: Almost one-half of those age 65–79 and over 90% of those age 80 and older report that elder housing provides nursing service.³

Helping Others

The families in the Third Age are somewhat more likely to be participants in volunteer activity. Those age 65 and older participate at rates equal to the

³ In 2001, the wording was “Do you live in a retirement community, senior citizens’ housing complex, nursing home, home for the aged, or adult foster care facility?” If yes, then respondents were asked: “We are interested in personal services you might get in addition to housing. At your (retirement community/senior citizen’s housing complex/nursing home/home for the aged/adult foster care facility), do you get medication or injections from a registered nurse?” In 1991, the question was: “Do you live in a retirement community, senior residents’ housing complex, or nursing home?” If yes, the question was: “Does it provide you with things in addition to housing, such as nursing care facility, transportation meals. . .”

TABLE 2.6
Elder Housing Residency

	1991	2001
Age group: 65–79-year-olds		
Percentage living in elder housing	7.48	7.24
Percentage of respondents in elder housing that provides nursing service	40.58	46.00
Age group: 80+ year-olds		
Percentage living in elder housing	25.97	22.27
Percentage of respondents in elder housing that provides nursing service	61.91	90.71

national average. For all groups, good health is a strong predictor of volunteering and seems to be an even more important factor among Third Agers. Among all Third Agers, about 30% of the families participated in volunteer activities (Table 2.7). But the participation rate ranges all the way from 44% for those in excellent health to only 11% for those in poor health. Because these data are from a single cross-section, a possible generational effect could account for the difference. However, based on cross-sectional analysis, we can establish that labor market retirement and health are predictors, so life course factors, not just generational factors, appear to be at work here. Of the population age 80 and above, rates of participation in volunteer activity are only somewhat lower for those with some limit on their ADLs. But for the Third Age, health and ADL limits are very important in determining volunteer work. What is very interesting is the level of volunteer work of those age 65 and older who do participate. The hours of participation average about twice the hours per year of those under age 65.

To Keep Working or Not?

Is the labor market a viable option for those in the Third Age? Is retirement from the labor market a choice based on financial resources and interests, or is it less voluntary—or does it require a change in occupation or work hours and schedule? That is, should we see retirement as heavily motivated by the inability to carry out market work that one may have been doing earlier in life? Here we again use a balanced panel of those 6,579 adults who reported on their ability to work over the full 15-year period from 1986–2001 (Figure 2.4). As of 1986, about one in six report limitations on the amount or type of work they can do based on mental or physical limitations. Upon being reinterviewed 15 years later, this percentage approximately doubled to something over one-third of those panel members, by then aged 65–79. What is interesting is that

TABLE 2.7*Percentage of Those Who Did Any Volunteer Work During 2000 by Age Group, Self-Reported Health Status, and ADL Status*

	Entire Sample	Excellent Health	Very Good Health	Good Health	Fair Health	Poor Health	At Least One ADL Difficulty ^a	Total volunteer hours
Age group: ≤49	26.45	32.18	25.46	24.97	18.53	12.35	NA	101.33
Age group: 50–64	27.87	37.92	30.92	25.02	16.67	17.00	NA	153.55
Age group: 65–79	29.83	44.07	35.37	30.43	23.48	10.70	22.99	228.57
Age group: 80+	20.68	26.81	27.30	23.94	9.66	10.81	19.10	252.28

^aThe sample sizes of those who do volunteer work by age group and health status group are too small to get average volunteer hours.

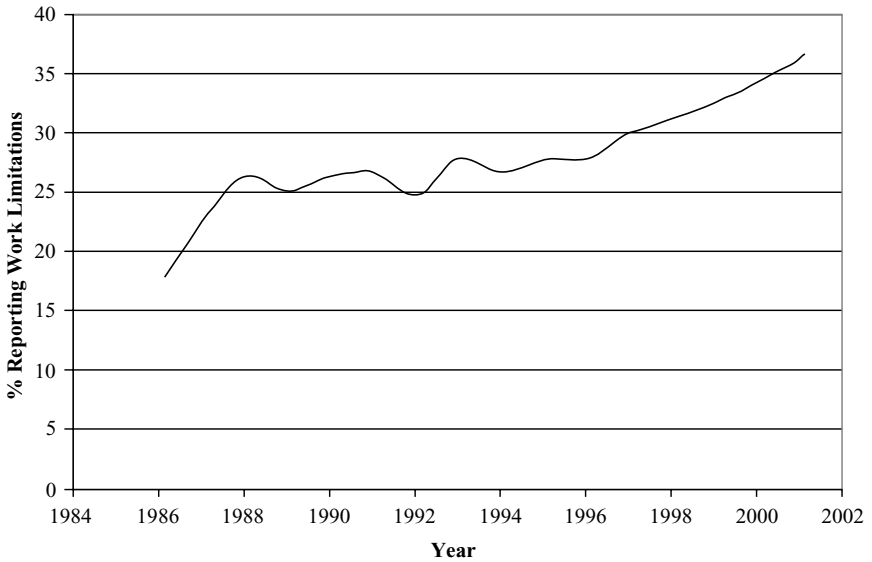


FIGURE 2.4 Percentage of individuals with type or amount of work limitations; balanced panel.

about two-thirds are, in terms of health, implicitly able to participate in the labor market if they choose. Table 2.8 shows that yet very few of those women aged 65–79—only something over one-fifth—are in the labor market (up from about one-sixth in 1986) and something over a third of men are in the labor market at that age (largely unchanged from 1986). In addition, hours of work for those in the labor market are quite low, about 1,000 per year for working women and about 1,500 per year for working men.⁴

The patterns of reported limits on the ability to work in the market juxtaposed on reduced participation and market hours of those aged 65–79 suggests that, if need be, these Third Agers could plausibly reenter the labor market if finances made it necessary; or, conversely, that to some extent nonparticipation is a choice, not the result of an inherent inability to work.

The reporting of overall health is also consistent with this interpretation of retirement or work in the market as substantially a voluntary choice. Recall that, as of 2001, about one-third of those aged 65–79 report their health status as fair or poor, certainly more than these same respondents did in 1986, when fair or poor health was reported by about one-sixth of these same individuals.

⁴ This is for calendar years 2000 and 1985 from retrospective reports in 1986 and 2001.

TABLE 2.8
Average Annual Hours of Market Work by Age Group and Gender

	1986	2001
Age group: ≤49		
Females		
Percentage working	82.28	87.00
Avg. annual hours of work: entire sample	1,595	1,758
Avg. annual part-time hours of work	802	852
Avg. annual full-time hours of work	2,060	2,115
Males		
Percentage working	97.62	96.13
Avg. annual hours of work: entire sample	2,181	2,252
Avg. annual part-time hours of work	924	913
Avg. annual full-time hours of work	2,337	2,369
Age group: 50–64		
Females		
Percentage working	62.59	75.49
Avg. annual hours of work: entire sample	1,538	1,762
Avg. annual part-time hours of work	800	871
Avg. annual full-time hours of work	1,997	2,062
Males		
Percentage working	85.64	89.55
Avg. annual hours of work: entire sample	2,054	2,206
Avg. annual part-time hours of work	861	898
Avg. annual full-time hours of work	2,277	2,381
Age group: 65–79		
Females		
Percentage working	14.24	21.70
Avg. annual hours of work, if working	1,163	1,024
Males		
Percentage working	31.41	31.39
Avg. annual hours of work, if working	1,230	1,477
Age group: 80+		
Females		
Percentage working	1.52	3.00
Males		
Percentage working	7.00	6.21

Adequacy of Income

Because a minority is working in the labor market, questions arise about the need for income to support a standard of living. Here we present an overall indicator of income adequacy—the average value of the families' ratio of annual family income to the U.S. Bureau of the Census poverty standard—and we examine the relationship between health status and income. The poverty standard has the desirable feature of being a per capita concept, so even if income declines after 65, as the family needing to be supported becomes smaller too, the income relative to needs may not decline.

From Table 2.9 we can see that a generally rising level of income to needs occurs, but particularly among Third Agers. For this group, the income-to-needs ratio has risen from an average of 4.2 to 5.5. Health matters a great deal. Those in excellent health have much greater income resources than those in fair or poor health. This suggests that economic well-being and health status are strongly related, creating a dispersion among the Third Age that ranges from those with good income and good health and those with failing health and limited income resources. Here we see that, among the Third Age population, the income-to-needs ratio has risen most for those in excellent health. For these families in 1990, the ratio averaged 5.5; by 2001, it had risen to an average of 9.9, the highest level among any of the groups defined by age and health status. On the other hand, for those in poor health and in the Third Age, the income-to-needs ratio averaged among the lowest of any group defined by age and health status. This relationship between health and economic status has been shown for other economic indicators, notably wealth.

Wealth Holdings

The overall wealth of those surveyed (in 2001 dollars) was clearly rising, measured either by medians or by averages, during 1984–2001. The strongest growth was for those aged 65–79. For those aged 65–79, both mean wealth and median wealth more than doubled. This concentration of rise among the older population is not surprising: Wealth is normally held primarily by those over 50, and increases in overall wealth holding are likely to be concentrated there. Possibly the older cohorts, having grown up with the experience of the Great Depression, are more inclined to save and maintain their wealth holdings; although, as they age, they are likely to draw down their wealth balances to support consumption. Yet if their wealth holdings were strong prior to the asset price boom of the late 1990s, they would be the main winners in terms of wealth growth.

TABLE 2.9
Income-to-Census Needs Standard of the Third Age, 1990 and 2001, by Self-Reported Health Status

	<u>Entire Sample</u>		<u>Excellent Health</u>		<u>Very Good Health</u>		<u>Good Health</u>		<u>Fair Health</u>		<u>Poor Health</u>	
	1990	2001	1990	2001	1990	2001	1990	2001	1990	2001	1990	2001
Age group: ≤49	4.38	4.54	5.21	5.46	4.54	4.73	3.50	3.89	2.75	2.97	1.70	1.67
Age group: 50–64	6.52	6.67	8.86	8.82	7.91	7.68	5.18	5.94	3.82	4.18	3.54	3.23
Age group: 65–79	4.17	5.50	5.55	9.90	4.23	6.76	4.54	4.37	2.59	4.57	1.94	2.36
Age group: 80+	3.36	3.74	3.89	4.95	4.45	4.18	3.70	3.38	2.30	3.67	2.13	3.38

The data are from the 1990 and 2001 data collections. Health and age are as of the survey date in those years and income is reported for the prior calendar year.

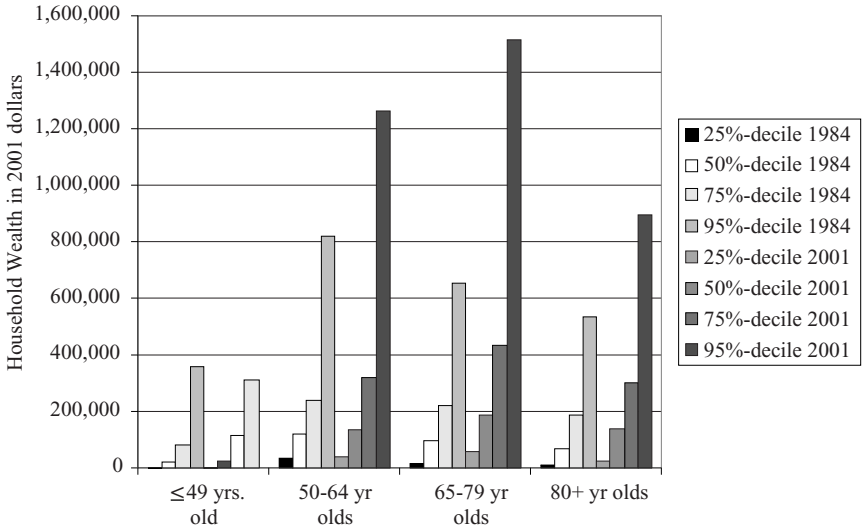


FIGURE 2.5 Distribution of wealth, main home equity included, within age group: 1984–2001 comparison.

As can be seen from Figure 2.5 and Table 2.10, in constant dollars, both the level and dispersion of wealth of today’s 65- to 79-year-olds are greater than for the 65- to 79-year-olds of 1984. Today’s future Third Agers, that is, the Baby Boomers aged 50–64 years as of 2001, have both higher levels of wealth and more dispersed wealth than did today’s Third Agers when they were in the same approximate age range back in 1984. So the idea that the Baby Boomers have, overall, less wealth than in earlier generations at the same life-cycle point, is simply a myth; wealth holdings of the Baby Boomers at the 25th percentile (as of 2001) are really no less than the amount held by Third Agers as of 1984. On the other hand, with greater longevity, more resources are needed after retirement, and the dispersion in wealth is great, implying that the “wealth adequacy” of the older populations is highly variable.

For Third Agers, short of saying that money buys happiness, one can say that those with more income relative to needs report far lower distress levels. The full process of how this comes about is beyond the scope of this chapter. Yet some clues exist. Those in good health have more money—both in terms of wealth and income. We know that those in good overall health report much lower levels of psychological distress. From Table 2.11, we can see that mental health, as measured by psychological distress, is clearly related to income.

HEALTH, HAPPINESS, AND MONEY IN THE THIRD AGE

Our study has shown that many of today's Third Age families are in a circumstance that allows great choice and flexibility. Many could continue work in

TABLE 2.10
Mean and Median Wealth by Age Group (in 2001 Dollars)

	1984	2001
Age group: ≤49		
Mean wealth, no main home equity included	66,625	99,141
Mean wealth, main home equity included	97,911	139,505
Median wealth, no main home equity included	9,034	10,000
Median wealth, main home equity included	21,192	25,200
Age group: 50–64		
Mean wealth, no main home equity included	222,878	283,185
Mean wealth, main home equity included	302,130	372,983
Median wealth, no main home equity included	37,670	56,825
Median wealth, main home equity included	119,317	136,101
Age group: 65–79		
Mean wealth, no main home equity included	119,859	282,665
Mean wealth, main home equity included	182,072	400,127
Median wealth, no main home equity included	31,022	83,000
Median wealth, main home equity included	98,010	186,400
Age group: 80+		
Mean wealth, no main home equity included	203,858	202,142
Mean wealth, main home equity included	247,042	280,223
Median wealth, no main home equity included	28,295	50,000
Median wealth, main home equity included	68,181	142,400

TABLE 2.11
Psychological Distress for Third Ageds by Income-to-Needs Ratio

Income-to-Needs Ratio	Percentage Reporting Severe Psychological Distress	Average K-6 of Psychological Distress
<1	11.14	5.23
1.0–2.49	4.91	3.22
2.5–4.99	1.89	2.60
5.0+	0	2.29

The data are from the 2001 data collection. Psychological distress is reported as of the survey date and income is from the prior calendar year.

the labor market, at least based on the self-reports of overall health, but the proportion of men working is the same as for the 1986 sample of men aged 65–79. More women aged 65–79 now work (22% versus 14% in 1986), but this is consistent with the wider pattern of a greater labor market commitment of women. Despite a shift to more obesity in the population, most are in better health, with a decline in smoking and at least as much physical activity compared with the prior Third Age cohort. On average, their economic position has improved, both as measured by their housing and wealth holdings, and by the per-capita level of family income as measured by the census income-to-needs ratio.

Yet a substantial share of Third Agers are in poor health, experience psychological distress, and have limited wealth and income. In a way, this should not be surprising. Individuals and families start a life course early on. These trajectories are set with differing degrees of foresightedness, and the vicissitudes of the financial and labor markets impact them differently. Along with differing health experiences, by the time they are 65 and older these cumulative and interacting factors lead to great dispersion in well-being.

For those younger families now looking ahead, our results may be informative. One must plan for the long run and, in that plan, remember variations in outcomes occur that are beyond one's personal control. So, allow for ways to protect against the downside, hope to maintain good health and financial reserves, and expect to do much in the Third Age.

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The Work and Retirement Experiences of Aging Black Americans

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This chapter focuses on the life-course work experiences of Black Americans, and how these experiences influence well-being in later, normative periods and during processes of retirement (Jackson & Gibson, 1985). The focus on Black adults as they transition into retirement is important for several reasons. First, it is consistent with life-course theorizing (see, for example, Baltes, 1987; Carstensen, 1993; Freund & Baltes, 1998) that continuity exists between pre- and postretirement (Hayward, Friedman, & Chen, 1998; Jackson & Gibson, 1985; Kim & Moen, 2002; Quick & Moen, 1998). In general, the number of individuals reaching retirement age and living well beyond that is increasing at a rapid pace. Research has consistently shown that Blacks have lower income, education, and job status than others in the population and are less likely to have the pension plans or savings needed for a smooth transition into retirement (Hayward, Friedman, & Chen, 1996). These pre-retirement disparities can have negative influences on the quality of the retirement experiences of Black elderly and deleterious effects on their health and well-being. On the other hand, retiring from low-paying, low-status positions might be beneficial to overall well-being. Examining the continuity between work and retirement among Blacks yields a richer, more comprehensive understanding of this process for an American group that is disadvantaged.

Second, studying Blacks separately facilitates examining the diversity among Blacks, a heterogeneity often overlooked in a race comparative

approach. Exploring characteristics associated with various work and retirement statuses permits a better understanding of the factors that make retirement satisfactory or unsatisfactory. The third reason is that the knowledge gained from this approach can be quite informative for policy development and implementation, which might help disadvantaged, especially African American, workers prepare for a better quality of life in the later stages of their lives.

The primary purpose of this exploratory study is to describe characteristics associated with the work and retirement experiences of Black adults in the Second (50–64 years) and Third Ages of life (65–79 years), at three different points in time, during the period 1979–2003. First, we briefly review the literature regarding the work and retirement statuses of Black elderly. Second, we describe our methodology and research questions. Finally, we present demographic and psychological characteristics associated with these work and retirement statuses of older Black adults in the Second and Third Ages of life, for each of three periods over the last 25 years.

BLACK ELDERLY AND RETIREMENT STATUS

One of the most important transitions for all aging Americans is from active, productive work to nonwork status. Over the years, research has documented that Blacks across the life-course suffer social and economic deprivations in comparison with others in this society; these disadvantages make the transition from working to retirement status more difficult than among other race and ethnic groups (Hayward et al., 1996, 1998; Jackson, 2001a, 2001b). On the other hand, scholars (e.g., Gibson, 1987, 1991a; Jackson & Gibson, 1984, 1985) have highlighted the heterogeneity of these experiences among older Blacks. For example, Jackson and Gibson (1985) and Gibson (1987) have conceptualized the working experiences of older Blacks along three, inter-related, perceived objective and subjective dimensions: working (working 20 hours per week or more), retired (not working at all or working less than 20 hours per week and self-identified as retired), and nonretired (not working at all or working less than 20 hours per week for reasons other than being retired). Each of these statuses, depending on earlier life experiences, had significantly different characteristics reflecting financial and health conditions, social and psychological background factors, social status, and social attitudes (Jackson, 2001b). The typical Black retiree had a family income of less than \$6,000, less than a high school education, was a former laborer or domestic worker, and widowed (Gibson, 1991b). The Black elderly who worked less than 20 hours per week, but did not view themselves as retired (nonretired) were less financially secure, less educated, and less healthy than were either

working or retired Blacks. Thus, nonretired older Blacks are members of an important, potentially disadvantaged group in need of further research.

Not atypically, many Black elderly continue to work out of economic necessity rather than intrinsic reward (Coleman, 1993). Gibson (1991b) suggested that defining one's self as retired is difficult, particularly if it is necessary to work and the current work situation is similar to the type of occupations and working patterns engaged in during earlier life periods. Prior research suggests that large numbers of Blacks are relegated to intermittent, irregular work in the secondary segment of the labor market. These types of jobs do not carry private pensions nor do they enable individuals to qualify for regular Social Security benefits (Jackson & Gibson, 1985). Thus, during periods of the life-course in which retirement is a normative experience, and when, in fact, many Blacks would prefer to be retired, they are unable to successfully make this transition.

Defining Retirement Status

Identifying "retired" elderly is often based on traditional, institutionally objective criteria, such as receipt of retirement benefits and reaching age 65. Previous work, however, suggests that the retirement identification process may be more complex for older Black Americans, particularly when viewed in a life-course perspective (Gibson, 1991b; Jackson, Brown, Williams, et al., 1996; Jackson, Lockery, & Juster, 1996). Self-definition as retired is influenced by past work histories, occupation status, level of income, and health status (Honig, 1996; Szinovacz & DeViney, 1999). Because of discontinuous lifetime work histories, older Black Americans may not receive retirement benefits; therefore, they continue working during the traditional retirement ages. This pattern differs from the "bridge jobs," in which older adults voluntarily work part-time or become self-employed to ease into retirement, especially after retiring from high status positions (Hogan, Kim, & Perrucci, 1997; Quinn & Kozy, 1996). Third Age adults with work histories in lower-paying positions and who lack pensions and savings are compelled to work out of economic necessity, whereas those in higher-status careers may work after retirement for intellectual stimulation (Quinn & Kozy, 1996). Jackson and Gibson (1985) found that Black elderly who were working part-time and had intermittent work histories were less likely than others to label themselves as retired.

Employment histories are an important component of subjective retirement experiences. Thus, to examine the pattern of pre-retirement circumstances of Black Americans, we included adults in the Second Age (ages 50–64 years) in addition to elderly in the normative retirement period, the Third Age (ages 65–79 years). Three work/retirement status groups were

formed based on both objective labor force attachment conditions and subjective beliefs about retirement (Coleman, 1993; Gibson, 1987, 1991b; Jackson & Gibson, 1985). Individuals in the “working” category reported working 20 or more hours per week. Those categorized as retired were not working at all or working less than 20 hours per week and, when asked the reason for not working or not working more, replied “retired.” Individuals in the “nonretired” group were also not working at all or working less than 20 hours per week but, when asked the reason for not working or not working more, gave reasons other than retirement (e.g., unable to find work, laid off, family obligations). Therefore, the only difference between the retired and the nonretired in groups was their use of the subjective label “retired.”

RESEARCH QUESTIONS AND METHODOLOGY

We used data from the National Survey of Black Americans (NSBA) Panel study, a 13-year (1979–1992) longitudinal study and the recently completed (2003) National Survey of American Life (NSAL) to explore a number of specific research questions. Among these are: What demographic factors are related to subjective retirement status among older Black Americans? How do perceived health and well-being factors distinguish subjective retirement statuses? How have these factors changed over the last 25 years? How do these factors differ for Second Age versus Third Age Blacks today compared to 25 years ago?

Respondents from the NSBA were interviewed at four points in time, beginning in 1979. The 1979–1980 face-to-face NSBA survey was based on a national multistage household probability sample of 2,107 self-identified African American adults living in the continental United States. The 1979–1980 NSBA data collection was followed by three more “waves” of smaller, yet comprehensive, telephone data collections in 1987–1988, 1988–1989, and 1992. Of the original 2,107 wave-1 respondents, 951 were reinterviewed in 1987 (wave 2). The high rate of attrition at wave 2 was largely because of an inability to locate many (783) of the original cross-sectional respondents because of the length of time between interviews; the initial study was not designed as a panel study and therefore very limited recontact information was obtained in 1979–1980. In addition, over half of the initial 1979–1980 cross-sectional sample were not homeowners, which contributed to high mobility. We restricted the analyses in the current study to the wave 1 and wave 2 respondents. Wave 2 data were weighted for nonresponse (Jackson et al., 1996a; Wolford, 1994).

The NSAL adult sample includes African Americans ($n = 3,570$), the first-ever national probability study of Blacks of Caribbean ancestry ($n = 1,623$), and non-Hispanic Whites ($n = 891$), 18 years of age and older. For the purposes of

TABLE 3.1
Sample Sizes for Current Analyses

	NSBA 1979–80	NSBA 1987–88	NSAL 2003
50–64 years old	<i>n</i> = 393	<i>n</i> = 482	<i>n</i> = 649
65–79 years old	<i>n</i> = 289	<i>n</i> = 366	<i>n</i> = 334

the current study, analyses were restricted to the African American respondents. The majority of interviews were conducted face to face using a computer-assisted instrument (about 14% were conducted either entirely or partially by telephone). Response rates varied by group: The final response rate for the African American sample was 70.7%. Many of the NSAL measures are similar to those used in the NSBA, facilitating comparisons of the continuities and discontinuities in the life situations of African Americans after a generation of social and economic changes.

In this study, trends in the reports of work and retirement experiences of older Black adults over three data collection points (1979–1980, 1987–1988, 2003) were examined. As shown in Table 3.1, the analyses reported in this chapter were conducted on a subset of the NSBA and NSAL respondents: the Second Age (50–64) and the Third Age (65–79).

DEMOGRAPHIC CHARACTERISTICS

As shown in Table 3.2 for the Third Age, across the three time points, nonretired Black elderly were most represented in the lowest income quartile (57% in 1979, 59% in 1987, 58% in 2003), followed by the retired (49% in 1979, 45% in 1987, 36% in 2003). Income quartiles are shown in Table 3.3.

Additionally, a greater percentage of the working elderly, compared to the retired and nonretired, consistently reported family incomes in the highest quartile range. These data provide further evidence that older Blacks with higher incomes are working more hours, resulting in income that is “earned” rather than gained from savings or investments (Coleman, 1993; Hogan et al., 1997; Jackson et al., 1996b; Zhan & Pandey, 2002).

A comparison of education levels across the Third Age provides both interesting and notable results. Clearly, educational attainment increased over time. In 2003, 43% of the working elderly had attended college, compared with only 14% in 1987 and 5% in 1979. Similarly with the nonretired, 11% in 2003 (compared with only 4% in 1979) reported at least some college education. The nonretired in each year, however, represent the least educated, with an eleventh grade education or less. These within-group results provide a clear picture of the diversity in educational attainment among older Blacks,

TABLE 3.2
Selected Demographic Characteristics of 65- to 79-Year-Old Working, Retired, and Nonretired Black Americans

Category	Year								
	NSBA 1979/1980 (65–79 years)			NSBA 1987/1988 (65–79 yrs)			NSAL 2003 (65–79 yrs)		
	<i>Working</i> (<i>n</i> = 40) (13.8%)	<i>Retired</i> (<i>n</i> = 196) (67.8%)	<i>Nonretired</i> (<i>n</i> = 53) (18.4%)	<i>Working</i> (<i>n</i> = 26) (7.1%)	<i>Retired</i> (<i>n</i> = 231) (63%)	<i>Nonretired</i> (<i>n</i> = 110) (29.9%)	<i>Working</i> (<i>n</i> = 47) (14.1%)	<i>Retired</i> (<i>n</i> = 227) (67.9%)	<i>Nonretired</i> (<i>n</i> = 60) (18%)
<i>Total family income (1978, 1986, 2002)</i>									
First quartile (lowest)	20.0	49.0	56.6	31.8	44.8	58.9	25.5	35.8	58.4
Second quartile	35.0	33.2	34.0	28.9	34.6	37.7	24.3	34.0	28.5
Third quartile	40.0	13.8	7.5	19.4	16.2	1.5	24.9	16.5	6.4
Fourth quartile (highest)	5.0	4.1	1.9	19.9	4.4	1.8	25.3	13.7	6.7
<i>Total respondents</i>	40	196	53	26	231	110	47	224	58
<i>Number of school grades completed</i>									
0–8 years	41.0	64.1	74.5	17.5	52.4	64.5	13.6	19.6	33.9
9–11 years	35.9	12.5	15.7	37.5	20.5	19.1	20.4	20.7	29.5
12 years	17.9	12.5	5.9	31.3	15.0	13.4	22.9	33.7	26.1
Some college, college graduate	5.1	10.9	3.9	13.8	12.1	3.0	43.1	26.0	10.5
<i>Total respondents</i>	39	192	51	26	231	110	47	224	58

TABLE 3.2
(continued)

Category	Year								
	NSBA 1979/1980 (65–79 years)			NSBA 1987/1988 (65–79 yrs)			NSAL 2003 (65–79 yrs)		
	<i>Working</i> (n = 40) (13.8%)	<i>Retired</i> (n = 196) (67.8%)	<i>Nonretired</i> (n = 53) (18.4%)	<i>Working</i> (n = 26) (7.1%)	<i>Retired</i> (n = 231) (63%)	<i>Nonretired</i> (n = 110) (29.9%)	<i>Working</i> (n = 47) (14.1%)	<i>Retired</i> (n = 227) (67.9%)	<i>Nonretired</i> (n = 60) (18%)
<i>Marital status</i>									
Married, partner	35.0	40.7	37.7	22.7	51.3	38.3	41.8	35.8	26.8
Separated, divorced	20.0	11.2	11.3	27.5	9.4	4.7	27.2	18.9	15.7
Widowed	45.0	44.9	50.9	40.9	36.4	54.3	29.0	39.6	53.7
Never married	0.0	3.1	0.0	9.0	3.0	2.7	2.1	5.7	3.9
<i>Sex</i>									
Male	45.0	41.8	9.4	39.7	39.6	13.8	40.3	43.3	21.1
Female	55.0	58.2	90.6	60.3	60.4	86.2	59.7	56.7	78.9
<i>Age</i>									
65–70	75.0	50.0	52.8	56.8	42.8	50.3	69.3	49.6	52.5
71–74	12.5	26.5	30.2	31.8	22.9	33.1	23.5	34.0	26.3
75–79	12.5	23.5	17.0	11.3	34.3	16.6	7.1	16.4	21.2
<i>Total respondents</i>	40	196	53	26	227	110	47	225	60

TABLE 3.3
Income Quartiles for Third Age Black Elderly

	NSBA Wave 1 1979	NSBA Wave 2 1987	NSAL 2003
First Quartile	\$0–4,999	\$0–7,999	\$0–14,999
Second Quartile	\$5,000–9,999	\$8,000–15,000	\$15,000–27,999
Third Quartile	\$10,000–19,999	\$16,000–27,000	\$28,000–47,999
Fourth Quartile	\$20,000+	\$28,000–150,000	\$48,000–520,000

a finding also reflected in U.S. Census data (U.S. Census, 2003) and other national data sets (Brown & Jackson, 2004).

Looking at results for marital status, in 1979, the majority of Third Age Blacks were without a spouse—either separated, divorced, or widowed—with widowed being the major category. Although some variation in marital status emerged between the groups, at all time points the majority of nonretired Black elderly were widowed. Also notable, at each of the three time points, an overwhelming majority of the nonretired was female. In light of recent findings in the aging and retirement literatures, this difference is not unexpected. Studies of race and gender comparisons among older Americans (Clark, Mungai, Stump, & Wolinsky, 1997; Fernandez, Mutran, Reitzes, & Sudha, 1998) find that elderly Black women are more likely to be single—either widowed, divorced, or separated—than any other group.

Finally, we examined age and regional characteristics of the Third Age. Most startling about the age categories is that a high percentage of Blacks over 70 years of age were still working (25% in 1979, 43% in 1987, 31% in 2003). Also, in each year, close to 50% of the nonretired were over 70 years of age. Considering previous literature on work and retirement, it is not unusual to find a number of Black elderly who find it difficult to self-identify as “retired.” Looking at region across each year, about two-thirds of our sample of Black elderly was living in the South, while the rest were evenly distributed across the Northeast, North Central/Midwest, and West regions (data not shown in table).

Turning to Table 3.4, as expected, fewer retired adults were present in the Second Age than in the Third Age, but it is interesting that a large percentage (36% in 1979, 38% in 1987, 29% in 2003) consider themselves “nonretired,” indicating that they worked less than 20 hours a week. Subsequently, it was not surprising that the nonretired were over-represented in the lowest income categories—in each year, approximately 80% reported family incomes in the first or second quartiles. Similar to those working in the Third Age, many of the working Blacks in the Second Age reported family incomes in the highest quartile (33% in 1979, 44% in 1987, 43% in 2003).

TABLE 3.4
Selected Demographic Characteristics of 50- to 64-Year-Old Working, Retired, and Nonretired Black Americans

Category	Year								
	NSBA 1979/1980 (50–64 years)			NSBA 1987/1988 (50–64 yrs)			NSAL 2003 (50–64 yrs)		
	<i>Working</i> (<i>n</i> = 220) (56.0%)	<i>Retired</i> (<i>n</i> = 30) (7.6%)	<i>Nonretired</i> (<i>n</i> = 143) (36.4%)	<i>Working</i> (<i>n</i> = 253) (52.5%)	<i>Retired</i> (<i>n</i> = 48) (9.9%)	<i>Nonretired</i> (<i>n</i> = 181) (37.6%)	<i>Working</i> (<i>n</i> = 381) (58.6%)	<i>Retired</i> (<i>n</i> = 80) (12.3%)	<i>Nonretired</i> (<i>n</i> = 189) (29.1%)
<i>Total family income (1978, 1986, 2002)</i>									
First quartile (lowest)	8.2	20.0	46.2	10.1	30.4	52.1	8.9	27.6	49.1
Second quartile	22.3	43.3	34.3	18.8	29.1	36.3	15.5	20.7	31.3
Third quartile	36.8	30.0	13.3	27.7	25.0	6.8	32.2	19.5	12.1
Fourth quartile (highest)	32.7	6.7	6.3	43.5	15.5	4.7	43.4	32.2	7.5
<i>Total respondents</i>	220	30	143	253	48	181	375	79	186
<i>Number of school grades completed</i>									
0–8 years	24.1	34.5	58.9	16.0	35.3	37.1	4.7	5.0	16.8
9–11 years	27.3	31.0	19.1	19.2	25.5	23.0	15.2	16.5	30.6
12 years	26.8	10.3	15.6	31.0	19.9	31.4	33.5	33.7	35.7
Some college, college graduate	21.8	24.1	6.4	33.8	19.3	8.6	46.5	44.8	16.9
<i>Total respondents</i>	220	29	141	253	48	174	375	79	186

(continued)

TABLE 3.4
Selected Demographic Characteristics of 50- to 64-Year-Old Working, Retired, and Nonretired Black Americans

Category	Year								
	NSBA 1979/1980 (50–64 years)			NSBA 1987/1988 (50–64 yrs)			NSAL 2003 (50–64 yrs)		
	<i>Working</i> (<i>n</i> = 220) (56.0%)	<i>Retired</i> (<i>n</i> = 30) (7.6%)	<i>Nonretired</i> (<i>n</i> = 143) (36.4%)	<i>Working</i> (<i>n</i> = 253) (52.5%)	<i>Retired</i> (<i>n</i> = 48) (9.9%)	<i>Nonretired</i> (<i>n</i> = 181) (37.6%)	<i>Working</i> (<i>n</i> = 381) (58.6%)	<i>Retired</i> (<i>n</i> = 80) (12.3%)	<i>Nonretired</i> (<i>n</i> = 189) (29.1%)
<i>Marital status</i>									
Married, partner	49.5	50.0	37.8	56.6	18.8	33.5	55.1	49.0	38.4
Separated, divorced	28.6	33.3	23.8	28.3	29.0	32.2	26.7	26.2	34.1
Widowed	17.7	10.0	31.5	9.6	34.9	33.0	8.3	17.8	15.4
Never married	4.1	6.7	7.0	5.5	17.3	1.3	10.0	7.1	12.1
<i>Sex</i>									
Male	45.9	40.0	23.8	48.1	30.7	20.6	48.1	43.2	40.0
Female	54.1	60.0	76.2	51.9	69.3	79.4	51.9	56.8	60.0
<i>Age</i>									
50–55 years	50.5	26.7	44.1	52.0	0.0	37.7	62.5	6.2	50.5
56–60 years	32.3	20.0	39.2	31.1	31.5	27.1	25.6	28.1	29.5
61–64 years	17.3	53.3	16.8	16.9	68.5	35.2	11.9	65.7	20.0
<i>Total respondents</i>	220	30	143	253	48	181	381	80	188

Patterns observed in the educational attainment of Third Age Blacks are mirrored in the results for Second Age adults. In 2003, 47% of the working and 45% of the retired had attained some level of college education, nearly twice the percentage found in working and retired older Blacks in 1979. Among the nonretired, we found that in 2003 twice the percentage of nonretired in 1987 and close to three times the percentage of nonretired in 1979 reported at least some college education. Additionally, over the years, a consistently higher percentage of older Blacks in the Second Age reported earning a high school diploma.

The figures for marital status in the Second Age were as remarkable as those in the Third Age, but in a different manner. Over the past 25 years, we find increasing numbers of never-married older Blacks. Most striking was in 1987, when 17% of the retired Blacks never married and only 19% were married, whereas the percentages among the working and nonretired were as expected. Overall, more Second Age older adults were married than widowed, just the opposite of Third Age elderly. One might speculate that, by the time these Second Age older adults reach the Third Age, a large percentage will be widowed.

As found in the Third Age, females made up the majority of the sample but, in 2003, the gender gap began to narrow somewhat; still, the nonretired in all years was overwhelmingly female. The age category results were somewhat expected. In general, in all years, the largest majority of the youngest age group was working and the largest majority of the oldest age group was retired. However, a larger than expected percentage of nonretired were present in the youngest age group. Finally, as in the Third Age, the largest majority of Second Age Blacks lived in the South (data not shown).

Sources of Income and Work Histories of Retired and Nonretired

We also examined sources of income (data not shown). Results for the Third Age indicated that about 30% more of retired and nonretired elderly in 1987 (88% retired and 80% nonretired) and 2003 (90% retired and 82% nonretired) received Social Security benefits than did those in 1979. We also found that, in all years, twice the percentage of nonretired as retired received Supplemental Security Income (SSI).

The results for sources of income for Second Age adults are similar to the Third Age, in which fewer people in 1979 received Social Security than did in subsequent years. Although a lower percentage of Blacks in the Second Age received Social Security or SSI than in the Third Age, we did find that in 2003 a large percentage of them (62% retired, 51% nonretired) received Social Security benefits, whereas another 13% of retired and 37% of nonretired

received SSI. Because SSI is primarily given to those with health disabilities, this result suggests that the nonretired worked less than 20 hours per week because of poor health.

Turning to work histories (data not shown in table), we speculated that some of the findings concerning marital status and gender might be related to the work histories of the Third Age Black elderly. For example, across the time points, a sizable percentage of nonretired had “never worked for pay” (17% in 1979, 36% in 1987, 15% in 2003), but currently considered themselves nonretired; only a fraction of these “nonretired” were actually working the expected 19 hours or less per week. Because the nonretired reported incomes in the lowest quartile range, it might be suspected that these “never worked for pay” nonretired elderly were divorced or widowed, with little or no retirement benefits or assets from their spouses and consequently were forced to find employment. Numerous scholars (Flippen & Tienda, 2000; Jackson & Gibson, 1985; Quick & Moen, 1998) have proposed that job histories are related to retirement status. Securing generous retirement pensions, benefits, and health insurance during older age are related to employment security during the younger years; consequently, the nonretired lack retirement benefits. We also know that the majority of the nonretired is female. Social Security policies limit benefits for divorced or widowed women, also contributing to their current retirement status and low incomes (Flippen & Tienda, 2000). Finally, the data revealed that a low percentage of older Blacks in the Second Age had “never worked for pay”: Although 8% of nonretired in 2003 and 4% in 1979 reported having never worked for pay, 100% of the retired in 1979 and everyone in 1987 had worked sometime or another during their lives.¹

Physical, Financial, and Psychological Well-Being Indicators

We now turn to the perceived physical, financial, and psychological well-being of Third and Second Age Black Americans. As expected, the majority of Third Age elderly in all groups reported one or more chronic health problems (Table 3.5). However the majority of the working and retired also reported greater satisfaction with their health. Findings suggest that, of the three groups, the nonretired suffer from more chronic health problems; thus, it is not surprising that a substantially higher percentage of them also reported more dissatisfaction with their health.

¹ Occupational differences were found among Second and Third Age individuals in 1980 and 1987. However, because the coding for occupation has not been completed for 2003, we excluded occupation data from the tables. Similarly, differences were found among those who received pensions, but these data were not available for 1987 or 2003.

TABLE 3.5
Selected Indices of Well-Being of 65- to 79-Year-Old Working, Retired, and Nonretired Black Americans

Category	Year								
	NSBA 1979/1980 (65–79 years)			NSBA 1987/1988 (65–79 years)			NSAL 2003 (65–79 years)		
	<i>Working</i> (n = 40) (13.8%)	<i>Retired</i> (n = 196) (67.8%)	<i>Nonretired</i> (n = 53) (18.4%)	<i>Working</i> (n = 26) (7.1%)	<i>Retired</i> (n = 231) (63%)	<i>Nonretired</i> (n = 110) (29.9%)	<i>Working</i> (n = 47) (14.1%)	<i>Retired</i> (n = 227) (67.9%)	<i>Nonretired</i> (n = 60) (18%)
Physical well-being									
<i>Number of health problems (chronic health)</i>									
None	12.5	14.3	3.8	28.3	14.8	0.0	17.7	7.5	5.2
1 or more	87.5	85.7	96.2	71.7	85.2	100.0	82.3	92.5	94.8
<i>Total respondents</i>	40	196	53	26	231	110	44	219	54
<i>Satisfaction with health status</i>									
Satisfied (very or somewhat)	85.0	86.3	62.3	100.0	83.4	43.5	78.2	66.8	48.9
Dissatisfied (very or somewhat)	15.0	13.7	37.7	0.0	16.6	56.5	21.8	33.2	51.1
<i>Total respondents</i>	40	196	53	26	218	101	44	219	54

(continued)

TABLE 3.5
Selected Indices of Well-Being of 65- to 79-Year-Old Working, Retired, and Nonretired Black Americans

Category	Year								
	NSBA 1979/1980 (65–79 years)			NSBA 1987/1988 (65–79 years)			NSAL 2003 (65–79 years)		
	<i>Working</i> (<i>n</i> = 40) (13.8%)	<i>Retired</i> (<i>n</i> = 196) (67.8%)	<i>Nonretired</i> (<i>n</i> = 53) (18.4%)	<i>Working</i> (<i>n</i> = 26) (7.1%)	<i>Retired</i> (<i>n</i> = 231) (63%)	<i>Nonretired</i> (<i>n</i> = 110) (29.9%)	<i>Working</i> (<i>n</i> = 47) (14.1%)	<i>Retired</i> (<i>n</i> = 227) (67.9%)	<i>Nonretired</i> (<i>n</i> = 60) (18%)
Psychological well-being									
<i>Life satisfaction</i>									
Very satisfied	55.0	55.4	52.8	53.3	55.2	44.4	51.5	58.6	56.5
Somewhat satisfied	32.5	35.4	30.2	36.9	39.8	41.5	46.8	31.6	29.7
Dissatisfied (very or somewhat)	12.5	9.2	17.0	9.8	5.0	14.1	1.7	9.8	13.8
<i>Total respondents</i>	40	195	53	26	211	102	47	227	60
<i>Happiness</i>									
Very happy	52.5	59.9	47.2	49.8	49.9	37.5	39.2	49.8	52.3
Pretty happy	37.5	32.3	41.5	40.7	41.7	30.1	51.9	45.0	41.7
Not too happy	10.0	7.8	11.3	9.5	8.4	32.4	8.9	5.2	6.0
<i>Total respondents</i>	40	192	53	24	206	110	47	222	58

The findings were mixed for financial well-being among the Third Age (table not shown). In 1979 and 2003, most Black elderly were “not at all worried” about having enough income to cover expenses and bills, whereas in 1987 the majority were worried, to some extent, about their financial security. Interestingly, the retired consistently reported less financial worry than did the working and nonretired groups. One might wonder if Third Age Black elderly receiving Social Security and SSI were more financially benefited or at least *as* financially benefited as the working. These results might indicate that receiving a steady, dependable income, regardless of the amount, relates to better financial well-being for Black elderly. As for psychological well-being, the majority of Third Age Blacks reported high levels of life satisfaction and happiness (see Table 3.5). We found the nonretired to express the greatest life dissatisfaction and least happiness, whereas the retired seemed the most satisfied with their lives and happiest.

Compared to Third Age Blacks, Table 3.6 shows that, across all years, a greater percentage of the working Second Age adults reported no chronic health problems. Again, a surprising high percentage of the retired and nonretired reported at least one chronic health problem. Health problems may be a primary reason that some reported working less than 20 hours a week, and why at such young ages the majority of the 1987 (60%) and 2003 (55%) nonretired reported dissatisfaction with their health status. Otherwise, despite health problems, the majority of working and retired older adults reported moderate to high levels of satisfaction with their health.

In all years, over 50% of Second Age retired adults reported little to no worry about financial security (table not shown). Similarly, more than half of working adults perceived themselves as better off financially than in previous years.

The nonretired reported the poorest financial well-being. Many worried a great deal about having enough income to pay bills (40% in 1979, 53% in 1987, 37% in 2003) and perceived themselves worse off than in previous years (28% in 1979, 30% in 1987, 40% in 2003), twice as much as reported by working older adults.

Overall, the nonretired reported the lowest levels of psychological well-being (see Table 3.6). This result stands out most prominently in 2003, when twice the percentage of nonretired as working older Blacks reported lower levels of life satisfaction (22% versus 11%) and happiness (22% versus 12%). In general, however, Second Age older adults reported higher life satisfaction and happiness.

TABLE 3.6
Selected Indices of Well-Being of 50- to 64-Year-Old Working, Retired, and Nonretired Black Americans

Category	Year								
	NSBA 1979/1980 (50–64 years)			NSBA 1987/1988 (50–64 years)			NSAL 2003 (50–64 years)		
	<i>Working</i> (<i>n</i> = 220) (56.0%)	<i>Retired</i> (<i>n</i> = 30) (7.6%)	<i>Nonretired</i> (<i>n</i> = 143) (36.4%)	<i>Working</i> (<i>n</i> = 253) (52.5%)	<i>Retired</i> (<i>n</i> = 48) (9.9%)	<i>Nonretired</i> (<i>n</i> = 181) (37.6%)	<i>Working</i> (<i>n</i> = 381) (58.6%)	<i>Retired</i> (<i>n</i> = 80) (12.3%)	<i>Nonretired</i> (<i>n</i> = 189) (29.1%)
Physical well-being									
<i>Number of health problems (chronic health)</i>									
None	23.3	3.3	6.3	30.2	9.3	14.2	23.5	13.7	8.9
1 or more	76.7	96.7	93.7	69.8	90.7	85.8	76.5	86.3	91.1
<i>Total respondents</i>	219	30	143	253	48	181	365	78	178
<i>Satisfaction with health status</i>									
Satisfied (very or somewhat)	87.2	83.3	67.1	89.9	86.1	39.6	83.1	73.1	44.8
Dissatisfied (very or somewhat)	12.8	16.7	32.9	10.1	13.9	60.4	16.9	26.9	55.2
<i>Total respondents</i>	219	30	143	248	48	171	365	78	180

TABLE 3.6
(continued)

Category	Year								
	NSBA 1979/1980 (50–64 years)			NSBA 1987/1988 (50–64 years)			NSAL 2003 (50–64 years)		
	<i>Working</i> (<i>n</i> = 220) (56.0%)	<i>Retired</i> (<i>n</i> = 30) (7.6%)	<i>Nonretired</i> (<i>n</i> = 143) (36.4%)	<i>Working</i> (<i>n</i> = 253) (52.5%)	<i>Retired</i> (<i>n</i> = 48) (9.9%)	<i>Nonretired</i> (<i>n</i> = 181) (37.6%)	<i>Working</i> (<i>n</i> = 381) (58.6%)	<i>Retired</i> (<i>n</i> = 80) (12.3%)	<i>Nonretired</i> (<i>n</i> = 189) (29.1%)
Psychological well-being									
<i>Life satisfaction</i>									
Very satisfied	36.2	43.3	38.7	36.3	50.8	38.3	43.4	55.9	31.0
Somewhat satisfied	48.2	36.7	37.3	45.2	38.2	45.7	45.9	39.7	47.4
Dissatisfied (very or somewhat)	15.6	20.0	23.9	18.5	11.0	16.0	10.8	4.4	21.5
<i>Total respondents</i>	218	30	142	241	48	178	381	80	189
<i>Happiness</i>									
Very happy	31.5	33.3	33.3	23.5	56.0	30.4	33.5	44.5	26.3
Pretty happy	60.7	53.3	48.9	61.9	26.5	37.2	54.8	53.4	52.3
Not too happy	7.8	13.3	17.7	14.7	17.5	32.5	11.7	2.1	21.5
<i>Total respondents</i>	219	30	141	251	48	176	377	80	186

CONCLUSION

In this chapter, we asked several research questions regarding the subjective work and retirement experiences of Third and Second Age Blacks. We were interested in the demographic characteristics, sources of income, work histories, and overall well-being of these older Black Americans. Our goal was to determine how these factors were associated with various working and retirement statuses. We hypothesized that a life-course perspective would illuminate the continuity of the working and retirement experiences among Black elderly and provide hypotheses about how these factors changed or remained the same over the last 25 years.

The demographic characteristics of the Third and Second Age Black Americans suggest that some positive changes have occurred over the years, but that stagnation also exists. Certainly our findings suggest that the education attainment of Blacks has increased. This increase often is not remarked upon in the literature when studies compare Blacks and Whites. What continues to be discouraging and of some concern, however, is that large percentages of Third and Second Age Blacks consider themselves “nonretired,” indicating that they worked less than 20 hours a week but still did not perceive themselves as “retired.” The low-income percentiles in which they are overwhelmingly represented also suggest that the few hours worked are not because of having sufficient funds or ample assets that would allow them to work so few hours. Our results also point to the nonretired in all years as being primarily single females. Women in general, often enter, exit, and re-enter the labor force several times over the life course due to family caregiving responsibilities and thereby earn less job security and future retirement benefits than their male counterparts (Flippen & Tienda, 2000). The literature also suggests that older Black women are the poorest among the elderly, having the lowest net worth, widowed or divorced, and having to return to work because of lack of retirement benefits more often than do any other group (Clark et al., 1997; Fernandez et al., 1998; Mutchler, Burr, Massagli, & Pienta, 1999). For example, in their study of older Black and White women, Zhan and Pandey (2002) found that, although older Black women had worked more years and longer hours than older White women, Black women reported lower Social Security benefits and meager, if any, other income assets. The authors suggest two possibilities for this finding: Either Black women had participated in lower-status, lower-paying jobs and thus accumulated less Social Security benefits than White women, or Black women inherited little or no retirement benefits from their late or ex-husbands. Of course, both circumstances are also possible. The literature does suggest that older Black women, similar to Black men, usually held domestic jobs or other service jobs that required little skill or

education, and that offered little or no retirement benefits (Coleman, 1993). This provides some support for our life-course perspective that a strong continuity exists between pre-retirement histories and retirement circumstances.

The work histories of the nonretired are similar to the other findings in the literature showing that older minority adults consistently report being unemployed or out of the labor force more so than do white older adults (Flippen & Tienda, 2000), and that Blacks are likely to drop out of the labor force rather than actually consider themselves “retired.” Numerous other studies have concluded that older Blacks have experienced cumulative effects of life-course employment instability, including a series of low-paying, low-status jobs that affected their abilities to enjoy economic stability during the normative retirement years (Coleman, 1993; Gibson, 1991a, 1991b, 1991c; Jackson & Gibson, 1985). These economic effects spill over into their quality of life, health, and well-being.

An intriguing finding concerning health and psychological well-being was found among the Second Age older adults. Specifically, a large portion of them were retired or nonretired, and an alarmingly large percentage reported a chronic health problem. Thus, it is not surprising that the Second Age retired and nonretired older adults were less satisfied with their health than were the working. The literature suggests that health is a major factor in retirement or labor exit decisions (Mutchler et al., 1999). What is notable is that the nonretired were considerably less satisfied with their health than were the other groups, including the retired. One explanation for this might be that the retired with health problems may have access to adequate retirement benefits and are therefore psychologically and financially prepared to “retire” at a younger age, whereas the younger nonretired have less benefits or income and are not psychologically or financially able to exit the labor force. Poor functional ability, however, may force them to drop out of the labor force or substantially reduce the number of hours spent working. In addition, health status affects the ability to work, especially in blue-collar positions that require rigorous physical labor or toiling in hazardous working environments, circumstances in which many Blacks find themselves employed (Coleman, 1993). Individuals in higher status positions are able to manipulate their environments (e.g., less physical exertion) to fit health status and thus are likely to remain in the labor force (Flippen & Tienda, 2000). Blacks at middle and older ages report more disabilities than do similarly aged Whites (Santiago & Muschkin, 1996). Other studies find that Blacks suffer more functional limitations than any other group and that health and functional abilities help explain employment disparities between Whites and Blacks (Clark et al., 1997; Flippen & Tienda, 2000; Santiago & Muschkin, 1996).

A very encouraging finding emerged regarding the subjective appraisal of global well-being for the Third Age Black elderly. Despite health and wealth deficits, these elders had relatively high levels of life satisfaction and happiness. These findings are similar to those from past research on Black elderly mental health (e.g., Jackson, Chatters, & Neighbors, 1982; Jackson, Chatters, & Taylor, 1993). Jackson and Gibson (1985) argued that Blacks, being more socialized to adapt to uncertainty and change within their lives, arrive at old age more fortified, more rehearsed, and better able to adapt to its exigencies, despite fewer economic and social resources (Danigelis & McIntosh, 1993). Others suggest a cohort effect, but we also find that Second Age Black older adults have similar life satisfaction levels. This is not to imply, however, that policies should not address the income and health disparities related to work and retirement statuses for Black Americans. Feelings of life satisfaction may be high because of other factors in Black individuals' lives. Future research should examine other resources that may affect well-being and adjustment during the later working and retirement years. For example, social support from family, friends, and church members are resources that have been found to be associated with well-being for Black elderly in other studies (Antonucci & Jackson, 1987; Jackson et al., 1993).

In sum, throughout the life-course, Blacks are apt to experience more job transitions, lower levels of retirement benefits, and more health problems that restrict the ability to work. These pre-retirement circumstances can greatly affect the retirement status of Black elderly. More research should be devoted to the links between life-course work experiences and retirement status for Blacks in general, and particularly for various subgroups within the Black population. Our work suggests that the elderly, and older Black women in particular, need research and policy attention to ascertain how best to ease their transitions in and out of the work force during the Second and Third Ages of life.

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CHAPTER 4

Strategic Selection as a Retirement Project:

Will Americans Develop Hybrid Arrangements?

Phyllis Moen and Joyce Altobelli

Historically, retirement was an “event,” a one-time, one-way exit from the world of work to the golden years of full-time leisure. This definition is increasingly problematic, because many older workers retire from one job only to take on another, often well before age 65, or else move into a new career in unpaid civic engagement. Moreover, downsizing and early retirement packages, as well as (one’s own or older relatives’) health problems, mean that people today may find themselves retired well before they expected to be. In this chapter, we draw on a life-course, role-context perspective to consider retirement both as a collective social demarcation and as a biographical event in individual lives—an event that is now in flux at both societal and individual levels. We draw on research (our own and others) to propose that: 1) retirement planning, and indeed, retirement itself, is now what sociologist Andrew Cherlin (1978) describes as an incomplete institution, without routine scripts or timetables; and 2) older workers and their spouses engage in strategic role selections (Moen & Spencer, 2005), making decisions about when, whether, and how to retire from their career jobs and what they want to do “next.” Figuring out this new stage of life is (or will be) a major “project” for most Americans and for the nation. We propose the possibility of a hybrid model of retirement: opportunities for paid civic engagement as a workforce for change.

We make use of data from the Cornell Retirement and Well-Being Study to analyze the retirement “project” as it unfolds over time. This study involved interviewing (three times, 2 years apart) 762 men and women, employed (or retired from) one of six establishments, from 1994 to 2000 (who were ages 50–72 at the time of the first interview). We also interviewed their wives or husbands (see Appendix).

RETIREMENT AS AN INCOMPLETE INSTITUTION

Three things make something an institution: language that develops around it, taken-for-granted customs, and a body of rules and laws (Biggart & Beamish, 2003; Stryker, 1994). Our evidence suggests that all these are in play around retirement. It is increasingly a fuzzy transition; no longer a one-time, one-way, age-graded event (Kim & Moen, 2001b; Moen, 2001). And it most often occurs (at least for the first time!) now well before the customary age of 65. Cherlin (1982) wrote about remarriage as an emerging incomplete institution in the 1970s and ‘80s. Retirement, by contrast, represents a previously institutionalized arrangement that is losing its taken-for-granted aspects.

Consider the ambiguity of age-related demarcations and language. People in their 50s, 60s, and 70s are not “old,” but they are not “young” either, and “middle age” seems to start around age 35 (Lachman & James, 1997). We like the word *midcourse* to refer to those in and around the retirement years (ages roughly from 50 to 75), because they are midway, literally and figuratively, through their adult lives, somewhere between the career- and family-building years of early adulthood and the frailties commonly associated with old age (Moen, 2003, 2005).

We have found the language around retirement to be problematic for many people of a certain age. One person we interviewed, retired from his firm years ago but now re-employed by that same firm, has trouble filling out company forms; he does not know whether to call himself a retiree or employee. Some older workers who were laid off or downsized in the 2 years between interviews tell us that they are retired. When we probe for what happened, they often say that “retirement” is more socially acceptable than being unemployed and with no job prospects. Homemakers in our study also often call themselves retired once their husbands’ have left their career jobs, although many wives complain that they have more than ever to do with their husbands underfoot. Retirees who volunteer find no easy way of describing themselves.

A few men challenged our calling them retired. Whether they are working or not, many of the people in our study were adamant about not being “senior,”

“elder,” or “old,” categories they associate with retirement. Some 50-something workers told us they would never retire—that they will leave their jobs when they leave this world. Jackson, Brown, and Faison (this volume) describe various ways to think about retirement status, using objective measures (such as receipt of a pension), subjective measures (such as self-identifying as retired), or some combination of the two. Because we are interested in how people are adapting to the changes in the social organization of retirement, which is itself unraveling as a social institution, we consider individuals to be retired if at least one of three conditions is true: they are receiving a private pension, they are included on employers’ lists of retirees, or they are receiving Social Security.

Some of the retirees in our study called themselves half-retired or partially retired. We asked them to choose their ideal status: working, retired, or partially retired. About 60% of those who were retired and working ($N = 116$) reported that their ideal status was being partially retired. By contrast, those who aren’t employed after retirement for the most part don’t want to be “partially” anything: 75% of the retirees who were not working ($N = 387$) reported their ideal status as retired.

The fact is there exists no language for people who are retired from their career jobs but employed in a different job, working for themselves as consultants or contractors, or even sometimes doing the very same jobs they retired from! Neither is there adequate language to describe civically engaged retirees whose jobs, albeit unpaid, are possibly even more meaningful, useful, and fulfilling than those they retired from. How did we come by this ambiguity and uncertainty about retirement?

HISTORICAL CONTEXT: INSTITUTIONALIZATION AND DEINSTITUTIONALIZATION

Retirement became an institution—as a taken-for-granted, age-graded withdrawal from paid employment only about 50 years ago. It was shaped by: 1) technological shifts making older employees’ skills obsolete, 2) the Great Depression and the joblessness of Americans of all ages, and 3) the corresponding passage of the Social Security Act in 1935 as a way of easing the numbers of people competing for a limited number of jobs. Recall that a key ingredient in the creation (or dismantling) of institutions like retirement is legislation. Provision of Social Security benefits along with the development of employer-provided private pensions in the post-World War II economic boom offered the income security that enabled older Americans to retire from the workforce. Social Security also set the normative retirement age at 65. This brought

about an enormous transformation. In the early 1900s, about nearly two out of every three (65%) American men age 65 and older were still in the labor force; by 2000 less than one in five (17.8%) of this group were in the labor force (Costa, 1998; Purcell, 2000; Quadagno & Quinn, 1997).

But pensions and Social Security policies emerged in a time when the breadwinner/homemaker model of families and the career mystique requiring lifetime investment in paid work held full sway (Moen & Roehling, 2005). Consequently, policy makers and regulators tailored Social Security benefits for married couples, meaning, at the time, a breadwinner and a wife.

This normative life course—from education to employment to retirement (Kohli, 1986; Moen, 2003) became the taken-for-granted arrangement defining and defined by educational, occupational, and pension policies. It also provided a collective culture of age-graded expectations: education for the years of childhood and adolescence, employment as the principal adult role, retirement as effectively the transition to old age. The fact that nearly all women's lives, and many men's, were not so neatly ordered seemed beside the point.

Social forces—demographic, technological, economic, political, ideological—are now effectively *deinstitutionalizing* the lock-step retirement transition (Fullerton & Toossi, 2001; Guillemard & Van Gunsteren, 1991), making it much more ambiguous and uncertain. Americans now confront two disparate retirement scenarios. One is the lock-step arrangement embedded in established social and organizational policies and practices (Costa, 1998; Graebner, 1980) that is now being contested. The other is the making-it-up-as-we-go arrangement, with retirement as both process and project, involving a series of choices and changes occurring over a period of years.

Transformations in collective understandings about employment have occurred as a consequence of corporate restructuring and a global economy; Americans are witnessing jobs move off-shore in light of a global labor force of workers willing to work for very little pay and no benefits. The consequence for older American workers is that seniority no longer assures job security. This is echoed in the experiences of the people in our study. Mergers and downsizing have destroyed the traditional career patterns of many, making employment security, health insurance, and retirement timing increasingly uncertain.¹ Such job insecurity often precipitates early retirement. Figure 4.1 shows that older workers who thought it somewhat or very likely that they might lose their

¹ See Hardy, Hazelrigg, & Quadagno, 1996; Kotter, 1995; and Marshall, Heinz, Kruger, & Verma, 2001 for a discussion of changes in traditional career patterns and their consequences for retirement.

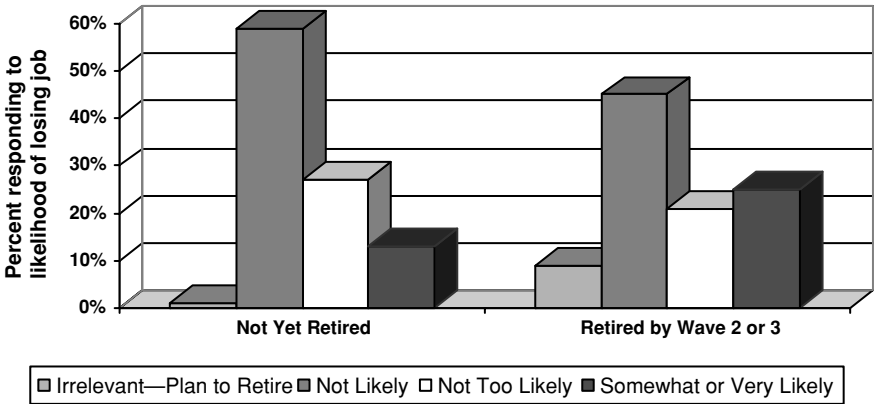


FIGURE 4.1 Older workers (50–75) who have high job insecurity are more likely to retire (or find themselves retired) within the next 4 years ($n = 250$, $p < .002$).

jobs when we first interviewed them were more likely to be retired 5 years later, compared with others in our sample having greater job security. This may result from employees acting preemptively and retiring before they are laid off. For many men in our study, generous retirement packages were strong incentives for early retirement. (One man we interviewed recalled that he had had only 24 hours to decide what to do.) Many of the women in these same firms were not even eligible for such packages, having far fewer years with the firm than did their male colleagues.

Note that these early retirement incentives and trends run counter to recent federal policies (prohibiting mandatory retirement and age discrimination as well as delaying the age of Social Security eligibility) that encourage continued full-time employment. Thus, different pieces of legislation create mixed messages, further advancing the deinstitutionalization of retirement.

Complicating retirement plans and passages even further are many of our respondents' perceptions (whether or not well founded) that Social Security will no longer provide a secure safety net. Many also worry about the viability of their companies' pension plans and health care benefits. These concerns reflect the shift from retirement as a taken-for-granted institutionalized passage to a "project," requiring workers and retirees to strategically select when they will retire, whether they will work for pay after retirement and at what kind of job, whether they will move or remain in their current home, and whether, in fact, they can even afford to retire.

People think about their own retirement projects based on the opportunities and risks they see on the horizon, but also based on a retirement mystique:

the collective vision Americans have of golden years, replete with golf, travel, rest, and relaxation. This myth of one's future is typically vague, and discussing it often makes people uneasy. Many, in fact, have no idea what they are going to do for the ensuing 10, 20, or 30 years beyond retirement from their career jobs. Although articles, books, and advertisements encourage Americans to engage in financial planning and investment, few messages encourage lifestyle- or value-based planning or thinking about what one will actually do or what one would actually want to do once retired from career jobs (Cutler, 1997).

Socially prescribed and legislated patterns of age-graded entry into or exit from particular life stages are one measure of the extent to which these stages have been institutionalized within society. Transitions that people take as givens, such as starting kindergarten or graduating from school, have established social guides for action or *scripts*. The demise of such scripts around retirement signals its movement from a complete to an incomplete institution. Given the climate of ambiguity and uncertainty around both career paths and retirement, we find many older workers and younger retirees trying to make strategic choices with no compass (Moen, Sweet, & Swisher, 2005; Szinovacz & DeViney, 2000).

STRATEGIC SELECTION: TIME, TIMING, AND PLANNING

We designed the Cornell Retirement and Well-Being Study with a life-course orientation (Elder, 1998; Moen, 2003; Mortimer & Shanahan, 2003; Shanahan, Hofer, & Miech, 2003), underscoring the multiple meanings of time. We have collective understandings of the passage of time and how this is associated with aging. But there are other temporal aspects of contemporary American culture.

Social Time

The first of these temporal aspects is *social time* (Neugarten & Hagestad, 1976), the commonly accepted clockwork of work, the assumption that security accrues with time on the job (seniority), and that there were "right" ages to retire (historically at age 65 or 62). But these timetables are now upended, with wide variation occurring in the ages at which people leave their career jobs. It is key that knowing whether a person is age 55, 60, 62, or 65 no longer signals their retirement status, and knowing whether they are retired or not no longer signals their employment status.

Related to the importance of the social meanings of time is the changing nature of the contemporary life course (Levy, 1996; Meyer, 1986; Moen & Roehling, 2005; Mortimer & Shanahan, 2003). Our own, as well as others'

research (Han & Moen, 1999; Henretta, 1994; O’Rand, 1996; Settersten, 1999), shows that Americans now follow no particular timetables as to when they make various transitions, such as completing schooling, moving into full-time work, marrying, and becoming parents. Thus, workers at the same chronological age can be at very different places in their lives. For example, we find that 50-something and 60-something parents who still have preschoolers at home (having become parents late in life) can’t really even imagine retiring, especially when they envision their children’s future college costs. Moreover, globalization is producing changes in both the social structure and culture of work, occupational careers, and retirement, replacing expected timetables around promotions and advancement with a climate of ambiguity and uncertainty for older workers, even those with a great deal of seniority.

Historical Time

The second temporal aspect of American culture is the clockwork of *historical time*, the distinctive experiences of people born at one point in history, compared with those of another cohort, born in very different times (Riley & Uhlenberg, 1996). We find that most contemporary workers cope with the uneven and even contradictory signals and circumstances around retirement by engaging in at least some planning for it (Moen, Huang, Plassmann, & Dentinger, 2006; Moen, et al., 2005).

This is important, because research shows that retirement planning and the circumstances under which people retire can make a significant difference in their subsequent economic and psychological well-being. (For a recent review, see Kim & Moen, 2002; regarding the idea that planning in general matters, see Lachman & Burack, 1993; Prenda & Lachman, 2001; Skinner, 1997 for discussion.)

Relevant to our argument that retirement is undergoing change as a social institution, we find evidence of differences between the two cohorts in our study—the World War II cohort and the pre-Baby Boom cohort—supporting the idea that retirement is being reinvented. But the ages at which people in our study begin retirement planning cover a much wider range than either the ages at which they expect to retire or the ages at which they actually do retire (Figure 4.2) (Han & Moen, 1999). Younger age-cohorts begin planning for retirement at earlier ages, even though many expect to actually retire later than was the case for older age-cohorts (see also Moen, Huang, et al., 2006).

Our evidence, along with the findings from other studies, shows that Americans tend to focus their energy on financial preparation for retirement (Kim & Moen, 2001a; Moen et al., 2006; Moen, Sweet, et al., 2005), giving little thought to how they will or want to live once they have retired from their

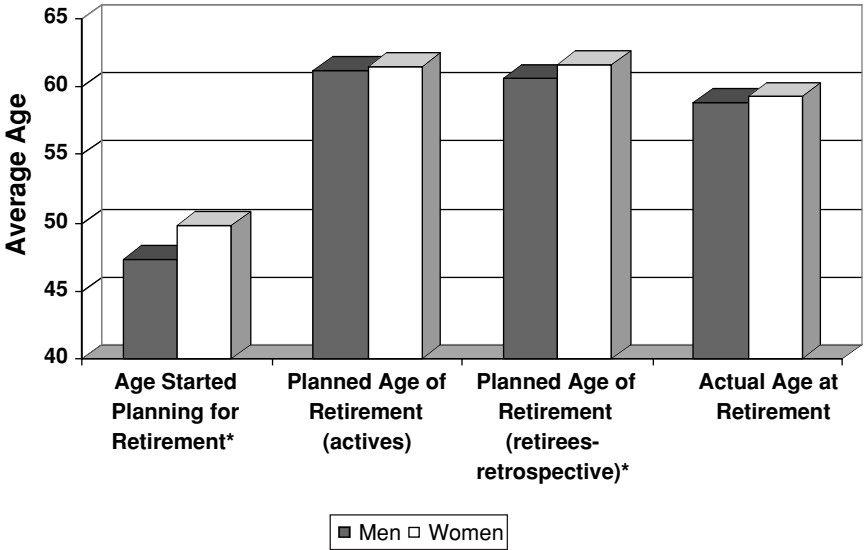


FIGURE 4.2 Average ages men ($n = 307$) and women ($n = 266$) start planning, plan to retire (for both those who are not yet retired and those already retired), and the age they actually retire (retirees only) (* $p < .05$).

career jobs. Our study participants report relatively high levels of financial planning. By the last interview, approximately three out of four (74%) of the not-yet-retired workers 55 or older in our study were doing “a lot” of financial planning. But beyond finances, far less preparation for the future occurs. The next highest percent of planning is from the 44% who are doing “a lot” to learn about health insurance options in retirement. Most (71%) recent retirees (those who retired between the second and third interviews) report doing a lot of financial planning just prior to their retirement. The type of planning activity reported second most often (62%) is discussing retirement with their spouses. Still, despite this emphasis on financial planning, a large percentage (37%) of all the people we interviewed said they should have done even more planning regarding their retirement income. This is especially pronounced among those in the younger cohorts.

Are older cohorts of retirees more satisfied with their prior planning because they planned better, or is it because they had different expectations and experiences compared to Baby Boomers and the pre-Baby Boom cohort born during the World War II years? Han and Moen (1999) find that the pre-Baby Boom group has been the cohort most likely to take (or have been pushed into taking) Early Retirement Incentive (ERI) packages, which may contribute

to their greater sense of being unprepared. At the same time, we find that the Baby Boomers and the pre-Baby Boom cohort have begun planning earlier in their lives than did older generations of retirees. The fact that many of those doing financial planning still feel unprepared once they retire points to how very much in flux this transition has become.

We find differences between cohorts in other areas of retirement planning as well: housing, postretirement employment, estate planning, leisure activities, and family needs and changes. Older cohorts are likely to feel they did enough planning in all these areas, whereas younger cohorts of retirees feel they should have done more. This suggests an important area for further study. Of what kinds of planning do people think they should have done more? Is it that they do not have enough income once they retire? Or, once retired, do they recognize more effective ways in which they could have set up their retirement savings or investments? How much of the feeling of being unprepared is due to unanticipated needs, and how much is due to control over the timing of retirement? How much reflects the absence of much thinking, at individual and community levels, of what constitutes the next chapter in peoples' lives, once they stop working full time and continuously at their career jobs?

Biographical Time

The third temporal dimension is *biographical pacing*, the cumulative content, order, and timing of personal experiences over individuals' life courses (Han & Moen 1999). Evidence from the Cornell Retirement and Well-Being Study shows that continuous full-time employment throughout prime adulthood is associated greater satisfaction with retirement (Quick & Moen, 1998). Disruptions in the career path, such as periods of unemployment, are associated with lower overall planning for retirement and a later retirement age, particularly for men (Quick & Moen, 1998; Szinovacz & DeViney, 2000).

We also find, as do Ekerdt, Kosloski, and DeViney (2000), that people plan more as they approach the traditional retirement age, and they tend to think and talk about retirement more as it looms closer on the horizon. As retirement nears, the men and women we interviewed increase in particular their financial planning, along with planning around health insurance and future health care needs. Thus, an age effect is apparent in planning, with workers increasing their planning as they move closer to retirement.

Retirement planning itself has implications for subsequent life quality. Our evidence (Moen, 1996a, 1996b; Moen, Fields, Meador, & Rosenblatt, 2000; Moen, Fields, Quick, & Hofmeister 2000; Quick & Moen, 1998) shows that planning is important, as is maintaining an active lifestyle, not only for

physical health, but also to sustain social integration, psychological health, and a sense of purpose.

Those who plan tend to better adjust to retirement, have more positive attitudes toward retirement, and experience greater life satisfaction and well-being in retirement. Evidence suggests that taking an active role in retirement planning—beyond attending seminars—may provide the greatest benefit, both immediate and long-term (for review, see Kim & Moen, 2001a). Planning is a way to have control over uncertain and ambiguous futures (MacEwan, Barling, Kelloway, & Higginbottom, 1995; Pearlin, Menaghan, Lieberman, & Mullan, 1981; Prenda & Lachman, 2001; Rodin, 1990).

WOMEN'S AND MEN'S STRATEGIC SELECTIONS

For the first time in history women, even and especially married women, are retiring in significant numbers. This is a remarkable transformation in career/retirement clockworks that had been designed for men's, not women's, life paths. Unlike men, women rarely have experience with retirement; their mothers, for example, may have been in the workforce, but in a series of unrelated jobs that never culminated in pensions, much less a formal retirement. The growing number of women in the workforce is thus a key trend contributing to the theory of retirement as an incomplete institution, a project requiring strategic selection (Figure 4.3).

We find differences between men and women not only in the amount of planning (with men tending to be more likely to plan, and to plan more), but also in the areas women and men tend to focus on when strategizing about their retirement. Figure 4.4 indicates the average scores for men and women in these different areas of retirement planning.² Men tend to focus more on financial planning, to think about retirement planning more, and to talk with coworkers more than do women. Women tend to plan more for health care needs than do men.

For the first time in history, most couples are now experiencing two retirements, his and hers (Han & Moen, 2001; Moen, Huang, et al., 2005). Retirement planning is becoming an interdependent process (Henkens, 1999; Moen, Kim, & Hofmeister, 2001; Smith & Moen, 1998, 2004). We find that many couples aim for each spouse to retire at roughly the same time

² The areas are: prepared financially (a three-item scale); learned about health insurance options; developed hobbies and interests; considered housing alternatives; planned for health care needs; discussed retirement with spouse or partner; discussed retirement with friend and/or coworkers.

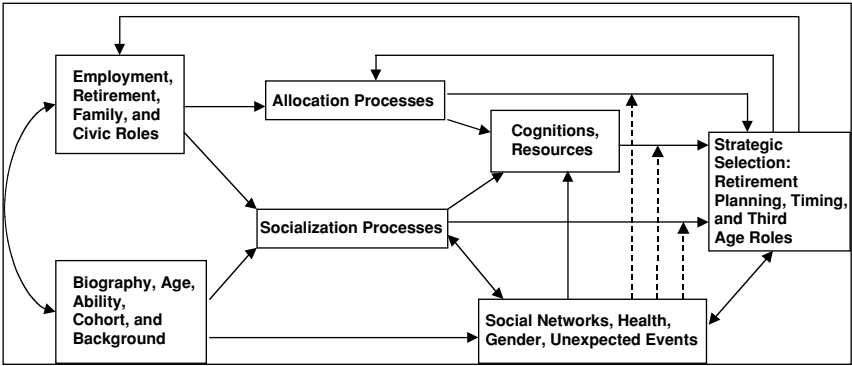


FIGURE 4.3 The process of strategic selection in the Third Age: Planning, timing, and living retirement (derived from Moen & Sweet 2004).

(Henretta, O’Rand, & Chan, 1993; Moen, Huang, et al., 2005; O’Rand, Henretta, & Krecker, 1992). The more closely the retirement timing coincides for both partners, the greater the satisfaction around the time of the transition. Our evidence shows that women tend to mold their retirement plans to their partners’ planning (Moen, Huang, et al., 2005). The men in our study are more likely to retire because they did not like their work, or else because their job

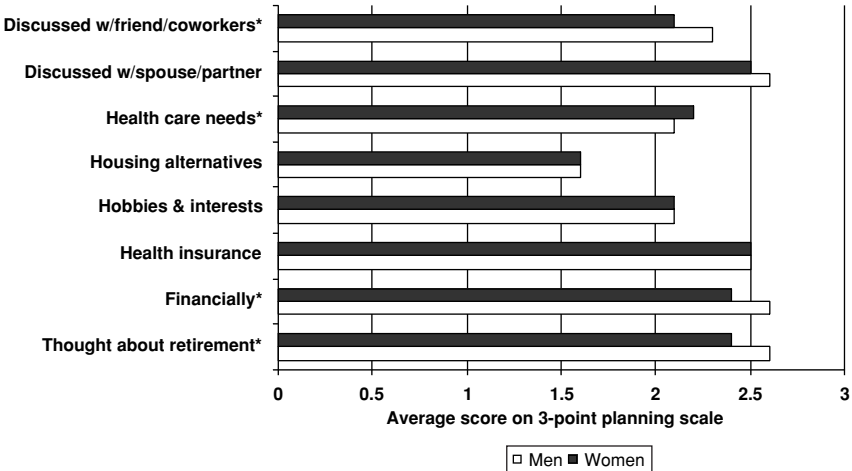


FIGURE 4.4 Men’s ($n = 244$) and women’s ($n = 213$) average scores on retirement planning (1 = no planning at all, 2 = some planning, 3 = a lot of planning) for different areas of retirement (* $p < .05$).

ended. The women, on the other hand, were more likely to retire because their spouse had already done so.

Research also suggests that gender norms complicate the relationship between caregiving responsibilities and the timing of retirement. Family obligations—such as having children or care-giving responsibilities for relatives or partners—tend to lower financial preparedness and delay the age of expected retirement (Henkens, 1999; Szinovacz, DeViney, & Davey, 2001). Evidence from the Cornell Retirement and Well-Being Study shows that wives caring for ailing spouses are more apt to retire to do this care work, whereas husbands caring for their wives tend to delay their retirement and possibly hire others to provide the needed care (Dentinger & Clarkberg, 2002).

THE NEW FACE OF LIFE AFTER RETIREMENT

Given the twin forces of earlier retirements and increased health and longevity, people may spend more years retired from their career jobs than they spent working in them. The age-bonus of the longevity revolution offers tremendous possibilities for “second acts” for those in or approaching retirement. We focus on two types of second acts: (re)employment and civic engagement, as well as the possibilities of hybrid arrangements.

Second Acts of Paid Work

Most Americans tend to assume retired means no longer working for pay, but the transition is not always so abrupt. Even as early as the 1970s, some workers were *bridging* into retirement through new jobs that were of short (less than 10 years) duration and not always full time (Ruhm, 1990). Evidence from the 1990s suggests that this phenomenon of easing out of career employment is becoming even more widespread, providing a path to eventual complete retirement taken by 30% to 40% of men and women aged 55–69 (Quinn, 2000). In our study, we find that some workers phase-out of their career jobs by shifting down to fewer hours, fewer demands. Others look for second acts in entirely different occupations, effectively reinventing themselves. Still others take on jobs just for something to do. One retired engineer we interviewed went to work at a car wash three days a week, describing this work as a “no brainer,” which is exactly what he wants as a welcome change from the demands and strains of the job he retired from. Older workers and retirees we interviewed often voice a desire for employment that is part-time and flexible, but don’t know how to find these jobs. Others would like to do good work to continue to work, but in jobs that make a difference in their communities (Moen & Roehling, 2005).

Given that the old norms associated with going from continuous full time work to continuous full time leisure are fading, most people we interviewed are trying to customize their retirements. Those both retired from one job and employed in another give a range of reasons for their postretirement employment. Men are more likely than women to say they are working because they have free time they need or want to fill. Some men also work because they took advantage of a retirement package that was offered and yet they are not ready to completely stop working altogether. Others say they do so out of financial need.

Different age-cohorts in our study differ in their reasons for working for pay after retirement. Members of our sample who are between ages 54 and 64 are more likely to be working for income or health insurance, or else because they retired early to get a retirement package and still want to work. The older group (those 65–76) is more likely to be working to maintain social contacts. In fact, interactions with their coworkers is what our respondents miss most about their old career jobs.

Second Acts of Civic Engagement

Working for pay, of course, is not the only way to have a second act. Many find routine, meaning, and purpose by engaging in various forms of unpaid civic engagement (Freedman, 2000; Musick, Herzog, & House, 1999). In fact, Omoto and Aldrich (in this volume) found that the retirees in their study experience psychological and physical health benefits from one form of volunteering: providing emotional support to other elders living in continuing care retirement communities. In the Cornell Retirement and Well-Being Study, we find that civic engagement is far more than simply keeping busy. Although informal volunteering and membership in social clubs don't appear to have salutary benefits for the retirees in our study, both formal participation (volunteering for an organization) and paid employment predict higher levels of psychological well-being (Moen & Fields, 2002). We found this to be either/or, not both. Either working for pay or engaging in civic participation is positively related to a variety of measures of well-being. Unfortunately, half (52%) of the retirees we interviewed were neither working for pay nor formally volunteering, rendering them vulnerable to social isolation in retirement.

Although there has been much talk about civic engagement of “the greatest generation” of Americans (the cohort who served in or came to adulthood during World War II), we have suggestive evidence that civic engagement may be related to having the *time* to devote to community service. In our sample, people who retired in the 2 years between interviews (the newly retired) tended

to increase their volunteer³ activities once they were retired, with their time in service activities moving up to the level of volunteering performed by longer-term retirees at the first and second surveys. This is true for both formal (for a specific organization) and informal (helping out friends or neighbors) forms of volunteering.

Although we find no significant differences between men and women in volunteering activities, significant changes occurred between surveys. Long-term retirees (who are generally older) tend to increase their volunteer activities over time. This is important, since civic engagement is one activity that need not decline with age.

Looking at whether some people consistently engage in community service or whether such formal volunteering is episodic, we find evidence for both. Specifically, about three in ten people in our study (27%) were participating in some form of civic engagement at each of the three times we interviewed them, whereas almost four in ten (37%) did no volunteering over the 5 years of the study. About the same proportion (37%) were engaged in unpaid civic work during at least one, but not all three, of the interviews over 5 years. Looking at participation over time illustrates just how much Americans in their 50s, 60s, and 70s are civically engaged; almost two-thirds of our sample report doing some formal but unpaid community service over the 5 years of the study.

Another measure of investment in civic engagement is the amount of time people devote to it. Grafova, McGonagle, and Stafford (in this volume) found that the amount of time spent volunteering generally increases with age. Our evidence suggests that the amount of time spent volunteering varies by retirement status, as well as by change in that status. By the time of the last interview, we find that about half of older workers who have not yet retired spend less than 10 hours per month in volunteer activities, whereas about three in ten spend between 10 and 19 hours per month. The average amount of time spent volunteering by these older workers who have not yet retired but nevertheless engage in volunteer work is 11.8 hours per month.

Contrast this with the time investments of the people in our study who have retired by the third survey and who do at least some volunteering; retirees volunteer on average about 19.2 hours per month, with almost four in ten (37%) putting in more than 20 hours a month in unpaid civic service.

³ In the surveys, we asked respondents about any volunteer activities—these included both formal and informal activities, and the study defined volunteering very generally, as any unpaid activity the respondent identifies as volunteering.

Hybrid Second Acts

Given the absence of taken-for-granted pathways through retirement, the odds are that Americans will develop a number of options, creating some combination of retirement as leisure and as opportunity for engagement. Or, retirees may select one pathway for a while, then move to something else. Most older workers in our study wanted retirement to be a time out, a way of getting out from under the time demands and pressures of their career jobs. But among those retired for longer periods, we found a desire for connection and purpose, even though most reported being busy with family and hobbies. Many would like some paid work, in addition to their leisure; but finding that kind of flexible, reduced work was the challenge.

People work or want to work in retirement for more than income. Many want the identity, daily routine, and social connections jobs provide. And many of the retirees we studied want to do something that gives purpose and meaning to their lives, that makes a difference, that provides a way of giving back (Freedman & Moen, 2005). This suggests the potential for actual second careers in jobs that help others and that provide a mechanism for doing good work. This hybrid arrangement offering flexible, reduced hours, and opportunities for paid civic engagement may mean returning to school for certification or training as a way of taking on another career. Doing part time, part year, or temporary service work in the Third Age of life could provide retirees with the health care benefits or income they need while simultaneously offering a chance for personal and community renewal. Few such hybrid options exist. Will the next generation of older workers demand this hybrid arrangement? Will communities and service organizations create new ways to work and serve? Our bet is that this may well be the next iteration in the reconstructing of retirement for the twenty-first century. A number of hybrid arrangements are likely to emerge as the Baby Boom cohort moves into retirement. Ways are needed to widen the circle of opportunity for older workers and retirees, to permit them to select among various ways of combining leisure while remaining productively engaged.

CONCLUSION

Medical advances and lifestyle changes (such as less smoking) are prolonging both health and longevity, offering the possibilities for second acts in retirement, even as the large Baby Boom cohort of 77 million Americans moves toward the traditional retirement years. Because retirement is no longer a taken-for-granted, standardized event, it has become a project for older workers to

plan for and construct, even as policy makers come to terms with the need to rethink and reframe this part of the life course.

Although most older workers now engage in at least some financial planning, we find that people plan little for health care needs and other quality-of-life issues such as housing and leisure, much less for what they want to do as a second act, whether that be in employment, education, hobbies, or civic engagement. Retirement constitutes a key turning point in both individual biographies and the social organization of the life course, rendering plans and expectations around this transition important and consequential for individuals and families, but also for society at large. In particular, the desire by many for meaningful work suggests the opportunity of older workers and retirees becoming a workforce for change (Freedman, 2000; Freedman & Moen, 2005). Uncertain and insecure health benefits and pensions in the United States underscore the importance of continued employment in some form for many.

The growing numbers of adults in Europe and North America who are unemployed, retired, or else not part of the labor force suggest that employment as the central integrative role in society may become another incomplete institution. Globalized, neo-liberal markets and aging populations are wreaking havoc on welfare states, as are the increasingly fast-paced changes in production and technology (alone and in combination with this globalization), combining to create a climate of uncertainty around employment in many industrialized countries (Davey, 2002; Machado & Vilroxx, 2001). In the context of these dynamics, the primacy of full-time, continuous paid work at career jobs as the basis for both the political and social inclusion of people as citizens and community members is being called into question (Machado & Vilroxx, 2001). New efforts are being made to reconstruct retirement policy and the social institution of retirement in a way that is mindful of these dynamics and also of the values of inclusion, equity, and justice for people of all ages and stages (Brozowski, 2002; Davey, 2002; Myles, 2002). Inventing new ways of making a difference and giving back fit well with both individual desires for meaning in this new life stage and community needs for a workforce for change.

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APPENDIX

The analysis presented here is based on data collected in all three waves of the Cornell Retirement and Well-Being Study (CRWB). The study, conducted every 2 years in three waves between 1994 and 2000, surveyed older workers and retirees from manufacturing and service companies in upstate New York. Although these companies number among the most financially successful companies (two were Fortune 500 firms), they also exemplified the restructuring and downsizing phenomena that is characteristic of the 1980s and 1990s. Consequently, these employees have likely been exposed to both the best employment environments and the most drastic changes in those environments.

In the first wave of the study, 1,206 men and women were randomly selected from employer lists; of these, 63% (762) participated and completed the first interview (1994–1995). The subsequent two waves of data collection occurred in 1996–1997 (94% of the original sample participated), and in 1998–1999 (91% of the original sample). (For more information about the study and sample, see Han & Moen, 1999; Moen & Fields, 2002; Moen et al., 2000a; 2000b; Kim & Moen, 2002.) In this study, an individual is considered retired if he or she is receiving a private pension, is included on employer(s) lists of retirees, or is receiving Social Security.

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Late Middle Age:

Transition to the Third Age

Ravenna Helson and Rebecca A. Cate

“The crown of life, . . . the time of personal self-realization and fulfillment, comes after our children have left us and after we have given up our jobs so as to enter what is now to be called the Third Age” writes Peter Laslett (1991, p. vii), a pioneer prophet of the new opportunities made possible by increases in health and longevity. Given peace and prosperity, is this a vision to be taken seriously? Some authors emphasize a degree of consistency (McCrae & Costa, 2003) or continuity (Atchley, 1999) in personality that would preclude major personality change in large numbers of people. Others conceive differently the situation produced by increased vigor in later life, looking at how people can be helped to maintain a sense of involvement in society after retirement, and whether volunteer work provides this to people who need it (Moen & Fields, 2002).

No one suggests that development changes radically at age 65, and information is needed about what people are like before the Third Age begins. This chapter looks at a sample of women in their early 60s, a period of transition for many people between peak social responsibility and an exit from center stage. The women in our sample are all graduates of a private women’s college and long-term participants in a longitudinal study. Most of them are not wealthy but, because of their education and background, they are better able than the average person to do what they want to do. They are also quite diverse in personality. For these reasons, it should be instructive to look for the roots of a third stage that may be developing in their lives.

After a brief description of the study and of the women's lives at age 61, we consider several ways in which their personalities and lives have changed over middle age and how these normative changes may affect their prospects in the third stage of life. Then we focus on the women's attitudes toward work and retirement as indicators of transition to the Third Age. General trends are of interest, but so are individual differences. For example, Laslett (1991) thought that artists and intellectuals would be less affected by new possibilities for a Third Age of life than other people, because they use their work for self-development all along. We show that differences in personality in early middle age predict both the nature of work at age 52 and, at age 61 the groundwork being laid for the Third Age.

THE SAMPLE

Design of Study

The sample consists of 123 women who provided personality inventories and life data as graduating seniors at Mills College in Oakland, California, in 1958 or 1960, and later agreed to participate further in a longitudinal study. The numbers of participants were 98 at age 27 (1963–1964), 108 at age 43 (1981), 105 at age 52 (1989), and 113 at age 61 (1998–1999). The sample is largely White and Protestant, as was the student body when the study began. Most of the women's fathers were in business or professions, and most of their mothers were housewives. The most distinctive common feature of the women's histories was that they started adulthood in the late 1950s with conservative gender-role assumptions and then experienced the large changes in gender roles that took place during the late 1960s and the 1970s. More detailed information about the sample may be found in subsequent sections of this chapter and in Helson and Kwan (2000) or Helson and Soto (2005).

The Sample at Age 61

Of 113 women who provided data at age 61, 70% lived in a stable couple relationship. Most women had been in the labor force, and of these, about half were now either retired or expected to retire within the next few years. Self-reported health was rated 4.1 on a 5-point scale, which was relatively high although significantly lower than at age 52, when the mean rating was 4.4. Since the age-52 follow-up the number of living mothers of the Mills women had dropped from 59% to 38%, and the number of fathers from 27% to 16%; by age 61, 72% of the women had been engaged in at least some care for ill or dying parents. On the other hand, couple relationships were

described as happier than they had been at age 43, their adult children were now independent and newly interesting people, and 43% of the women had grandchildren. Thus, the sample at age 61 consisted of primarily healthy and well-adjusted women at a time when experiences or expectations of life-style transition, aging, death, and their own fruition were all salient.

PERSONALITY CHANGE OVER MIDDLE AGE

Analyses of personality change in the Mills women from age 27 through ages 43, 52, and 61 show several trends that may be relevant to the shaping of their Third Age. Except as indicated, the findings in this section are taken from Helson and Soto (2005).

Adjusting for Change in the Nature and Status of Roles

Some personality change from young adulthood through middle age may be related to the fact that most people have to learn to cope with multiple commitments as spouses, workers, and parents and with the demands of increasing status in their jobs or community. Many women in the Mills sample entered the labor force or took on more responsibility in work during their 30s, as their children got older and then later as children left home. They needed to schedule their lives and to develop social assurance and objective, more impersonal attitudes appropriate to the work world. These skills are often hard to learn and may conflict with other values until they are integrated. However, it is this social harness that Laslett believes constricts most people. He thinks it can be taken off in the new Third Age of life, and, in fact, must be taken off if most people are to develop their individual potential.

Helson and Soto (2005) used scales from the California Psychological Inventory (CPI) (Gough & Bradley, 1996) to show that the sample did increase in achievement-oriented mentality from young adulthood (age 27) to early midlife (age 43) and then relaxed as they entered late midlife (age 61). For example, on the Dominance scale, a measure of confidence, competence, and task-orientation, scores increased from age 27 to age 43, then decreased from age 43 to age 61. The same pattern was found for Achievement via Conformance, a measure of the ability to do well in conventional settings and to accept rules and routines. Scores on Flexibility decreased from age 27 to age 52, and then increased from age 52 to age 61 as responsibilities lessened.

From Identity and Status Concerns to Coping With Loss

Many adult developmentalists (Kuhlen, 1968) have suggested that, early in adulthood, people are motivated by expansionist motives, such as achievement

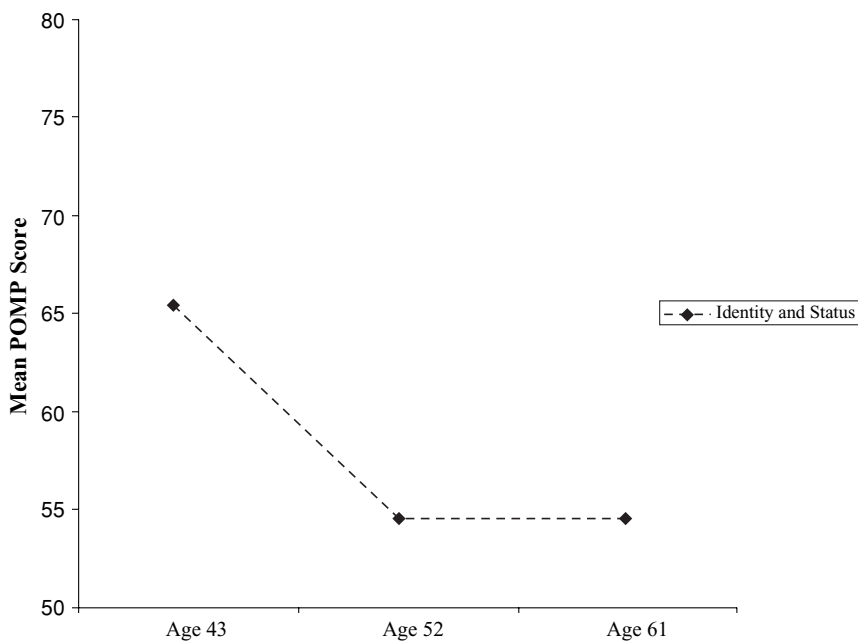


FIGURE 5.1 Change in identity and achievement concerns between age 43 and age 61. POMP = Percent of maximum possible score. (Cohen, Cohen, Aiken, & West, 1999)

or personal growth, but that later in adulthood more concern grows for security and coping with loss—loss of vitality and physical attractiveness, the emptying of the nest, loss of further opportunities in one’s work, loss of parents. Between early and late adulthood, concerns with maintenance functions, such as work responsibilities, may be more in evidence than are either expansionist or security concerns (Staudinger & Bluck, 2001). In the Mills Study, the women rated their “feelings about life” at each of the follow-ups in middle age, and these data were used to study change in life concerns. Figure 5.1 shows that, at age 43, they rated items about identity and achievement concerns much higher than they did at 52 or 61, confirming the expected decrease in expansionist motives of early adulthood. Figure 5.2 shows that, at age 52, they rated items about investment in relationships and items about inner life as less salient than they did at either age 43 or 61, presumably because their children had left home, they were not yet grandmothers, and they were busy with work responsibilities.¹ Figure 5.3 shows that, at age 61, they rated items about awareness of aging

¹ In Figures 5.2 and 5.3, the reader should note the temporal pattern in endorsement of each set of items, not the level of endorsement of one set of items as compared to another.

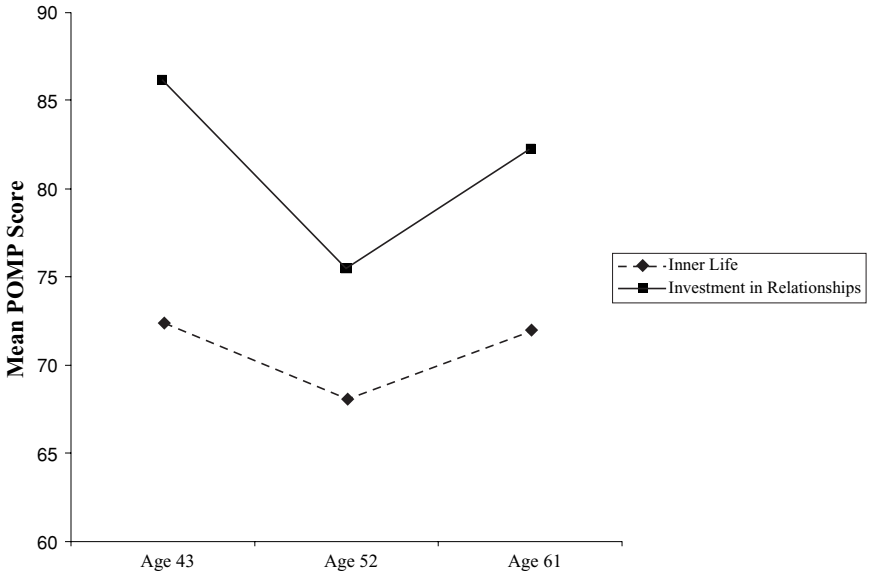


FIGURE 5.2 Change in investment in relationships and inner life between age 43 and age 61. POMP = Percent of maximum possible score.

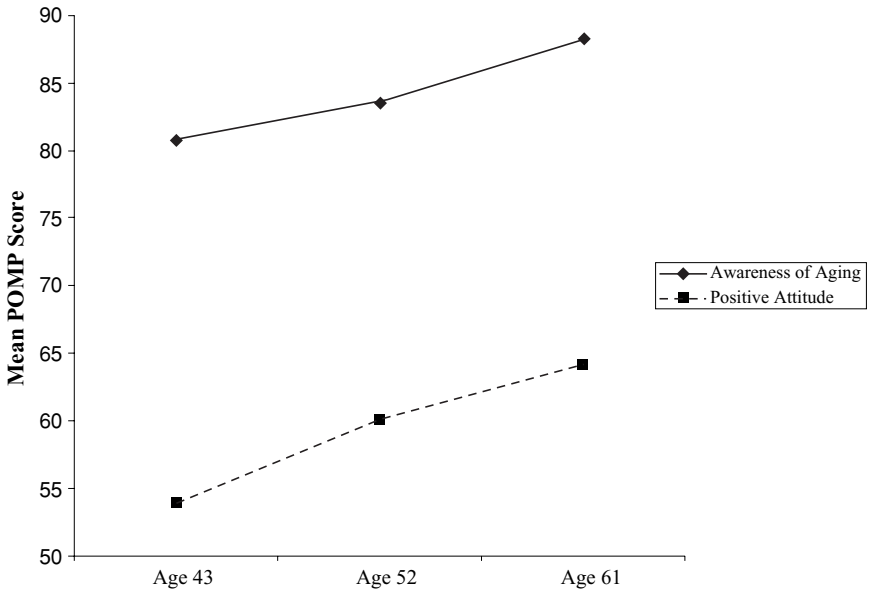


FIGURE 5.3 Change in awareness of aging and positive attitude between age 43 and age 61. POMP = Percent of maximum possible score.

and death somewhat higher than at 52 and much higher than at 43, and that a similar pattern was found for expressions of positive attitude, such as "My life is going well." This combination of positive attitude with acknowledgment of aging and death suggests that, as the women grew older, they increasingly needed to manage awareness of loss. Using retrospective data across gender and social class, Miner-Rubino, Winter, and Stewart (2004) found increases in awareness of aging and generativity that might be interpreted similarly. We will consider later how the management of loss may relate to self-development as an ideal for the third stage of life.

Affect Optimization and Affect Complexity

Studies of personality change in adulthood find very commonly that people increase in the ability to control their impulses and to regulate their emotions to avoid negative feelings and to feel positive towards others and themselves (see review in Helson, Soto, & Cate, 2006; Roberts, Robins, Caspi, & Trzesniewski, 2003). Clear evidence of this existed in the Mills Study. Negative emotionality (e.g., depression, anxiety) decreased linearly, and positive emotionality (e.g., engagement in life) increased linearly from ages 27 to 61. As people become less negative and more pleasant with each other, one might expect relationships to improve. The Mills women rated their marital satisfaction higher at age 61 than at age 43, as mentioned earlier, and they also rated higher their satisfaction with members of their social network.

According to Labouvie-Vief (Labouvie-Vief & Marquez, 2004; Labouvie-Vief & Medler, 2002) two kinds of emotion regulation occur. *Affect optimization* is her term for techniques that work toward reducing negative affect and maintaining positive affect, as we discussed. The other form of emotion regulation is *affect complexity*, in which both negative and positive affect are experienced in the interests of objectivity and more differentiated response. The ability to tolerate ambiguity, for example, would involve affect complexity. Labouvie-Vief believes that affect optimization increases over adulthood until old age, as we found in the Mills Study participants from ages 27 to 61, but that affect complexity reaches a peak in middle age and then declines. This idea is also supported in the Mills data (Helson & Soto, 2005): Women showed their highest scores on Tolerance of Ambiguity and other measures of affect complexity at age 52 and then declined significantly from ages 52 to 61. Labouvie-Vief believes that affect optimization and affect complexity work best together, but that older people tend to rely increasingly on the former, especially under stress, because it works well much of the time and requires fewer cognitive resources. However, the change may be in part motivational. If people attribute more importance to emotional goals and less to information as they age

(Carstensen, 1995), this shift in interest pattern may help to explain the increasing use of affect optimization and the decreasing use of affect complexity in late middle age.

Generality Within and Across Samples

Helson and Soto (2005) did numerous analyses to find whether the changes on 12 inventory scales over 4 times of testing in the Mills sample were attributable to factors such as status level in work, retirement status, cognitive functioning, health, and whether a woman had children. Although women tended to change in similar ways, expectable differences occurred. For example, women who had much investment in work at age 52 showed more decrease in Dominance and more increase in Flexibility from ages 52 to 61 than did women who had little investment in work at age 52.

Personality change over middle age in the Mills sample is quite similar to that reported in a study by Cramer (2003) for the participants in the Institute of Human Development (IHD) longitudinal sample, especially the women. However, the extent of generality with other samples should not be exaggerated. For example, the literature shows that findings about change in positive emotionality are varied, and a study of the Mills women's husbands at average ages 32 and 55 found that they decreased in negative emotionality as their wives did, but did not increase in positive emotionality, perhaps due to gender differences in career trajectories (Helson & Klohnen, 1998).

Adult Development

Why might people "develop" over the course of their adulthood, in the sense of becoming better, wiser, or more individuated? Staudinger, Marsiske, and Baltes (1995) suggested that Erikson's (1964) generativity and integrity and other concepts of adult development can be understood as strategies for managing loss. Perhaps they mean that, by caring for younger people, the aging person manages potential loss of self by extending the self into the future. Accepting one's life, as is characteristic of an individual with integrity, protects one from bitterness over lost possibilities. Thus, because of their increasing level of loss, people in late middle age and early old age may be particularly motivated for self-development. Further, the fact that positive attitude increases in spite of loss suggests that some forms of affect optimization may signify successful control of loss and perhaps also contribute to that control.

Whether people become more generative or wiser with age is a controversial question. Such complex developmental constructs are understood and assessed in a variety of ways. Preliminary findings based on tools available in the Mills Study indicate that the sample did become wiser, more generative,

and more fully integrated between ages 43 and 61. Our observer Q-sort measures of generativity and integration, available at ages 43 and 61, show significant increases across this age period. On our self-report measure of good judgment in everyday life (Wink & Helson, 1997), scores increased from 43 to 52, then stayed about the same from 52 to 61. Interestingly, increase in positive emotionality was significantly correlated with increase both in generativity and Practical Wisdom between ages 43 and 61. Decrease in negative emotionality, however, showed no relationship to change in either generativity or Practical Wisdom. These relationships need further study, but suggest that increases in generativity and wisdom come about in the context not of reduced anxiety and fear but of increased affirmation.

LAYING THE BASIS FOR THE THIRD AGE

Although not yet in the Third Age of life, the members of our sample were deliberately or not deliberately preparing for it. Let us study these preparations in the women's attitudes toward work and retirement.

Work at Age 61

Most of the women who were working at least 10 hours a week at age 43 were still in the labor force at age 61. They worked an average of 36 hours a week. Although most participants rated their work satisfaction high on questionnaires, reasons for dissatisfaction came out in the interviews. Of 105 women who were asked about their current or most recent job, 78 said there were other things they would like to be doing, 46 that they would like to reduce their work load, 35 said work was too stressful or physically demanding, 29 did not like their present work responsibilities, 20 did not like their supervisor or the hierarchy at work, 19 wanted more control or freedom in work, 12 found work less satisfying than it used to be, 11 felt they would not be a candidate for further promotion, 6 were afraid of losing their jobs due to a merger or closure, and several mentioned heavy demands on their time besides work. Asked about their most valued accomplishment, 41 of 76 women with children first mentioned their children, and an additional 12 mentioned their children at some point in their answer, even though this question was asked in the work section of the interview.

When gender roles changed in the 1960s and 1970s, this sample rose to the challenge of finding places for themselves in the occupational world. It appears, however, that the conditions of work life were not such as to make most of these 61-year-old women want to continue it much longer without

modification and that many who had not yet retired were preparing themselves for the end of their work lives.

Attitudes Toward Retirement

Most of the 112 women (78%) indicated on a questionnaire that they anticipated retirement with pleasure (or had done so before they retired). The women rated a set of items as describing the way they envisioned retirement: Items endorsed by more than 80% included “a time to enjoy life,” “a time to do things you haven’t done before,” and “a time to do what you want.” Between 50% and 75% saw retirement as “a time for family and friends,” “a time to develop one’s inner life,” and “a time to help others.” A minority of the sample saw retirement as a time of economic worries (25%), feeling less needed (17%), feeling out of things (13%), experiencing reduced contacts or loneliness (5%), and experiencing boredom and stagnation (4%).

The Timing of Retirement

Studies have found that many factors affect the timing of retirement: income, health, energy, what one’s partner is doing, how much one likes one’s work. Helson and Cate (2004) studied this topic in the Mills sample. At age 61, one-third of the women had already retired but another third expected to work as long as they could. Energy level and what partners were doing were significant contributors to women’s actual or expected date of retirement. Women who rated their energy high and those whose partners were continuing to work expected to work longer. (See discussion of couple strategies in the chapter by Moen.) However, the strongest predictor of the timing of retirement was whether the women worked for themselves or for other people. People classified as working for themselves included artists, psychotherapists, consultants, entrepreneurs, and salaried people expected to create their own agenda (e.g., researchers, university professors). Those classified as working for others were employees of private and public organizations. People who worked for themselves usually wanted to continue working; those who worked for others usually had retired or expected to retire in the next few years.

Several reasons explain the relationship between the nature of work and how long the woman wanted to continue working. In other studies (e.g., Pienta & Hayward, 2002) as in ours, people who are self-employed like the autonomy. They don’t feel forced to retire, as people in large organizations sometimes do. But they also complain about lack of money and benefits. In other words, they enjoy their work but often need to continue it for financial reasons as well as for self-gratification. Self-employment is becoming increasingly common in older people. A national study showed that, from 1994

to 2002, increasing proportions of workers over age 50 were self-employed, in contrast to decreasing proportions of all workers. A peak number of 24% of working women were self-employed at age 66; the peak for men was 38% at age 65 (Greene, 2004).

Laslett thought that possibilities for self-development in the Third Age would be less of a change for artists and intellectuals who were already using their work for self-development. If so, one might expect that artists and intellectuals would retire later than other people, preferring to continue in their self-expressive work. What we found, however, was that artists and intellectuals in the Mills sample did not differ significantly from other women in how soon they retired or wanted to retire. Why not? Some didn't have a choice in when they would retire. For example, the problems of aging actresses are well known. Some who were hired by others looked forward to retirement, when they could use their talents in their own way. Even those with their own agendas had to spend time in seeing clients, teaching classes, keeping books, or administration; they sometimes wanted to retire to end these duties. And although many artists and intellectuals were strongly motivated to keep working, they were not unique in this respect: Women who were not artists or intellectuals often had very strong investment in their businesses or enterprises.

INDIVIDUAL DIFFERENCES IN TRAJECTORIES OF DEVELOPMENT

General statements about the sample as a whole obscure the existence of subgroups that differ from each other. We have already reported that people in different kinds of work want to retire at different ages. But behind the kind of work the individual has chosen lies personality characteristics, which tend to be enduring. These long-lasting personality patterns suggest that development in the Third Age of life may be different for people with different developmental trajectories.

Two Dimensions of Identity

A framework for identifying individual differences in abilities and values is afforded by two basic dimensions of ego identity: integration versus diffusion and self versus other orientation.²The integration versus diffusion dimension

² These dimensions are derived from Marcia's (1966) ego identity constructs, based on Erikson (1964). They are also related to Block's (2002) constructs of ego resilience and ego control. The self versus other dimension is related to constructs of Blatt and Shichman (1983), Kohut (1971), and others (see Wink, 1991), and to a major dimension in values (Schwartz, 1992).

of identity describes how clear the hierarchy of a person's goals is, the energy and thoughtfulness with which she can pursue them, and how flexibly she can modify her goals under situational contingencies. The integrated person can usually make a relative success of things, whereas the effectiveness of the diffuse person is reduced by anxiety, conflict, depression, lack of clarity, and indecisiveness.

The second dimension, which contrasts self versus other orientation, describes whether a person defines herself primarily in terms of her self-expressiveness and adherence to personal values or in terms of her relations to others and to societal values such as loyalty, reliability, a good marriage, children, and making a good living. Although integration is usually positive and clearly preferable to diffusion as a stable aspect of personality, self-oriented and other-oriented identities are both valuable. Self-oriented values seem to be what Laslett (1991) has especially in mind for the Third Age, whereas other-oriented values are what Moen (this volume, Moen & Fields, 2002) has in mind.

These identity dimensions can be scored as correlations between Q-sort identity prototypes (Block, 1978; Mallory, 1989) and observer Q-sort descriptions of individual women, which are available for the Mills women at ages 43 and 61. The upper section of Table 5.1 shows that scores on the two dimensions at age 43 predict characteristics of work and relationships at age 52, when work was most important for most of the sample. Scores on the integrated versus diffuse dimension predict status level in work, overall work satisfaction, and more kinds of satisfaction in work than we could show in the table: the autonomy in the work, the complexity of thought processes required, and the impact on others, but also the usefulness of the work, the pleasantness of the work environment, and the appreciation of people who are helped. People with integrated identities are not concentrated in a particular kind of work, but they find what they like and enjoy it, whereas poorly integrated people have trouble in this respect.

Scores on the self-other dimension at age 43 predict status level in work at age 52 and the importance of work for sense of self at this time; and they show a particularly high correlation (0.51) with whether the woman was working for self or for others. (Earlier we reported the importance of working for self versus others in the timing of a woman's retirement. Now we see that whether one has a self-oriented or other-oriented identity predicts whether one works for self or others.) High-scorers in the other-oriented direction were more likely to be married at age 52 and spent more time with partners than self-oriented married women.

The identity dimensions at age 43 also predict characteristics of our participants' lives at age 61. The lower section of Table 5.1 shows that high scores

TABLE 5.1
*Relation of Ego-Identity Dimensions at Age 43 to Aspects of Work
 and Relationships at Ages 52 and 61*

	Ego-Identity Dimension	
	Integrated vs. diffuse	Self vs. other
Age 52 variables	<i>r</i>	<i>R</i>
Status level of work	.32 ^c	.38 ^c
Satisfaction with all aspects of work	.32 ^c	-.04
Importance of work to sense of self	.14	.30 ^c
Work for self vs. work for others	.21	.51 ^c
Living with partner (1 = no, 2 = yes)	.02	-.21 ^c
Time spent with partner	.02	-.28 ^b
Age 61 variables		
Life satisfaction	.28 ^c	-.11
Satisfaction with overall financial situation	.18 ^a	-.18 ^a
Hours per week in care of home and family	-.17	-.29 ^c
Hours per week in self-employment	.15	.31 ^c
Age at actual or expected retirement	.12	.42 ^c
Anticipate retirement with pleasure	-.06	-.25 ^b
See retirement as a time to develop one's inner life	.07	.28 ^b
Number of children	.14	-.23 ^c
Number of grandchildren	-.01	-.22 ^b

Number of participants varies from 67 to 105.

^a $p < .10$

^b $p < .05$

^c $p < .01$

on the integration dimension were associated with high scores on life satisfaction and, at a trend level, with satisfaction in overall financial situation. Self-oriented women were spending more hours per week in self-employment, whereas other-oriented women were spending more hours in care of home and family. Self-oriented women planned to work longer, and they anticipated retirement with less pleasure than other-oriented women, but they were more likely to think of retirement as a time to devote to one's inner life. Other-oriented women had more children and grandchildren and tended to be more satisfied with their overall financial situation.

Table 5.1 is based on the entire sample. We look next at women who were above average in integration. From this group, we consider only women who were working because they very much wanted to work and those who were engaged in postretirement activity. Our intent is to explore behavior and attitudes that suggest self-development or generativity. Cases were chosen to

illustrate what is characteristic of women with different identity patterns, with examples of cross-overs from one kind of identity development to another.

Self-Oriented Women

Why did many self-oriented women want to keep working at age 61? Sometimes the valued activity clearly involved feeling and spirituality. Asked about retirement, a musician said: "Violinists play until they drop. Conductors conduct until they drop. You have worked so hard to develop this skill, which is just an amazing skill and capacity. Why would you stop?" Later she said that her spiritual experience, which she described as "considerable," was lived through her practicing and performance. For example, "I played the Bach *Chaconne*, and it is immense, and there is not an emotional or spiritual stone left unturned." The interviewer asked whether her work was more important to her than her family. "Neither more nor less important; they are just different," she said.

Work may provide a sense of one's identity and the meaning of one's life. An entrepreneur said. "My work is my life. I don't have other areas of life. . . . It is a focus for everything I do. It also defines me to some extent, because when the olive business failed, I didn't have any other identity. I was that olive business for 20 years. . . . So I said I need to do something, to create, uh, another person here." And then she began another enterprise, similar to the olive business in its rural setting and cooperation with nature, enabling her to enact her way of being in the world.

Self-oriented women who had retired tended to be achievers who had worked in large organizations. They sometimes talked about their retirement in terms that suggest self-development. For example, a workaholic executive fell in love with a "plot of weeds" she and her husband saw in the country. Buying that land became a priority; it expressed her feeling that it was time to do something different with her life. They reconstructed the house on the property, and she developed a garden. After a time, she felt something was missing. "I need roles," she decided. So she volunteered at a nearby botanical garden and soon had a status in her new community as well as an activity for her soul.

Other-Oriented Women

Whereas the self-oriented women usually had focused interests, just the opposite was true of some of the other-oriented women. They wanted to create a balanced life. One woman and her husband bought a small ranch. They read, rode horseback, participated in volunteer work in a nearby community, and

played in a local music group. They invited groups of friends to visit, and sometimes they spent a few months at the seashore or close to urban life.

However, many other-oriented women who had retired emphasized some activities more than others. Some continued to work, though the nature of employment changed. For example, a social worker said that, earlier on, she was concerned to provide for her children and make a career for herself; now retired from her long-term position, she was working fewer hours at a job where she had "a better chance to make a difference." She also did 8 hours a week of community service.

For other women, the focus of their retired lives is volunteer work, sometimes in their area of expertise, sometimes in a new area. An ex-teacher founded a charity in memory of her adult child who died. She put enormous effort into this project, learning new skills, and making it an outstanding success. After a divorced woman moved to another city (to be near a child), she entered into valuable volunteer work that helped her to become a part of the new community.

Many other-oriented women enjoyed travel and leisure activities in retirement. These leisure activities sometimes reflect a cross-over to a focus in the self-oriented direction. For example, a retired businesswoman got interested in calligraphy and water color on a trip to China. She took courses there, and now has had shows in the United States.

Life with family and friends was probably the most important constituent of retirement for other-oriented women (whether highly integrated or not). One woman retired early to spend a year planning her son's wedding along with get-togethers and travel with relatives who were coming to the wedding. Grandchildren have brought a new life to many women. It may seem that one has little control over whether children marry or whether one has grandchildren and how often one sees them. Nevertheless, other-oriented women had more children and grandchildren than did self-oriented women, and women with grandchildren were less likely to rate the retirement years as a time of uncertainty and reevaluation, of feeling less needed, of loneliness and reduced contacts, and of boredom and stagnation. In these indirect ways, we see that the selves of many other-oriented women were being nourished by family ties in late middle age.

Women Low in Integration at Age 43

Self- and other-oriented women who were high in integration differed in the kinds of freely chosen activities they were engaging in, but not in the relevance of their activities for self-fulfillment or generativity. What about women low in integration, the women with diffuse identity?

Women who were very diffuse at age 43 often scored low in both the self- and other-oriented directions. Some clung to marriages and worked a little, if at all, from their homes or, if single (or divorced), chose highly structured jobs. Others lived chaotic lives marked by multiple lifestyles, divorces, and financial insecurity. Whatever their lifestyle, diffuse women were often ill or suffered from depression or alcoholism.

Despite the difficulties and low level of agency in this group, some previously diffuse women had achieved positive identities since age 43. Because of retirement after 30 years of 9-to-5 work, a bequest, and rewarding contact with a child long ago put up for adoption, one woman felt relaxed, free, and fulfilled for the first time in her adult life. She gardened, refurbished her house, visited relatives in other places, and joined an organization with an interesting intellectual agenda. She said she kept her work identity in the sense of knowing that she had managed complex work responsibilities but now she was a person who could do what she chose to do. A woman in a destructive relationship and blue-collar job at age 52 had separated from these things, gone back to school, and was working in an occupation appropriate to her interests and talents. A homemaker had at last found a calling (in the teaching of spiritual exercises) that gave shape to her life. These were among the women who were no longer diffuse at age 61; they had identities.

Clear instances occurred of generativity among the diffuse women. One woman had cared for a grandchild during an extended family crisis. Two women had provided sustained care for a parent or older relative over long illnesses. There were also examples of self development. After panic attacks and psychotherapy, a homemaker entered the labor force part-time and was learning to live more independently. A depressed ex-alcoholic living in poverty was apologetic about not “doing more” but said a low-stress retirement was best for her; she read books on religion and spiritual life. Some of these women provide illustrations of development made possible or at least facilitated by medical advances, psychotherapy, or retirement; all of them show that generativity, personal growth, and management of loss are evident in late middle age even, or perhaps especially, in those with personality handicaps.

Of course, not everyone in the sample was showing growth or generativity at the time of the age-61 follow-up. Several women with poorly integrated identities at age 43 had died; some were now struggling to maintain a career or even a livelihood, and others had stagnated in their homes after their children had left. Furthermore, other women who had scored above average in integration at age 43 were at least temporarily depressed and uncertain after bereavements, divorce, serious health problems, or unexpected down-turns or termination of careers.

CONCLUSION

This sample of women in their early 60s had, as a whole, changed over middle age in several respects that would seem to have implications for their third stage of life. They had become less achievement-oriented and scheduled, and thus freer to live their lives in their own way. They had increased in awareness of aging and death but had also increased in positive attitude. This combination of characteristics may reflect what they see in the mirror and their experiences in seeing both parents fail and children blossom. The positive attitude also suggests a defense against loss and death that can be expressed in more or less adequate ways. Increased affect optimization, along with the decline in complex affect, may signify Pollyanna attitudes in some women, but the sample as a whole had increased in wisdom and generativity since age 43. We found that positive emotionality may signify and have a part in these increases.

The women at age 61 were making decisions about work and retirement that would affect their lives in the Third Age. Their attitudes towards work suggested reappraisal to make way for reduction or ending of careers. Attitudes toward retirement were generally positive. Strongest emphasis was on having time for the enjoyment of neglected areas of life; helping others and devoting time to inner life received moderate mention.

Besides these general trends affecting the development or attitudes of the sample as a whole, individual differences were also important. Factors related to the timing of actual or expected retirement included energy level, what one's partner was doing, and, particularly important, whether one worked for others or for oneself. Women who worked for themselves at age 52 were generally entrepreneurs or in artistic or intellectual work; they wanted to keep at it. Those who worked for private or public organizations (for others) tended to have retired or to want to retire soon.

Two dimensions of identity, integrated versus diffuse and self-oriented versus other-oriented, were scored at age 43 and predicted the contours of relationships, work life, and how time was being spent in late middle age. The integrated dimension predicted the organization and adaptiveness of behavior; the self versus other dimension predicted whether a woman was individualistic or oriented toward relationships and traditional values. Women with self-oriented identities were particularly likely to want to continue their work in late middle age; women with other-oriented identities had often retired and were spending more time with family and friends. Other-oriented women had more grandchildren, and women with grandchildren were particularly unlikely to have fears for retirement. Among women above average in integration, at age 61, those who were self-oriented provided more examples of freely

chosen activities that were individualistically self-fulfilling, and those who were other-oriented provided more examples of activities that were balanced, generative, or relational, although some women were engaged in both kinds of activity or crossed over. Among women low in integration at age 43, some had consolidated their identities by age 61, thus illustrating important self-development. There were other examples of progress toward independence, of sustained care-giving, and of interest in spiritual understanding. Thus, self-fulfillment and self-development were common in late middle age, although expressed in many individual ways.

The sample faces more losses in the next decade. Health losses were the most widely feared. However, our findings suggest that the Third Age of life will have common themes of positive development, expressed in different ways by different women.

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Pathways Toward the Third Age: *Studying a Cohort From the “Golden Age”*¹

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During the last half of the twentieth century, a Third Age of life has become a real possibility for Americans of many social strata, instead of just a few privileged people, as Sorenson (this volume) demonstrates. This unprecedented demographic development will obviously require social planning, policy initiatives, and preparation. Equally important, however, is the matter of psychological preparation. How do people approach their Third Age? As they move toward retirement—perhaps in their 60s—with the prospect of several years, perhaps even decades, before the onset of infirmities and the approach of death, what anticipations do they have about this new stage of life? What are their hopes and fears? What hazards lie ahead? And what resources are relevant to avoiding these hazards?

¹ We are grateful to the Midwest High School reunion committees, and the many graduates who filled out questionnaires and participated in interviews to help our research, and regret that considerations of privacy makes it impossible for us to mention them by name. Much of this research was supported by the Alfred P. Sloan Foundation, through a grant to the Center for the Ethnography of Everyday Life at the University of Michigan. We are grateful for this support. We also acknowledge with gratitude the many people who have helped in the collection, organization, analysis, and coding of the interview and questionnaire data: Adrienne Malley, Amy Siegrist, Kathi Miner-Rubino, Shannon Baith, Derek Smith, Heidi Walston, Leslie Maier, and Timothy Stewart-Winter.

Identifying critical psychological and social risk and strength factors is important for framing the terms of discourse for public policy, as well as for facilitating private preparations by Third Agers, their families, and those dedicated to helping them. On the one hand, if people can manage many of their Third Age problems by having enough money, then one would expect that any social-structural variables associated with greater availability and control of resources (race, gender, social class) will be critical for successful Third Age adaptation. On the other hand, psychological factors and personal strengths—both in addition to, and sometimes in spite of, social factors—are also likely to be as important for this stage as for earlier stages of the life cycle.

The prospect of a widely available Third Age is a challenge to existing social science theories about adult development and aging. Erikson's (1950) well-known "eight stages of the life cycle" theory of adult development was originally developed in the 1940s, when life expectancies were considerably shorter and most people had only a few years between retirement and death—if, indeed, they could afford to retire in a time before widespread pensions and Social Security. Erikson suggested that, after a mid-life stage of generativity (in which the central tasks are raising children and/or "producing") comes the final stage of integrity-versus-despair, in which people review and make meaning of their lives and come to terms with the inevitability of impending death. Erikson's theory is epigenetic: That is, what happens to a person at each stage (success, failure, fixation) has consequences for how, and how well, that person will proceed through all subsequent stages.

Is there more? Does the prospect of a Third Age suggest revisions or additions to Erikson's schema? Or can "generativity" and "integrity" somehow be expanded, partially merged, and stretched out to cover a range of years, possibilities, and problems that were virtually unknown 50 years ago, when his life-cycle theory was first published (see Erikson, 1982).

In his earliest publication on the life cycle, Erikson (1950) devoted only two pages to integrity-versus-despair. Later, he elaborated the nature and tasks of this final stage to include a variety of related elements: wisdom; mature hope; continued generativity; "integrality, a tendency to keep things together"; and a "timeless love for those few . . . who have become the main counterplayers in life's most significant contexts" (Erikson, 1982, p. 65). These themes all come together in the theme of vital involvement (Erikson, Erikson, & Kivnick, 1986), a concept that suggests both continued activity and continued connection (see, for example, James & Zarrett, 2005). That is, successful resolution of the final stage involves continued activity that is connected to other people and society at large.

What are the alternatives to this successful resolution? Faced with the inevitability of declining capacities and resources, some people may withdraw: holding on to what they have, shutting down their involvements, and taking refuge in a psychological “bunker” to await their inevitable physical death. Others may simply try to avoid altogether the issues posed by this stage. In his earliest publications on the life cycle, Erikson characterized these unsuccessful resolutions as forms of despair.²

MIDWEST HIGH SCHOOL IN OAK VALLEY

In this chapter, we present results from an ongoing ethnographically informed study of 259 people who graduated in 1955, 1956, and 1957 from Midwest High School in Oak Valley, a disguised medium-sized city in the U.S. Midwest.³ The study is quasi-longitudinal: Through two survey questionnaires (collected in 1998 and 2000) and lengthy interviews with a subset of 78 participants (carried out in 1999–2002), we collected retrospective information about participants’ family background, high school years, life course since high school, and future prospects and plans. Additional demographic information and high school data were taken from the appropriate Midwest High yearbooks. During the time of data collection, participants were in their early 60s, rapidly approaching the Third Age. About 20% had retired or were in the process of reducing their work time and responsibilities; many of those working full-time were beginning to think about and visualize retirement. Some, however, were deeply committed to their work with no apparent plans to retire or reduced their workload; they seemed to avoid sketching a portrait of their personal Third Age. Thus, the participants of this study are at the right time of life for studying the variety of people’s hopes and fears, and their visions, anticipations, and worries, in approaching this emerging new stage of adult living.

Compared to many research samples based on privileged or unusual groups (e.g., the Terman study [Holahan, 1988] and most longitudinal studies of college students), our sample of Midwest High School participants is both heterogeneous and representative. For this reason, our results may be

² Erikson’s notion that continued activity and involvement during this final stage is “successful” or “good” may be restricted to Western cultures. As he noted in his study of Gandhi (Erikson, 1969), Hinduism emphasizes separation and renunciation as appropriate to the final *vanasprastha* stage of life.

³ “Midwest High” and “Oak Valley” are, of course, pseudonyms used to protect the privacy of our respondents.

more broadly generalized, but at the same time they are also bounded by the specific historical and geographical location of the sample. Our participants grew up in a time and place—the Midwest in the 1950s—that, in retrospect, has come to symbolize (for some Americans) a Golden Age. At that time, Oak Valley was a city of diversified small- and medium-sized factories (mostly locally owned), as well as a regional center of commerce. It was relatively immune from cyclical economic forces, and was imbued with considerable civic consciousness (similar to the city described in Mills & Ulmer, 1946/1970).

In the nineteenth century, a wave of Protestant immigration from northern Europe and Catholic immigration from central and eastern Europe established a community ethic of hard work and piety that continues to the present. Later, ethnic groups from southern Europe and the Middle East carved out smaller niches and, during the northward Great Migration of the post-World War II years (Lemann, 1991), the African American population increased from 1.6% in 1940 to 3.9% in 1950 and 8% in 1960. Several thousand European refugees also settled in Oak Valley after World War II. Because of a combination of school district boundaries and fairly rigid residential segregation, Midwest High School had the most ethnically, socially, and economically diverse student body of any of the five Oak Valley public high schools and two parochial high schools, including the highest proportion of African American students (about 35% in the middle school grades and 15% in the high school grades in the mid 1950s).

Our participants are of the generation just before the Baby Boom: born toward the end of the Great Depression in 1936–1939; starting school toward the end of World War II; and growing up during the postwar period of prolonged prosperity that seemed to provide an economic escalator that automatically increased economic opportunity (Trillin, 1993), thereby raising most people's standard of living and social status. At the same time, the sense of American prosperity and power was tempered by fears of Communism and the Cold War—seemingly endless, but punctuated by war in Korea and threats of war over Berlin and Cuba—that shrouded their childhood and adolescence in a fog of anxiety and conformity (Riesman, Denny, & Glazer, 1950; Whyte, 1956). They entered adulthood during the heady years of the Kennedy Administration, well before the myriad social changes that make up “the 1960s”: the civil rights movement, the Vietnam War and the protests against it, and—perhaps most important for many of our participants—the women's movement and its associated dramatic changes in gender roles.

METHODS AND PARTICIPANTS

In the summer of 1998, we sent out an initial survey questionnaire to 660 members of the Midwest High School classes of 1955, 1956, and 1957, using address lists provided by class reunion committees. We have reason to believe that 551 questionnaires were actually received; of these, 259 were filled out and returned, for an estimated response rate of 47%, which is comparable to other studies using similar data collection methods. The questionnaire asked for basic family and occupational demographic information, subjectively experienced “themes” of adult development (Stewart, Ostrove, & Helson, 2001; Zucker, Ostrove, & Stewart, 2002); several measures of well-being, life satisfaction, and positive and negative mood states (the latter based on Diener & Emmons, 1984, and Watson, Clark, & Tellegen, 1988); regrets and alternatives not pursued; and experiences of caretaking others (such as aged parents). A second questionnaire, mailed in 2000 to all graduates for whom we had addresses, yielded 176 responses. This questionnaire asked about attitudes on race issues and included “feeling thermometer” (Winter & Berinsky, 1999) ratings of various groups.

The main data for this chapter, however, are drawn from extensive interviews with 78 participants, during 1999–2002 but mostly during the summer of 2000. The interviewees included a random sample of 49 (about 20%) of those who still lived in the greater Oak Valley area, 6 who had left Oak Valley but still lived in the Midwest, and 23 who had left the Midwest entirely. As much as possible, participants were interviewed by someone of the same gender and race. The interviews focused on participants’ life course and the aging process. They were asked for a brief account of their high school experiences and lives from high school to the present. They were asked to describe the roles of work, education, and religion in their family of origin; their parents’ orientation toward civic affairs and teachings about different social groups; their own views about social changes since the 1950s; plans and prospects for the future; and values they emphasized to their children in relation to values their parents had emphasized. Although the interviews were not specifically designed to study the Third Age, all participants were presumably aware of their age, having fairly recently passed the 60th birthday milestone. Some had retired, and many were considering and planning for eventual retirement.

Most information about participants’ Third Age perspectives and plans came from the following interview questions (although any material relevant to these topics occurring elsewhere in the interview transcripts was also scored):

1. Are you currently working? [If yes, doing what? If retired, ask about prior work life and feelings about retirement.]
2. How do you think you might have changed since the time you were at Midwest High School? Of course, all of us age as the years go by, but do you think you have changed as a person since you were at MHS, or do you think you are still basically the same? Are the things that were important to you then still important to you now?
3. Can you talk about what you think is important about this stage of your life? How is it different from earlier stages? What do you think is ahead in the next 10 years or so?

THIRD AGE ORIENTATIONS

On the basis of Erikson's writings about integrity and the eighth stage, and from an initial scrutiny of several interview transcripts, we developed a typology of orientations toward the Third Age. (Formal coding definitions are given in the appendix.) These three categories are independent: Each can be scored as either present or absent in an interview.

1. Many participants experience or anticipate the Third Age as a time of *Enrichment*: spending more time on hobbies or other activities neglected during the years of work, taking up new activities, traveling, spending time with children and grandchildren, and so forth. This category seems to embody what Erikson described as the positive outcome (or "virtue") of the eighth stage of integrity-versus-despair: "enriched bodily and mental experience even as part functions weaken" (Erikson, 1982, p. 64).
2. Many people viewed the future in terms of *Holding On*, typically focusing on concerns about having enough money, their own or their partner's health, or their children's welfare. Such concerns seem to reflect (at least mildly) the negative outcomes of Erikson's eighth stage.
3. Finally, some participants seemed to approach these Third Age issues with *Avoidance*: either they had given little thought to post-work plans, or else they dismissed the whole topic—sometimes humorously. Perhaps this category is analogous to the concept of "fixation," or a preoccupation with earlier life stages that, in Erikson's epigenetic theory, can block or delay progress to a later stage.

A few people reported enjoying their work so much that they had no desire or plan to retire. In the end, we decided not to make this a fourth category, because in most cases these sentiments also had overtones of Avoidance.

The appropriate portions of all interviews were coded for Enrichment, Holding On, and Avoidance by the second author, who was not aware of participants' identities or any other information about them, and who had achieved a category agreement (Smith & Feld, 1958) of 0.86 or better with the first and third authors.

RESULTS

Incidence and Demography of the Three Orientations

Among our participants, Enrichment was by far the most common orientation toward the Third Age, being present in almost two-thirds (65%) of the interviews. Thirty-nine percent expressed concerns coded for Holding On, whereas 21% were coded for Avoidance. Some overlap occurred among the three orientations: about one-third of those coded for Enrichment also expressed some Holding On concerns, and about one-quarter of those Holding On also expressed Avoidance. Only four people (5%) did not show any of the three orientations in their comments about the future.

As shown in Figure 6.1, major gender differences were noted in the three orientations: Enrichment orientation was significantly more frequent among men, whereas Holding On was significantly more frequent, and Avoidance nearly so, among women ($\chi^2 = 7.93$, $p = .005$; $\chi^2 = 6.72$, $p = .01$; and $\chi^2 = 2.53$, $p = .112$, respectively). (For this reason, we carried out all further analyses either for men and women separately as well as together, or with covariance adjustments for gender.) Holding On and Avoidance were

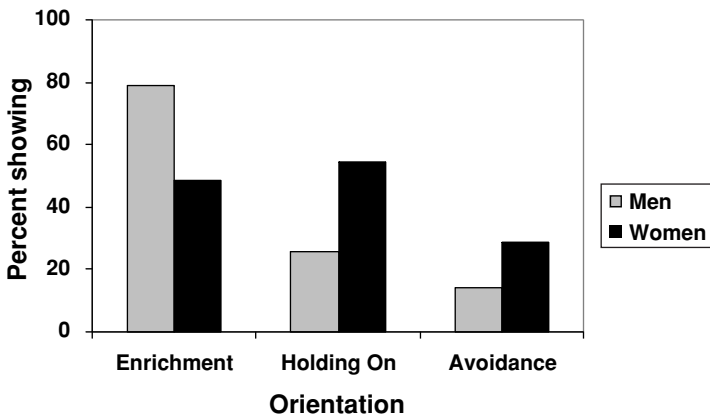


FIGURE 6.1 Gender and the incidence of Third Age orientations.

significantly more frequent among Whites than African Americans ($\chi^2 = 4.56$, $p = .033$ and $\chi^2 = 3.88$, $p = .049$, respectively).

Validity of the Orientations: Relation to Well-Being Measures

The three Third Age orientations were related to various measures of well-being and life satisfaction in predictable ways, as shown in Table 6.1. Particularly for women, Enrichment was significantly associated with life satisfaction, measured both by a five-item scale⁴ and also by the single item, "Overall, how satisfied are you with the way your life has turned out so far?" Holding On, in contrast, was negatively (though not significantly) related to these same measures. However, relationships with more specific self-rated measures of well-being and life satisfaction (such as satisfaction with family or work, positive mood, health, and energy), showed no overall pattern.

These results can be viewed causally: People who are satisfied with their lives as they are entering the Third Age anticipate that the next stage of life will also be satisfying. On the other hand, one might argue that these results merely validate the Enrichment measure as present satisfaction projected forward into the future. Perhaps Enrichment is simply a cognitive concomitant of happy feelings, positive affect, extraversion, or self-esteem (see Diener & Emmons, 1984). This seems unlikely, however, because the net positive mood state variable was unrelated to these orientations for women. For men, net positive mood state was negatively related to Enrichment and strongly positively related to Avoidance. Perhaps men who are enjoying their work life—traditionally an essential feature of the male role—avoid thinking about its approaching termination. Alternatively (or in addition), Avoidance may somehow be an effective way for men at this life stage to control short-run mood states.

Background Antecedents of Third Age Orientations

Childhood and High School

None of the three orientations was related to the social class of participants' family of origin, both as measured in the interviews by reported parental occupations and as measured on the questionnaire by responses on a six-point scale to the question, "How would you describe your family's financial situation when you were growing up?"

Seven participants (four men, three women; all White) reported that their fathers had died during or before their own high-school years. For men but not women, the early death of a father was significantly negatively associated

⁴ For the entire questionnaire sample, coefficient α for these five items was .871.

TABLE 6.1
Relation of Third Age Orientations to Measures of Life Satisfaction

Variable	Relation to Orientation								
	Enrichment			Holding On			Avoidance		
	All (n = 46)	Men (n = 24)	Women (n = 22)	All	Men	Women	All	Men	Women
Life satisfaction: 5-item scale ^a	.42**	.23	.38+	-.28+	-.04	-.17	-.02	.04	.14
Life satisfaction: single item ^b	.34*	-.11	.54**	-.18	-.07	-.07	-.06	.15	-.10
Satisfaction with family-living situation ^c	.21	-.10	.31	-.04	.10	.00	.08	.24	.07
Satisfaction with work situation ^d	.17	-.09	.13	-.28+	-.10	-.15	.13	.21	.26
Net positive mood measure ^e	-.07	-.45*	.08	.04	.04	.11	.24	.38+	.21
General state of health ^f	.09	.02	.17	-.10	-.27	.04	.10	-.02	.20
Energy level ^g	.08	.20	.00	-.20	-.35+	-.12	.10	-.26	.40+

+ $p < .10$ * $p < .05$ ** $p < .01$

^a Summed answers to the following items, rated on a 6-point scale: In most ways my life is close to my ideal; If I could live my life over, I would change almost nothing; I am satisfied with my life; So far I have gotten the important things I want in life; The conditions of my life are excellent.

^b "Overall, how satisfied are you with the way your life has turned out so far?" rated on a 5-point scale.

^c "Overall, how satisfied are you with your family or living situation?" rated on a 5-point scale.

^d Whether you are currently engaged in paid or volunteer employment, are a full-time homemaker, are retired, or are currently looking for work, how satisfied are you with your present work situation?

^e Ratings of "happy" (+), "sad" (-), and "upset" (-) as best describing "how you have generally felt for the past week" (5-point scale)."

^f "How would you rate your general state of health in the last 12 months?" rated on a 5-point scale."

^g "How would you rate your energy level?" rated on a 5-point scale.

with Enrichment and positively associated with Avoidance ($r_s = -.43$, $p < .01$, and $.33$, $p < .05$, respectively).⁵

Perhaps not surprisingly, no consistent pattern of relationships was noted between high school activities (measured by data collected from high school yearbooks) and the Third Age orientations, with one possible exception. Among men, participation in high school sports and male clubs such as the Varsity Club (for letter-winning athletes) showed nearly significant relationships: positive with Enrichment and negative with Avoidance ($r_s = .32$ and $-.32$, respectively; $p = .065$ in each case).

Current Social Class and Family Situation

The United States—perhaps more than most modern capitalist societies—requires people to make advance financial provision for their retirement. Thus, we might assume that people's Third Age hopes and fears will be closely related to the economic opportunities and resources of their adult lives—in short, to their socioeconomic status. In fact, we found only one such significant relationship: As shown in Table 6.2, adult occupational status was negatively related to Holding On. Both participants' educational level and whether they had graduated from college were unrelated to their Third Age orientations.

Whether participants had ever married, ever divorced, or were currently married was also unrelated to any of the orientations. However, the number of children showed a complex set of relationships. Among men, having had more children was significantly associated with Enrichment and negatively (though not significantly) associated with Holding On and Avoidance. Among women, however, the number of children showed no relationship to Enrichment and trend relationships to Holding On and Avoidance. Participants' orientations were unrelated to whether they had grandchildren.

At the time of our study, over two-thirds of our sample still lived in the same Midwestern state in which they grew up, mostly within 20 miles of Oak Valley. We found no relationship between "staying" versus "leaving" and Third Age orientations.

As shown in Table 6.2, several variables reflecting the experience of being a caretaker for some other adult person (e.g., a parent or in-law) were positively related to Holding On but negatively related to Avoidance, especially among men: having ever given care, giving care at the time of the first survey questionnaire in 1998, and the total number of people for whom care was

⁵ Only one mother had died during or before an interviewee was in high school.

TABLE 6.2
Background Antecedents of Third Age Orientations

Variable	Relation to Orientation									
	Enrichment			Holding On			Avoidance			
	All (n = 46)	Men (n = 24)	Women (n = 22)	All	Men	Women	All	Men	Women	
Own occupational status ^a	.02	-.05	-.25	-.53***	-.62**	-.25	-.18	-.03	-.07	
Number of children ^b	.21	.53**	.00	.06	-.19	.24	.11	-.24	.36	
Ever caregiver for another person ^c	.00	.21	.13	.41**	.34	.25	-.19	-.37+	-.30	
Giving care in 1998	.03	.13	.00	.18	.44*	-.07	-.35*	-.31	-.43*	
N people ever cared for	-.11	.25	-.15	.33*	.29	.17	-.06	-.31	-.04	
Self retired?	.30*	.25	.27	-.03	.09	-.05	-.21+	-.11	-.26	
Partner retired?	.20+	.17	.27	-.06	.02	-.18	-.09	-.08	-.12	
Race policy attitudes ^d	.24	.08	.40+	-.31*	-.26	-.42*	-.22	-.02	-.38+	
<i>Feeling thermometer ratings of groups:</i>										
Mean	-.02	-.43*	.31	-.01	-.13	.03	.02	.48*	-.32	
SD	-.05	.03	-.41+	-.16	-.09	-.03	.06	-.04	.33	

+ $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$

^aMeasured by a 4-point scale: unskilled/semi-skilled/skilled, clerical, administrative, minor/major professional.

^bMeasured by a 5-point scale: 0, 1, 2, 3, 4+.

^cYes = 2; no = 1.

^dBased on Caucasian participants only (22 men and 22 women).

given. It seems understandable that people who have faced the responsibilities associated with caretaking—responsibilities that may even continue beyond their own retirement—would naturally be concerned about having enough money and remaining healthy enough in the future. And it is scarcely surprising that their caretaking experiences were associated with a style of realistic appraisal of problems and confronting issues—that is, Holding On rather than Avoidance. Still, it is troubling that, for this generation, one cost of caregiving seems to be a cautious, anxious stance toward the Third Age.

Retrospective Life Review

In the first survey, participants were asked two questions that called for a kind of “life review”:

1. Were there any attractive opportunities for career or other long-range activities that you did not pursue?
2. If you had it to do over again, would you choose the same lifestyle pattern with respect to your home versus career decision(s)?

One might expect that people who regretted things about their life would approach the Third Age with negative anticipations. In fact, this was true only for men: Those who mentioned missing an opportunity or wishing they had chosen a different lifestyle pattern were higher in Avoidance ($r = .84$, $p < .01$) and lower in Enrichment ($r = -.69$, $p < .05$). For women, no significant relationships were noted between regrets and any of the orientations. One explanation may be due to the effect of the women’s movement, although the small sample sizes make this explanation tentative. Women who reported the women’s movement as “not at all” or “a little meaningful” showed relationships similar to those observed among men, but for those women who reported it to be “very personally meaningful,” these relationships were attenuated or even reversed. Perhaps the women’s movement gave these women a chance to make changes (Stewart & Healy, 1989; see Stewart & Vandewater, 1999, on midcourse corrections) and to revise or redefine identities originally formed in the 1950s era of the “feminine mystique” (Friedan, 1963). Perhaps the women’s movement also supplied a structural or political interpretation for their sense of missed opportunities, thereby reducing their long-term effects.⁶

⁶ This new interpretation would be analogous to the effects of college courses in Women’s Studies that were observed by Henderson-King and Stewart (1999).

However, we also found a similar moderating effect, among women only, for the rated meaningfulness of the Vietnam War, which suggests that the effect of missed opportunities may be moderated by a broad involvement in political and social events.⁷

Socio-Political Attitude

Overall measures of political attitudes were unrelated to the Third Age orientations; however, an eight-item scale measuring liberal (versus conservative) attitudes about race-related issues and policies (e.g., affirmative action, school busing, cross-race marriage; see Winter, Stewart, Henderson-King, Henderson-King, & Lewis, 2003) was associated, especially for women, positively with Enrichment and negatively with Holding On and Avoidance.⁸ One interpretation of this pattern would be that liberal social attitudes, on the one hand, and having positive anticipations of an impending major life change, on the other, are both components of an overall optimistic, forward-looking, and enthusiastic style—a style that permits people to embrace change and approach the unfamiliar. Alternatively, it may be that people who are anxious about having enough money and threatened by the unknown also feel anxiety about other people whom they perceive as different (Altemeyer, 1988; Doty, Peterson, & Winter, 1991).

In addition, the 2000 questionnaire asked participants to give “feeling thermometer” (FT) ratings of some 21 different groups based on ethnicities, occupations, gender and sexual orientations, religions, and political preferences. Each participant doubtless identified with some of these groups, but many other groups would be perceived as being composed of “others,” people who are in important respects different. Therefore, participants’ mean FT ratings across all groups can be taken as a measure of how positively disposed they are toward people in general, and perhaps also in part toward groups that are different or “other.” The standard deviation of their FT ratings can be taken as a measure of how much participants differentiate among a wide variety of such groups. Among women, Enrichment showed a positive (though not significant) relationship to their mean FT ratings and a significant negative relationship to the standard deviation. Avoidance showed the reverse

⁷ A similar analysis could not be carried out with the Civil Rights movement, since all women who rated it very personally meaningful reported some missed opportunities.

⁸ This analysis was based only on White participants. Unfortunately, we did not have data on both variables for enough African American participants to analyze their responses separately.

near-significant trends: negative to the mean and positive to the standard deviation of their FT ratings. In other words, women who have relatively undifferentiated positive attitudes toward other groups tend to anticipate their own Third Age in positive terms, as a time of Enrichment and not Avoidance. On the other hand, among men, this pattern was partially reversed: mean FT scores were related negatively to Enrichment and positively to Avoidance. In other words, men with positive group attitudes tend to avoid thinking about the Third Age. The feeling thermometer and racial attitude results could suggest that, for women, Enrichment involves a broad engagement and acceptance of the world; however, we have no ready explanation for why these results are different for men. If Third Age Avoidance reflects a broader tendency toward denial, the dynamics of such a tendency seem to be different for men and women.

Actual Retirement

How does actual retirement affect a person's view of the Third Age? As shown in Table 6.2, being retired or having a partner who is retired was associated with having positive anticipations about retirement—that is, Enrichment—and (to a lesser extent) not with Avoidance. In this respect, retirement and the Third Age may be a little like swimming in the ocean: apprehension in advance, but “fine, once you're in the water.” Alternatively, of course, it may be that people who already view the Third Age as a time of enrichment, not something to be avoided, had attractive opportunities and the financial means to retire relatively early. (We lack data on current income to test this alternative, although it is worth noting that occupational status is unrelated to Enrichment or Avoidance.)

Self-Partner Asymmetry of Retirement

Moen, Kim, and Hofmeister (2001) found that “asymmetrical retirement” (self retired, partner still working) was associated with reported marital conflict in their sample of 534 married couples (see also Leland, 2004). Using this definition of asymmetrical retirement, we found no significant relationships, for either women or men, to the three orientations, to the satisfaction with life scale or single item, or to positive mood. Interestingly enough, among men only the Moen et al. measure showed highly significant negative relationships to self-ratings of health and energy ($r_s = -.47, p < .05$ and $-.56, p < .01$, respectively). It is possible, even likely, that these men's lower health and energy—perhaps reflecting depression—was a cause of their (relatively early) retirement and hence self-partner asymmetry.

Feelings Trajectories Toward the Third Age

In three studies of adult development in women, Stewart, Ostrove, and Helson (2001) identified four themes or patterns of feeling, retrospectively measured, that increase (at different times and rates, and to different levels) over the course of women's lives. Miner-Rubino, Winter, and Stewart (2004) found the same pattern among the entire sample of 259 men and women participants in the larger Midwest High School study. These themes included identity certainty ("an affirmed sense of self and of one's place in the social world"⁹), confident power ("feelings of mastery and competence"), generativity ("preoccupation with a world beyond the self and a desire to make a contribution to future generations"), and awareness of aging ("preoccupation with 'time left,' the approach of death, and decreased physical strength and attractiveness"). Each is measured by a series of statements to which participants responded on a three-point scale indicating the extent to which they thought these statements were descriptive of their lives, "now" (that is, in their early 60s, at the time of the first survey questionnaire) and retrospectively in their 20s and 40s.¹⁰ Two of these "trajectories of feelings" were associated with Third Age orientations, as shown in Figures 6.2 and 6.3.

Participants who expressed anticipations of Enrichment in the Third Age showed higher (retrospective) levels of identity certainty throughout their 20s and 40s, as well as at the current time, as shown in Figure 6.2. (In a repeated measures ANOVA, the presence/absence of Enrichment had a main effect of $F[1, 43] = 5.29, p = .026, Ms = 2.56$ and 2.36 , respectively.) There was also a insignificant trend for those anticipating Enrichment to show a steeper (retrospective) slope of identity certainty from their 20s to their 60s (see Figure 6.2; $F[1, 43]$ for interaction of Enrichment \times linear repeated measure = $2.33, p = .134$). Holding On was related to lower levels of confident power at all three ages, as shown in Figure 6.3 (main effect $F[1, 42] = 4.23, p = .046$).

Summary of Third Age Orientation Antecedents

Our findings about the antecedents of the three orientations can most conveniently be summarized in terms of contrasting gender and gender-role patterns.

⁹ These characterizations of the four themes are taken from Miner-Rubino, Winter, and Stewart (2004).

¹⁰ While one can argue that these retrospective reports of feelings may be distorted, they nevertheless constitute primary data about people's life narratives or the "stories" they tell themselves about themselves (see McAdams, 1996). Moreover, many studies have found considerable similarity between retrospective and concurrent perceptions of personality change (see, for example, Stewart, Ostrove, & Helson, 2001; Zucker, Ostrove, & Stewart, 2002).

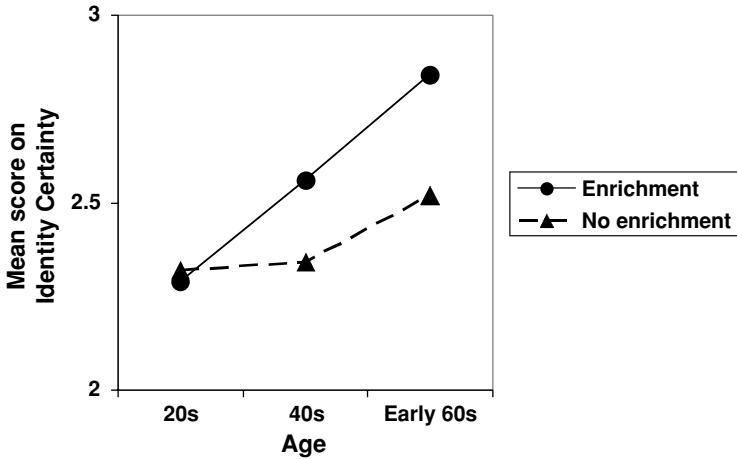


FIGURE 6.2 Enrichment and the trajectories of identity certainty.

For men, a positive stance toward the Third Age (Enrichment, not Holding On or Avoidance) tends to be associated with successful enactment of the traditional male role, as that role was construed in 1950s Oak Valley: during high school having a living paternal model and participating in sports; currently, having high occupational status, relatively many children, conservative views about “other” groups, and an optimistic mood—as well as, perhaps, not caretaking. For women, however, a positive stance toward the Third Age seems related to modifying or even evading the female role conception that

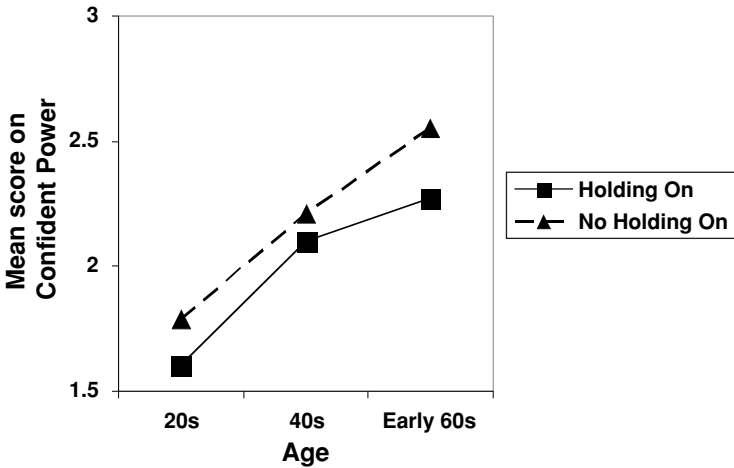


FIGURE 6.3 Holding On and the trajectories of confident power.

was traditional in the Oak Valley of their young adulthood: not caretaking, having fewer children and more liberal social views, and drawing upon the women's movement for resolution (or at least interpretation) of personal issues and regrets.

People's orientations toward the Third Age are consistent with their retrospective "trajectories of feeling" over the course of their lives: Enrichment is associated with greater certainty about identity, and Holding On is linked to lower levels of confident power.

INDIVIDUAL VOICES FROM THE THIRD AGE

Some brief quotations from individual cases will give life to the appendix definitions of the three Third Age orientations and the abstract statistical conclusions of this chapter.

An African American Woman Oriented Toward Enrichment

Jeanette Jefferson found her Third Age life deeply satisfying. She had recently retired after working for the government for over 30 years; her husband had retired a few years before. They live with an adolescent granddaughter whose mother lives a couple of hours away. Jeanette has reacted to the Third Age with Enrichment; passages from her interview illustrate how important people's personal characteristics are as determinants of Third Age orientation, compared with their external circumstances.

In the late 1960s, Jeanette and her husband moved several thousand miles away from Oak Valley, to a much more diverse community, which she greatly enjoys. She noted that her husband adapted to the new city immediately, but it took her 5 years, "because I had no relatives, no friends. . . . When you are in a strange place, you don't know anybody. . . . We just got kind of lonely sometimes." Eventually, though, she came to feel she had grown and developed by moving away:

I have just probably matured more, you know. Learned different things that I would not have learned if I had stayed in Oak Valley. You know, like parts of the country, and different ethnic groups here. . . . After I came [here], it seemed like it was months before I actually saw a White person. Because everybody is all different nationalities. So you know this was different from Oak Valley. . . . You learn different things from different people, and I like that.

For most of her career, Jeanette worked the swing shift. Now, after retirement, she reported that:

The most important thing I am trying to do is to feel normal again. I worked that swing shift for so long and I just felt like . . . swing shift is like from four to twelve thirty. At one time I was working from seven until five thirty in the morning; you know, all night long. You just don't feel the same. I was just tired all the time. So to like let myself settle down and feel like a normal human being was the most important thing for me.

She reported that, with retirement, she has come to feel better:

I finally started feeling good. I have this one [relative] that is ill and I spend a lot of my time taking her to her appointments and doing things with her. And of course my granddaughter is here, and I spend time taking care and disciplining her. She is a good girl. So that is where my energy goes, besides spending time with the other grandchildren. But other than that, I do volunteer work on Wednesdays. We go to the convalescent hospital. I am with this group, and we have little church services with the patients there that can't get out. So now my thing is that I would like to get in some classes. . . . I would like to go to school and do things that I haven't been able to do while I was working. Especially now that I feel good.

She has set some important personal goals for her Third Age: to take classes that will teach her how to use her computer, so that she can learn more music for the organ she has in her home. When asked "What is important about this stage of your life?", Jeanette concluded:

Right now, I am retired. It was so important to me to live, to work, and to retire and be in decent health and just be home to do whatever I want to do. Because I remember a lot of my coworkers never lived to retire. . . . It is just a great time in life for me.

A White Widow Worried About Holding On

At the time of interviewing, Cathy Henderson lived by herself in a suburb of a large metropolitan area a considerable distance from Oak Valley, and her grown-up children live with their families in the city. Until her husband's illness and death several years before, Cathy had worked as a marketing director—a job she characterized as "stressful" and "awful . . . you were just never off." Approaching the Third Age as a widow left her concerned about Holding On, and uncertain about what to do: "Am I going to go into the really tough world again? Or am I just going to take an easy job? . . . I haven't decided whether I will pursue really heavy-duty work."

Looking back, Cathy recalled that financial security was always important to her parents, because of the Great Depression during their young adulthood: "Probably having a decent livelihood and having, having a comfortable

financial . . . so that that hovering Depression wasn't going ever to overtake them, and their family, their children." She describes her own values as "pretty much [a] carbon copy" of what her parents valued. Faced with the uncertainty of a Third Age without her husband, therefore, she is concerned about financial security and Holding On:

I'm just like my mom. I could see a day when everything would fall apart, and I would want to make sure that I had that savings, which is probably a *very* pessimistic outlook. But, uh . . . I just think we're sort of dancing around here. I'm not at all sure where things are going. So I would like to have something in my back pocket. I'm thinking as far as security, financial security, we're talking about savings and so forth. If everything fell apart and all investments fell apart, where would you be? Maybe it'd be a simpler life . . . [but] *I* don't know how to do it. In today's . . . how do you do it? How do you simplify it, and get out of all this? I don't know.

In contrast to the present, she looked back on the 1950s as a time when "everyone was just sort of in a bubble and safe and perfect. I think back on it, and that is not all far-fetched. It really isn't far-fetched."

At the same time, the gender role conceptions that prevailed during her high school and college years in the 1950s—at least for "privileged" middle-class White women—constrained her developing sense of identity. For example, although she was an excellent student at Midwest High School: "I can't figure out why they [her parents] didn't push for [me to go to] the state university . . . or . . . I can't figure that out. Except they thought I should be a teacher, and so I'd just go to the state teachers' college."

She contrasted herself with women of her children's generation: "Well, I come from a more traditional background, where you're more the helpmate. . . . I always managed to work some way, somehow, but not full time. On the other hand, I don't see how you can do it with a lot of little kids. I just don't see how you can do it *well*."

Part of the traditional women's role was giving care, which for Cathy meant that: "In recent years, my experiences [with her mother and then with her husband's extended illness] have led me into a lot of care-giving, which has taught me more patience and how to be more compassionate and understanding. My mom was sick for four years."

Yet Cathy's uncertainties about the Third Age go beyond the issue of financial security:

Just trying to figure out what kind of life style you want. If you want to be . . . put yourself physically close to your children, or do you just want to just go do your own thing? I don't know at this point because I really . . . I don't think you can count on your children to remain where they are.

A Son of Immigrants Avoiding the Third Age

When interviewed, Gregor Nichel responded to questions about the future with Avoidance: "Somebody once told me not to retire until you're seventy years old. And you know, if you've got to get up in the morning and look in the mirror and ask yourself, 'What are you going to do today?' you're in big trouble. So, I don't have a plan, or a clue what to do."

Asked about what he thought was ahead in the next 10 years, he replied: "At the pace it's going now, boy, what a question! . . . Well, I suspect at some point in time I will retire. And I'm not sure what that life's going to bring, but obviously it'll be different than what it is now."

Many antecedents to Avoidance can be found in Gregor's earlier life. First are the inter-related themes of uncertainty and disconnection from the dominant Midwestern cultural environment. His parents immigrated to the United States in their early teens, marrying after they settled in Oak Valley. "To them, survival was to be modeled; it was everything in the world." His father, self-employed in sales, died when Gregor was 6. As the youngest of four children, he was thereafter: "Raised by two sisters and a mother . . . I would say 'pampered, spoiled.' . . . My mother was concerned about one thing, and that was that I was overly bloated and stuffed with food. So it wasn't good enough for her that I eat one plate, I had to eat as many plates as she wanted me to eat."

Gregor's late adolescence was marked by a tendency to give way to impulse. For example, after high school he "went to a community college for 6 months and . . . and dropped out. Girls and money were more of interest. And I think the family needed money." In school, he often got into fights: "I have probably been beat up more than anybody you'll ever meet in your whole entire life. I was always willing to fight but I didn't win 'em."

Gregor's career in sales took him on 3-month cycles of travel (away from home 4 days a week) around the state, followed by 2 weeks at home—"not a life I would recommend but . . . I got my feet wet in selling." For the past several years, he and his wife have lived apart although "very much married; we keep in touch and contact."

Several times, Gregor mentioned that he did not understand the contemporary world and how it changed from the days of his youth. Perhaps because he does not understand these changes, he believes that no purpose is served by planning or anticipation:

I think back then, we kind of thought, "Gee, if we could just earn ten thousand dollars a year we've got it made." I remember that. And you know, I mean today, today people earn ten thousand dollars a day. I mean it's hard to comprehend. . . . Ten grand a year would, boy, I'd be set for the rest of

my life. ‘Cause things didn’t change. Today everything changes. My god, what’s changed! Obsolescence is, you know, is a key word today. I mean, what was current yesterday is obsolete today. . . . Well, since everything changes, how can you prioritize? I think, I think we need to slow down a little bit, in my opinion.

CONCLUSION

What have we learned about people’s psychological pathways toward the Third Age? Because of the relatively small number of participants in our study, as well as the new measures we have introduced, any conclusions that we draw about the nature and antecedents of the three Third Age orientations must remain tentative. Still, our sample is probably less selective and therefore more representative of ordinary Americans than are many groups used in research on adult development.

Taken together, our results offer only limited support for a strong version of many economic determinist or social-structural theories. Gender is clearly an important exception, however—at least for the men and women of this cohort, who came of age before the “second wave” of the women’s movement in the late 1960s and early 1970s. Compared to the men, our women participants were less likely to be college graduates (38% of the women versus 70% of the men; $\chi^2 = 7.01$, $p = .006$), and less likely to be working full-time (53% of those women currently working versus 89% of the men; $\chi^2 = 5.21$, $p < .025$). Raised during the era of the “feminine mystique” (Friedan, 1963), they were subject to constraints and limited opportunities of traditional gender roles. Thus, as adults, they are likely to have been and continue to be less in control of fewer of the resources critical to positive Third Age adaptation. It is not surprising, therefore, that, compared to men, they approach the Third Age with less of a sense of Enrichment, and more Holding On and Avoidance. At the same time, the Enrichment orientation is much more strongly associated with overall life satisfaction for women than for men. Furthermore, the effects of several variables—such as number of children and attitudes about different groups and race policy—on Third Age orientations is different for women and men. Thus, for women, the acceptance of other groups measure may reflect a greater openness to the world outside family and home, and an awareness of (hence partial liberation from) the constraining effects of gender in their own lives.

If women’s orientations toward the Third Age are related to their positive everyday experiences and attitudes (e.g., about people of other groups and races) in the adult world, the men’s orientations seem, in some respects, to

be more rooted in more unhappy—even traumatic—experiences, either from childhood (e.g., early death of a father) or as a result of missed opportunities in early adulthood.

Only adult social class, not family of origin class, was related to Third Age anticipations, and that mainly with regard to the Holding On orientation. Other background characteristics are largely irrelevant. Race makes a difference, but only with respect to Holding On and Avoidance, which African Americans are less likely than Whites to express. It may be that one consequence of long-term skills of endurance, flexibility, and survival, learned in a lifetime of dealing with racism and inequality, is a capacity to let go of one life stage and move on to the next.

In many respects, Erikson's epigenetic theory finds support in our results, although it is difficult to be sure about the direction of causality. People who have mastered earlier stages—in the present case, those who have developed higher levels of identity certainty—are thereby better situated for the dilemma of the later Eriksonian stage of "integrity versus despair." As Erikson (1982) put it, "in old age all qualities of the past assume new values that we may well study in their own right and not just in their antecedents" (p. 64). Still, our results are also consistent with earlier findings by Stewart, Ostrove, and Helson (2001), which suggest that identity has a longer period of salience in adulthood than implied by Erikson's (1950) original stages theory.

Finally, our results suggest that the system for coding three orientations toward the Third Age from interviews and other forms of free text may be a promising tool for exploring further how people come to develop anticipations as they approach this personally and culturally unprecedented stage.

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APPENDIX

Coding Categories for Third Age Orientations

The following three categories are used to code people's comments about the period of time after their retirement (or the retirement of their partner, if they themselves have not been employed). If they are still working in their primary career, these comments will usually refer to the future; if they have already retired, their comments may also refer to the present.

Each of these three categories is coded as present or absent, regardless of how often it may occur in the interview (or selected interview passage) or other text. The three categories are independent: coding one does not imply either coding or not coding either of the others.

Enrichment

Coded for positive emotions and anticipations about retirement (in the future or, if retired, in the present): viewing the Third Age as presenting new opportunities, activities, and pleasures, and/or (more) time to do things they have always wanted to do, or have neglected. Such activities may include travel, hobbies, spending time with children and grandchildren, or simply a brief statement that "it's time for us." The important point is that they are explicitly or implicitly viewed in positive terms; mere statements of possible future activities, with flat affect or no affect, would not be scored. Nonspecific positive affect can also be scored if it relates to retirement or Third Age activities; for example "Retirement is wonderful."

Examples:

- Maybe spend a bit more time in Florida and enjoy the sunshine.
- Couple of years ago we went to Arizona, and it was wonderful! [from an already-retired person]
- Greater freedom for involvement with the family.

- Doing a lot of work for the kids. Right now I'm building a shed for my daughter.
- I'm cutting back on work. We're putting an addition on the house. I need the extra time anyway, so it works.
- It's just nice, relaxed, easy.
- We like to camp; I'm sure we'll do that.

Not scored:

- We took a cruise, and kind of leaned away from that afterward because of sea-sickness, which scares you. [no positive affect and some negative affect]
- It'll be OK.
- Oh, I think that probably we'll do a little traveling, and I don't think that we'll work as much. I may volunteer a little more.

Holding On

Coded for personal concerns or anxieties about the Third Age: worries about money, health, partner-relationships, the health (or life problems) of children or grandchildren, loss of friends and relatives, and the like. Generalized negative affect about the future (or the present, if related to retirement and the future) is also coded. Mentions of money or health that do not involve concern or worry, such as "We've got enough money" or "I take care of my health," are not coded. Concerns about the world, such as war and peace, are not coded.

Examples:

- Probably one of the hardest times in my life.
- I know most of the money we need right now is for our health.
- We have a great marriage, and I don't want anything to wreck that.
- I'm worried about my kids . . . my daughter has this kidney problem.
- It makes you think about how you could lose everything that you've done.

Not scored:

- I want to not be a financial burden to my kids, and we have set that up.
- And my wife's health is pretty good. She's diabetic, but she's a pretty strong person.
- I probably could use more money, but it's not a big factor anymore.

Avoidance

Coded for indications that the person has not thought about or planned for the Third Age. This category includes statements that they don't want to retire or want to keep working without end, or that the next several years will be "more of the same" (without further elaboration). Generalized avoidant expressions about the personal future are also scored, as well as more dismissive expressions, such as "I haven't thought about it" or "I'll be dead!"

Examples:

- I don't ever see myself really retiring any time.
- If I retire, I'll want to do some consulting work for a company.
- I think I'll just keep going.
- I'm just not ready for that [retirement] yet. I just want to keep things going.
- I don't want to do what old people want to do.
- I do not know what the next 10 years will bring.

Not scored:

- What's ahead in the next 10 years? I don't know . . . probably more drugs and unmarried people. [person answered the question in terms uncertainty about world events, not personal future]

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CHAPTER 7

A Coconstructionist View of the Third Age:

*The Case of Cognition*¹

Sherry L. Willis and K. Warner Schaie

In this chapter, we propose a coconstructionist model for the study of development within the Third Age using cognition as the sample case. In the first part of the chapter, we focus on the predecessors of cognitive development during the Third Age that occur in young adulthood and midlife. A coconstructionist view of cognition includes the identification of sets of neurobiologic and sociocultural influences whose role in affecting cognitive change during the Third Age will be considered. Two life span perspectives inform our model: The dual intelligence perspective proposed by Horn and Cattell (1967) and subsequently discussed by Baltes and colleagues, and second, the recent Coconstructionist perspective proposed by Baltes and colleagues (Baltes, 1997; Li, 2003; Li & Freund, 2005).

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LIFE SPAN PERSPECTIVE OF DEVELOPMENT

A central task of life span psychology is to understand the interactive and dynamic nature of contextual and individual influences on development (Baltes, 1997; Li & Freund, 2005; Schaie, 2005). This dynamic interaction between individual and contextual influences leads to considerable variability in development—inter-individual differences in intra-individual change. Although inter-individual variability in intra-individual change is a tenet of the life span perspective, most cognitive aging studies have focused primarily on the *normative* pattern of cognitive change over a given age range.

Variability in intra-individual development becomes even more complex when studied over historical time, in identifying cohort differences in variability in intra-individual change. Given the challenges of examining cohort trends in intra-individual change, most research has been limited to a comparison of at most two cohorts at a single developmental period, such as the Third Age and on one or two cognitive domains. Moreover, these studies have focused on normative patterns of cohort differences in cognition and thus have not addressed variability in the pattern of individual differences in intra-individual change that would be expected to occur across cohorts. We also consider here how cognition in the Third Age has changed over historical time.

THE COCONSTRUCTIVE PERSPECTIVE

Both neurobiologic and sociocultural influences on development have long been recognized. Coevolutionary theorists (Dunham, 1991; Tomasello, 1999) maintain that both biologic and cultural evolution has occurred and that recent, cohort-related advances in human development in domains such as intelligence can be attributed largely to cumulative cultural evolution. Cultural activities impact the environment, thereby influencing mechanisms such as selection processes, and thus allowing humans to codirect their own evolution (Dunham, 1991). Baltes' coconstructionist approach imposes a life span developmental perspective on coevolutionary theory and provides principles regarding the timing of the varying contributions of neurobiology and culture at different developmental periods and across different domains of functioning. Three principles are proposed regarding the relative contributions of biology and culture influences across the life span:

1. The beneficial effects of the evolutionary selection process occur primarily in early life and are less likely to optimize development in the latter half of life.

2. Further advances in human development depend on ever-increasing cultural resources. From a historical perspective, increases in cultural resources have occurred via cumulative cultural evolution and have resulted in humans reaching higher levels of functioning. At the individual level, increasing cultural resources are required at older ages for further development to occur or to prevent age-related losses. The implication then, for the Third Age, is that cultural resources become increasingly important.
3. In very old age, the efficacy of increasing cultural resources is diminished because decline in neurobiologic functions.

The Dual Intelligence Perspective

Baltes and colleagues have proposed that the coconstruction perspective can be applied to the dual component model of intelligence. Cattell and Horn originally described a hierarchical model of psychometric intelligence involving two superordinate domains of fluid and crystallized intelligence. *Fluid intelligence* involves cognitive processes heavily influenced by neurobiology, whereas *crystallized intelligence* develops from experience and culture-based knowledge. Fluid intelligence is hypothesized to develop and decline earlier in the life span, whereas the more culture-based crystallized abilities are maintained into old age. Within the Cattell–Horn framework, psychometric abilities, such as inductive reasoning, spatial orientation, and memory processes, were considered more fluid-like, whereas verbal, numerical, and social knowledge skills were crystallized. In relation to the current study, it is important to note that the Cattell–Horn model deals primarily with intra-individual change and offers no hypotheses regarding secular trends in intelligence other than as relate to the differential impact of neurobiologic and sociocultural influences on fluid versus crystallized intelligence. Within the coconstructionist perspective, limited discussion has occurred of the impact of increasing cultural advances on secular trends in cognition.

Culture and Cognition

In a recent theoretic paper, Li (2003) proposes a triarchic view of culture involving three aspects of culture that are related to the coconstructionist perspective: resource, process, and developmental relevancy. Culture as social resources involves the knowledge, values, and material artifacts accumulated by a society and transmitted to future generations; these resources continue to develop and change through cumulative cultural evolution (Tomasello, 1999). Expanding upon Li's triarchic view of cultural domains, we view accumulated cultural resources as being represented by structural variables such as

educational level, occupational status, and ability level. These variables reflect the individual's acquisition and accumulation of cultural knowledge and skills that occur primarily during the first half of adulthood.

Culture as ongoing social process involves the routines, habits, and performances of the individual in daily life that take place in the individual's proximal developmental context and that are shaped by the shared social reality at the moment (Li, 2003). We view the individual's current activities in domains such as health behaviors, cognitive engagement, and the complexity of one's work tasks as aspects of social dynamics that impact cognitive functioning and cohort differences in cognition. The third component of developmental relevancy suggests that the impact of particular cultural resources and processes on an individual is partially determined by the individual's developmental stage, which others have termed the *developmental niche* (Gauvain, 1998). Consideration of the developmental niche associated with the Third Age has not been studied but deserves further exploration. The current study is concerned with aspects of culture associated with cumulative resources and current processes or practices.

Those studying cognition from a broad coevolutionary perspective propose that advances in cognition as would be represented in cohort and generational effects are primarily caused by an accumulation of cultural resources and knowledge across time. This perspective has been largely nondevelopmental. It is concerned primarily with secular trends in level of cognition, but with little consideration of how culture impacts developmental change. Dickens and Flynn (2001) have proposed that the individual's environment is largely matched to his or her IQ level. Through a *multiplier effect*, an individual with a higher IQ either seeks or is selected for a more stimulating environment, thus leading to further increases in IQ. The impact of small environmental changes could result in significant IQ gain because of the multiplier effect. By a similar process, a social multiplier effect can occur if intellect increases by a small amount for many persons in a society and leads across time to further reciprocal interactions between ability and environment. Increase in a person's IQ is thus influenced not only by his or her environment but also by the social multiplier effects occurring for others with whom they have contact. The question remains of what determines the domain of development or cognition that is impacted by culture and environment. Drawing upon Darwin's work, Flynn suggests that an *X Factor* may determine those aspects of development that are impacted by the environment (Dickens & Flynn, 2001). The *X* factor need not be inherently related to the developmental domain impacted. For example, introduction of specific programming on television (e.g., Olympics) might increase public attention and participation in a given sport, which then

leads to increased physical fitness. The XFactor here is television or specific TV programming. In the Schaie model (Schaie, 2005), the XFactor is represented as a period effect.

In a related coevolutionary approach, Tomasello and others (Dunham, 1991; Tomasello, 1999) have proposed mechanisms for the social transmission of cultural knowledge. Humans have evolved forms of social cognition, unique to humans, that have enabled them not only to create new knowledge and skills but, more important, to preserve and socially transmit these cultural resources to the next cohort/generation. Cultural learning thus involves both social transmission of cultural knowledge and resources developed by one person, and also sociogenesis or collaborative learning and knowledge creation.

REVIEW OF THE LITERATURE ON SELECTED SOCIOCULTURAL INFLUENCES

In the following sections, we briefly review relevant literature documenting cohort trends in cognition and consider those sociocultural influences relevant to the Third Age and that have been found to account for inter-individual differences in intra-individual cognitive change. We draw upon Li's and others' (Gauvain, 1998; Tomasello, 1999) conception of culture to focus on two sociocultural domains: accumulated cultural resources and concurrent culture-based activities. Expanding on Li's triarchic view of cultural domains, we view accumulated cultural resources as being represented by structural variables such as educational level, occupational status, and ability level. These variables reflect the individual's prior acquisition and accumulation of cultural knowledge and skills. In contrast, the second component of the triarchic view of culture focuses on current activities, habits, and beliefs of the individual that are shaped by concurrent social dynamics and processes. We view the individual's current activities in domains such as health behaviors, cognitive engagement, and the complexity of one's work tasks as aspects of social dynamics that impact cognitive functioning in the Third Age and possible cohort differences in cognition. With regard to neurobiological influences, we focus on the two domains of chronic diseases and of biomarkers, shown in the literature to impact cognitive change in adulthood.

Secular Cohort Trends in Cognition

For several decades, an intensive debate has been ongoing on the nature and directionality of cohort differences in cognition. Cross-sectional data from several Western societies indicate the occurrence of "massive IQ gains on the order of 5 to 25 points in a single generation" (Flynn, 1987, p. 171). The *Flynn effect*

has been documented primarily for post–World War II cohorts born during the 1950s. The leading-edge baby boomers have just begun to enter the Third Age. This massive cohort gain has been documented most clearly for fluid abilities, rather than crystallized abilities. Relatively little rationale has been offered for why fluid rather than crystallized abilities would show these positive trends for post–World War II cohorts. In contrast, cross-sectional reports on college admission tests indicate negative cohort trends for certain birth cohorts of young adults (Wilson & Gove, 1999). Likewise, Alwin (Alwin & McCammon, 2001) and Glenn (1994) reported negative cohort trends in verbal ability.

To examine cohort-related shifts in the domains of intelligence impacted by culture, an extensive database of multiple cohorts studied over the same developmental ages is needed, such as is present in the Seattle Longitudinal Study (SLS; Schaie 2005). Studies, such as Flynn's, highlight some of the serious limitations in prior cohort studies of cognition—focusing only on level, rather than developmental change in cognitive functioning, on a limited number of cohorts, over a single age period, and with no consideration of cohort-related differences in trajectory patterns (see for example, Schaie, Willis, & Pennak, 2005).

Sociocultural Influences: Accumulated Resources

Educational Level

Educational level is the most consistent nonbiological predictor of both cognitive level and rate of change in prior longitudinal studies and meta-analyses (Albert et al., 1995; Anstey & Christensen, 2000). Moreover, education predicts cognitive change not only in old age but also throughout adulthood (Lyketsos, Chen, & Anthony, 1999). Consistent with coconstructionist and Dual Intelligence approaches, education is reported to most consistently predict change in crystallized abilities, memory, and mental status, and is less consistently predictive of change in fluid abilities and speed. The effects of education on cognitive change remain when controlling for factors such as age, gender, race, and health. In the MacArthur study of successful aging, education best predicted change in cognition (Albert et al., 1995).

Secular trends in education are well documented. Educational attainment, particularly in post secondary education has increased significantly across birth cohorts in the first half of the twentieth century. In 2000, 15% of 65+ elders had attended college, compared to almost 50% of baby boomers. Hauser and Featherman (1976) report a total increase of about 4 years of education from birth cohorts 1897 to 1951. Intergenerational differences in schooling peaked among men born shortly after World War I, and a deceleration has

occurred across more recent cohorts. Intergenerational differences between successive generations, approximately 20 to 30 years apart, range from 2 to 4 years

Occupational Status and Work Complexity

Major historical changes in the U.S. workforce have occurred across cohorts. Currently, 20% of workers are in professional occupations, compared with 7% in 1950, whereas farmers have decreased from 10% in 1950 to 0.6% today. The median age of retirement is now 62 years, with only 18% of men 65+ working, compared with 46% in 1950. Women's work participation has increased, with 52% of women aged 55–64 years working compared with 27% in 1950.

Occupational experience is related to the maintenance of cognitive abilities at older ages. Avolio and Waldman (1990) report that occupational status moderates the relationship between age and cognitive ability, with a negative relationship for unskilled workers, but they find no relationship for skilled workers. Salthouse (1990) reported that architects preserved higher levels of spatial ability later in the life span when compared with nonarchitects of similar ages. Historical shifts in work organization have resulted in fewer hierarchical levels and increased worker self direction along with more responsibility for a broader range of tasks. As a result, job complexity has increased. Job conditions involving self-directed, substantively complex work are associated with increased intellectual flexibility and self-direction (Schooler, 1998). Recent findings indicate that the reciprocal relation between substantively complex work and cognition are even stronger in older men than was found in younger men (Schooler, Mulatu, & Oates, 2004). Schooler's work also suggests age/cohort differences in work complexity; older workers, on average, were found to do less substantively complex work.

Cognitive Stimulation and Engagement

Engagement in cognitively stimulating activities has been linked to a reduction in the risk of dementia (Katzman, 1993; Scarmeas, Levy, Tang, Manly, & Stern, 2001). The Religious Orders Study (Wilson, D'Agostino, Levy, Belanger, Silbershatz, & Kannel, 1998) reported that a 1-point increase in cognitive activity score was associated with a 33% reduction in Alzheimer disease (AD) risk (see also Verghese et al., 2003). However, most studies of cognitive engagement have occurred in the old, with the criticism that findings are caused by a preclinical decline in engagement associated with AD. Engagement studies are needed in young and middle adulthood, when development of cognitive reserve should occur. Historically, there have been dramatic increases in access

to cognitive stimulation via media; households with TV increased from 9% in 1950 to 98% today; cable TV increased from 2% in 1965 to 68% currently.

Health Behaviors

Health behaviors are included as sociocultural influences because these behaviors are acquired through socialization and are highly related to education (Markus, Ryff, Curham, & Palmersheim, 2004). The impact of health behaviors such as exercise, smoking and alcohol consumption on maintenance of cognitive ability in the Third Age has been mixed (Anstey & Christensen, 2000). Colcombe and Kramer (2003) reported fitness effects to be selective, with aerobic fitness training having a greater positive impact on tasks associated with executive control. In the MacArthur successful aging study (Albert et al., 1995) strenuous daily physical activity was a significant predictor of positive cognitive change. A paucity of studies exist on cigarette smoking and cognition. Obesity has been associated with atherogenesis, hypertension, and diabetes and was found to increase the risk for cognitive decline or AD (Sarkisian, 2000). Recent studies indicate that a U- or J-shaped curve may describe the relationship between the level of alcohol use and cognitive functioning (Hendrie, Gao, Hall, & Hui, 1996). Some studies find the association between cognition and moderate drinking stronger for women than for men. The MIDUS midlife study found educational differences in health behavior practices, with college-educated participants reporting a higher rate of exercise and lower rates of smoking (Markus, Ryff, Curham, & Palmersheim, 2004), suggesting positive cohort trends in health behaviors.

Neurobiological Influences: Chronic Disease

We focus on the chronic diseases of hypertension, cardiovascular disease (CVD), and diabetes not only because of their strong association with fluid abilities, but also because of their high prevalence in adulthood.

Hypertension

Hypertension is associated with poorer cognitive performance at all adult ages, primarily on fluid-type tests (e.g., attention, learning, memory, executive functions; Elias, D'Agostino, Elias, & Wolf, 1995; Waldstein & Elias, 2001); crystallized abilities are less affected. Chronic hypertension is associated not only with level of cognition but also with accelerated longitudinal decline (Elias, Robbins, Elias, & Streeten, 1998; Knopman et al., 2000). Hypertension impacts cognitive decline in young adults as well as the aged (Elias, Elias, Robbins, & Budge, 2004). In a 20-year longitudinal study, cognitive decline was 12.1%

greater for hypertensives compared with normotensives. Prospective cohort studies report that the higher blood pressure is in midlife, the lower the level of cognitive functioning in late middle and old age (Swan, Carmelli, & LaRue, 1996). Moreover, antihypertensive therapy has increase two- to threefold in recent cohorts, and consideration of the impact of long-term antihypertensive therapy on the relation between hypertension and cognition is critical in longitudinal studies (Elias, Robbins, Elias, & Streeten, 1998).

Cardiovascular Disease

Atherosclerosis contributes to mild but consistent deficits in cognitive performance in midlife and old age (Waldstein & Elias, 2001). Community-based studies of dementia (Lim et al., 1999) have found that cerebrovascular pathology often co-occurs with AD pathology. Up to 45% of community-based incident dementia cases with autopsy-proven AD have co-occurring cerebral infarctions (Lim et al., 1999). In cases with vascular disease, less AD neuropathology is necessary for similar severity of clinical dementia, especially at earlier stages of the disease (Esiri, Nagy, Smith, Barnetson, & Smith, 1999). However, to date, most of this evidence comes from cross-sectional studies with few longitudinal studies relating cognitive performance and atherosclerosis.

Diabetes

Case control studies of type 2 diabetes in older adults have found cognitive impairment, most commonly for fluid-type abilities of learning and memory (Hassing et al., 2004). Large-scale epidemiologic studies support the findings of case control studies, but most have been cross-sectional. An exception is the Framingham Health Study, reporting evidence of a causal relationship between diabetes and cognitive dysfunction (Elias, Elias, D'Agostino, Silbershatz, & Wolf, 1997). The duration of diabetes was related to poorer performance on verbal memory and abstract reasoning tests.

Neurobiological Influences: Biomarkers

The negative effects of apolipoprotein E (Apo-E e4) and homocysteine are most closely related to fluid-type abilities. An indirect relation to fluid ability occurs also for C-reactive protein, given its link to CVD.

Apo-E

Accumulating evidence suggests that the greatest significance of Apo-E e4 is not as a risk factor for AD, but its association with a lower level of fluid-type

cognitive performance across the life span and with age-related decline in cognition (Hofer et al., 2002; Riley et al., 2000). Early effects of Apo-E e4 on brain morphometry and cognitive performance have been found as early as age 12 and have been replicated in young and middle adulthood (Reiman et al., 2005). For nondemented older adults 65+ years, the Apo-E e4 allele was associated with lower scores on fluid of ability measures: Mini Mental State Examination (MMSE; Alstiel, Greenberg, Marin, Lantz, & Mohs, 1997), learning and memory (Bondi et al., 1995), and psychomotor speed (Yaffe, Cauley, Sands, & Browner, 1997).

Apo-E e4 genotyping also plays a modifier role with respect to other risk factors. After adjusting for lipids and other risk factors, the ApoE e4 genotype is the strongest genetic determinant for coronary heart disease in both men and women (Wilson, Myers, Larson, Ordovas, Wolf, & Schafer, 1994). ApoE e4 is a risk factor for atherosclerosis (Hofman et al., 1997), coronary heart disease (Wilson et al., 1994; Wilson et al., 1998), and hypertension (Warden & Thompson, 1994). It promotes increased levels of circulating cholesterol (Escargueil-Blanc, Salvayre, & Negre-Salvayre, 1994).

Homocysteine

Moderately elevated levels of total plasma homocysteine (tHcy) are associated with hypertension (Bots et al., 1999), myocardial infarction, total cholesterol (Nygard et al., 1995), coronary disease (Clarke et al., 1998), atherosclerosis (Bostom & Selhub, 1999; Nehler & Porter, 1997), stroke (Bostom & Selhub, 1999; Bots et al., 1999), carotid artery stenosis (Selhub et al., 1995), vascular dementia, and AD (Clarke et al., 1998). Studies of the relation of tHcy and cognitive functioning with appropriate vitamin status control (Selhub et al., 2000) indicate that higher tHcy levels were associated with lower scores for fluid-type spatial, reasoning, and memory ability in an old-age sample (Jensen et al., 1998). The Apo-E e4 genotype acts as a modulator of associations between tHcy, hypertension, and cognitive performance. Specifically, the magnitude of the effect of hypertension and tHcy on cognitive functioning (independently or in concert) may be greater for individuals who possess the ApoE e4 allele.

C-Reactive Protein

CRP, a protein produced by the liver, is elevated in the serum of persons with inflammatory illnesses (e.g., rheumatologic diseases, bacterial infections). Elevated CRP may be a risk factor for thromboembolic stroke (Curb et al., 2003), peripheral vascular disease (Curb et al., 2003), and carotid atherosclerosis

(Rincon, Stern, Freeman, O'Leary, & Escalante, 2003). Inflammatory responses have also been associated with dementing disease (McGeer & McGeer, 2001). The MacArthur Study of Successful Aging found elevated CRP was associated with higher overall mortality and slightly more physical decline among high functioning community dwelling persons aged 70–79 (Taaffe, Harris, Ferrucci, Rowe, & Seeman, 2000).

Cholesterol and Cognition

In healthy adults, the impact of cholesterol concentration may vary by ability. Low serum cholesterol has been associated with better memory and crystallized intelligence (Muldoon, Ryan, Matthews, & Manuck, 1997). On the other hand, high serum cholesterol may be associated with optimal mental speed and mental flexibility. High serum cholesterol was associated with lessened decline in digit-symbol substitution test performance over 5 years in middle-aged twins (Swan, LaRue, Carmelli, Reed, & Fabsitz, 1992).

COHORT DIFFERENCES DURING THE THIRD AGE IN FLUID AND CRYSTALLIZED ABILITIES

In this section, we move from a review of prior literature and theories to an examination of empirical data on cohort differences in the Third Age. We provide some data on cohort differences in fluid and crystallized intelligence. We also provide examples of cohort differences in sociocultural influences that may explain, in part, the observed cohort differences in cognition. We cannot at this time provide similar cohort differences with respect to the neurobiologic influences, because cohort difference data in these influences are not as yet readily available.

Cohort differences in level and slope of intra-cohort trajectories for the Third Age can be examined in data from the SLS (Schaie, 2005; Schaie, Willis, & Pennak, 2005), over three median ages (60, 67, and 74). The SLS was begun in 1956 to assess longitudinal change and cohort differences across the adult life span. In this study, data are collected in 7-year intervals. Longitudinal data across the Third Age ranges are available thus far for five cohorts (median birth years: 1896, 1903, 1910, 1917, and 1924). These five cohorts passed through their Third Age from 1956 to 1970, from 1963 to 1977, from 1970 to 1984, from 1977 to 1991, and from 1984 to 1998, respectively. Data are available for two measures of fluid intelligence (Inductive Reasoning and Spatial Orientation) and for three measures of crystallized intelligence (Number, Verbal Meaning, and Word Fluency).

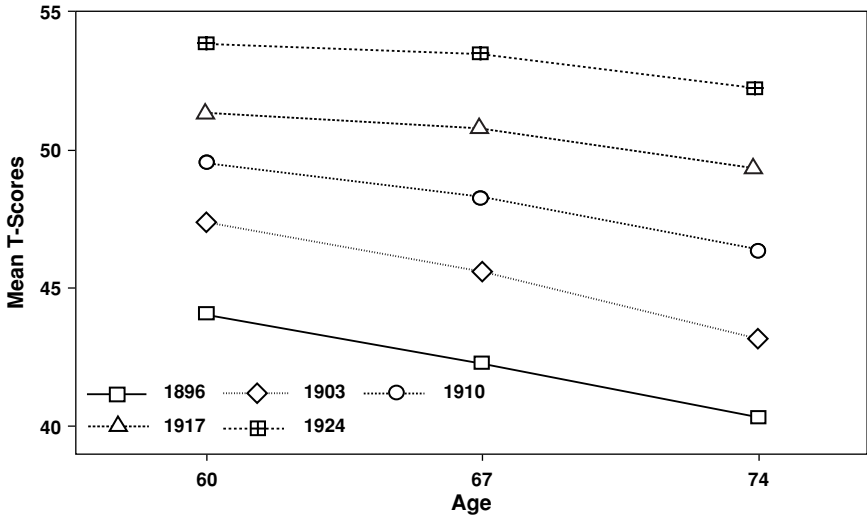


FIGURE 7.1 Cohort differences in trajectories across the Third Age for Inductive Reasoning.

Fluid Intelligence in the Third Age

Figures 7.1 and 7.2 show the different cohort trajectories for the two fluid abilities of Inductive Reasoning and Spatial Orientation.

Ability

What is most noticeable is the systematic increase in the level of performance for both abilities, amounting to more than 1 *SD* across the five 7-year cohorts over a 35-year period. Equally important, however, is the much more gradual decrease in slope, perhaps most noticeable by a flattening of the trajectory portion from age 60 to 67.

From the model proposed in the first part of the chapter, it might be hypothesized that advances in scientific knowledge of a neurobiological nature, including increases in medical knowledge and adoption of healthier lifestyles, is advantaging more recently born cohorts with respect to both level and slope for the fluid abilities.

Crystallized Intelligence in the Third Age

Similar findings are presented for the three crystallized abilities of Number, Verbal Meaning, and Word Fluency in Figures 7.3 to 7.5. Again, a substantial increment occurs in the level of performance across five successive cohorts at the same chronologic age range in the Third Age. However, changes in slope

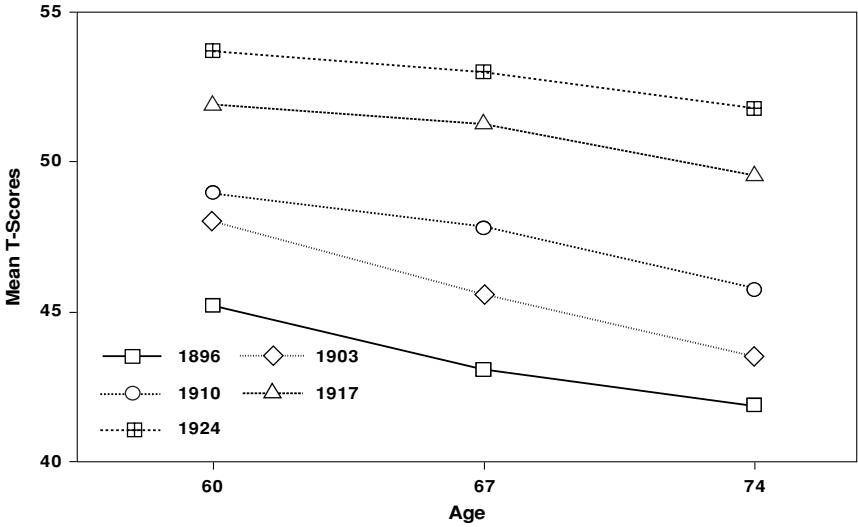


FIGURE 7.2 Cohort differences in trajectories across the Third Age for Spatial Orientation Ability.

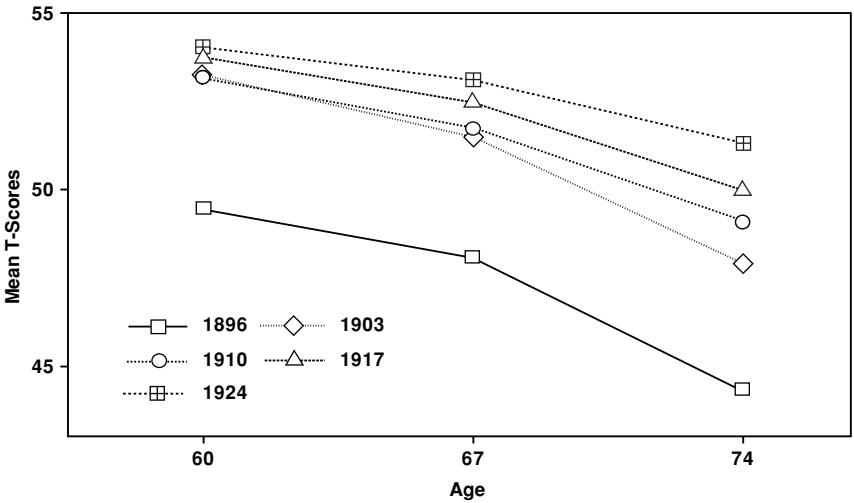


FIGURE 7.3 Cohort differences in trajectories across the Third Age for Number Ability.

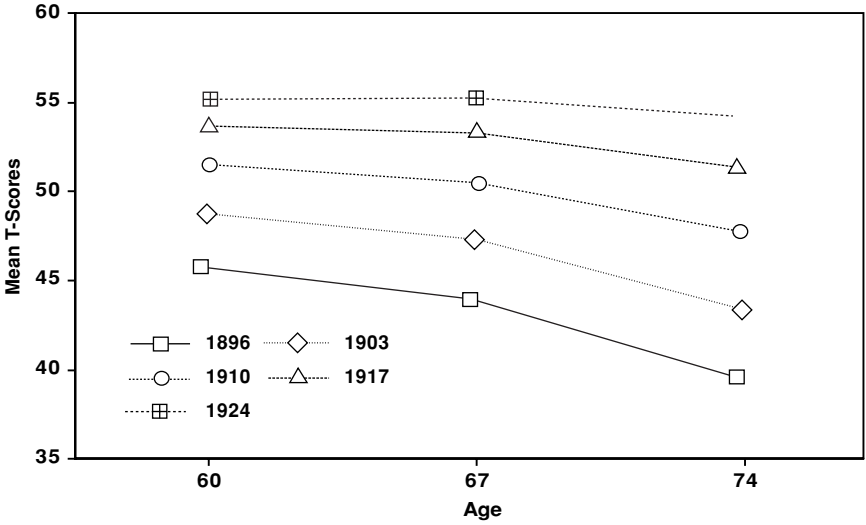


FIGURE 7.4 Cohort differences in trajectories across the Third Age for Verbal Ability.

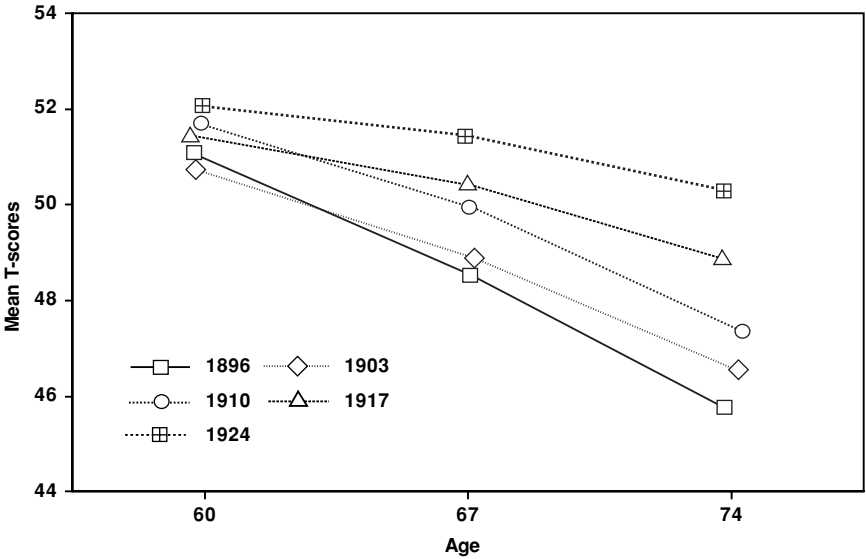


FIGURE 7.5 Cohort differences in trajectories across the Third Age for Word Fluency.

differ markedly from the pattern seen for the fluid abilities. Numerical ability (Figure 7.3), beginning with the cohort born in 1903, has reached a virtual asymptote at the beginning of the Third Age, but slopes (rates of aging) continue to flatten across successive cohorts. Verbal ability, on the other hand shows a pattern similar to the fluid abilities, showing positive cohort differences with respect to both level and slope of cognitive change across the Third Age. Word Fluency (Figure 7.5) shows a pattern similar to Number. However, for word fluency, the reduction in the rate of negative cognitive change across cohorts is even more dramatic than for Number. Average decline across the Third Age is reduced from $\frac{1}{2}$ *SD* for the earliest cohort (mean birth year 1896) to a trivial 0.1 *SD* for the most recent cohort (mean birth year 1924).

EVIDENCE FOR COHORT DIFFERENCES IN SOCIOCULTURAL INFLUENCES

We have only recently begun to assess the evidence for neurobiologic markers of cohort differences in the occurrence and onset of chronic diseases and lifestyles that may be responsible for the positive cohort differences in cognitive trajectories for the fluid abilities (see, for example, Schaie, 2005, chapters 10 and 17), and we have not yet specifically examined them for the Third Age. Hence, we provide examples here only for selected sociocultural influences that particularly impact cohort differences for the crystallized abilities. For the cohorts for whom we have charted cognitive change across the Third Age, we therefore examine concomitant cohort differences in educational attainment and in level of occupational status.

Educational Attainment

From the earliest to the most recent cohort, a mean gain of 1.7 years of education (median gain = 1 grade level) occurred. More impressively, a substantial shift occurred in the proportion of individuals who had experienced at least some college education (Figure 7.6).

For the 1924 cohort, approximately 70% have experienced postsecondary education and only 30% have high school or less; this is in contrast to almost 50% of the 1896 cohort having only a high school education or less.

Occupational Status

Changes also have occurred in occupational structure likely to impact cohort differences in crystallized abilities. Figure 7.7 shows the proportion at each occupational status for each cohort starting age mean age 60 (range 58 to 62 years). As can be seen in Figure 7.7, no individuals in the earliest cohort

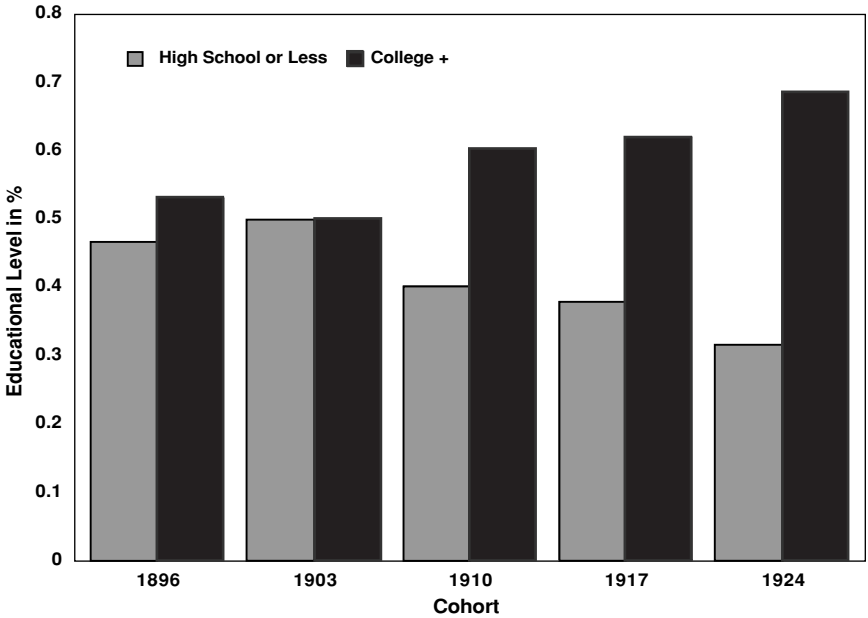


FIGURE 7.6 Cohort differences in the proportion of individuals with education of high school or less and those with college education.

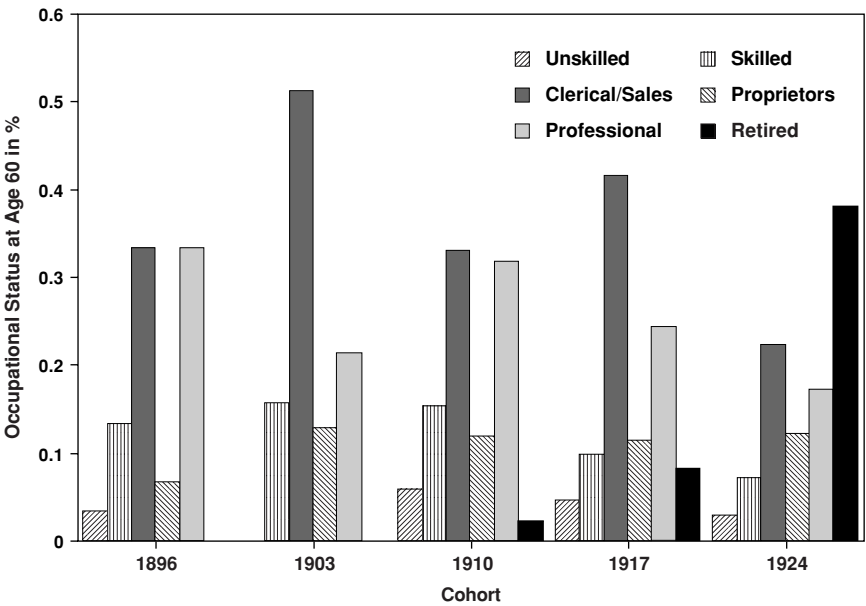


FIGURE 7.7 Cohort differences in the proportion of individuals by occupation group.

had retired by age 60, whereas more than a third of the 1924 birth cohort had already retired by that age. Clerical and sales maintained its status as the modal professional group, although declining in absolute magnitude. The decline in the proportion of professionals represents a period of “golden handshakes” for that occupational group, which has passed. Hence, we expect a greater proportion of working professionals as the next cohort group reaches the Third Age.

CONCLUSION

This chapter began by presenting a model for cognitive development during the Third Age that involves the integration of the coconstructionist approach to the study of human development with the Cattell–Horn theory of crystallized and fluid intelligence. We then examined the literature on the possible impact of neurobiologic and sociocultural influences on the development of cognition during the Third Age.

We then examined data from the SLS for five successive cohorts, with median birth years from 1896 to 1924, that show substantial cohort differences in cognitive change over the Third Age for successive birth cohorts. In general, only a modest average decline is noted from age 60 to 67, but decline accelerates from age 67 to 70. More important, however, is the finding of differential patterns for fluid and crystallized intelligence, with successive cohorts presenting increasingly flatter trajectories across the Third Age, suggesting that cognitive decline during the Third Age is (on average) becoming minimal. Examples of sociocultural influences favoring successive cohorts were also provided for educational level and occupational status.

We conclude by suggesting that cognitive function during the Third Age will become increasingly similar to that found in late middle age, assuming the continuation of favorable sociocultural and neurobiologic influences observed for the cohorts considered in this chapter.

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The Impact of Work on the Psychological Health and Well-Being of Older Americans¹

Jacquelyn Boone James and Avron Spiro, III

Even though Laslett (1991) maintained that the Third Age arrived at the juncture of relinquishing work commitments and diminishing parental demands, he defined it as a time for personal fulfillment. He saw it as the era of self-realization, when the “apogee of life” might be achieved. He thought that this opportunity was largely concomitant with retirement and the exit from the workplace, but did recognize that it could happen at any age.

Let it be repeated that the coming of the Third Age from the individual point of view is a personal, not a biological age, and above all it is a matter of choice. . . . Professional people, for one thing, do for a livelihood what they might wish to do for themselves, for their own satisfaction, even for pleasure. Moreover, because they can dispose of their time to such a much greater extent, they can develop their interests and plan their satisfaction in ways that others cannot, even large earning, big spending, business

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people . . . for them it might be said that the Second Age is generally interfused with the Third Age (Laslett, 1991, pp. 151–152).

Even so, Laslett asserted that continued work, although important as a choice for older adults, represents a postponing of the Third Age and the realization of the “crown of life.”

Current generations of midlife adults, however, appear to be viewing retirement with new lenses. As Vaillant points out (in Trafford, 2004), a “career is not just a job but your defining purpose, the core of your being” (p. 14). He said it can be a combination of work and family, the place where you find contentment, compensation, competence, and commitment. A study by American Association of Retired Persons (AARP; 2004) showed that nearly 70% of workers over 45 say they plan to work in their retirement years. According to Firman, president of the National Council on the Aging, the notion of retirement is fading away. In a survey by the Council of over 300 older Americans, more than 40% of those aged 65–74 years reported that they were working. Nearly 20% said that they had not officially retired. Another 23% said they had retired but were still in the workforce.

We are led to wonder whether we are in a new era, in which work might be another pathway to the kind of well-being that Laslett describes, or whether continued work delays the heightened well-being that the theory predicts. Few normative guidelines exist for current generations of retirees or their peers who move into the conventional retirement years but continue working (Ryff & Marshall, 1999). The purpose of this chapter then is to explore the impact of continued employment for older men and women in terms of their psychological well-being over time.

These questions as to the pathways to a psychologically healthy and contented retirement are made more salient by recent research indicating that traditional sources of retirement income will not be sufficient to maintain an adequate level of retirement income for many low- or middle-income individuals (Brown, Jackson & Faison, this volume; Burtless & Quinn, 2002; Grafova & Stafford, this volume; Munnell, 2003). Thus, Munnell (2003) and others have suggested that the most effective way to maintain living standards in retirement is for older Americans to remain in the labor force longer. Quinn (2002) in fact shows that the trend toward early retirement has been reversed in recent years. But is continued work good for older adults in terms of their mental health?

Unfortunately, the nonmonetary costs and benefits of work at older ages have been neglected by a research agenda that focuses on the economic aspects of retirement. For young and middle-aged adults, the link between

work and psychological health and well-being is well documented. Work remains, as Havighurst (1954) noted long ago, a source of income (which is related to psychological well-being), a means of structuring the day (making a day worthwhile), a source of personal status and identity, a context for social interaction, and a pathway to self-efficacy or personal accomplishment (cited in Moen, 2003; see also, Juster, 1998; Liem & Liem, 2006; Newman, 1999.)

Older workers face different choices and challenges than do younger workers, and the psychological benefits of work later in life are less clear. On the one hand, Moen (2003), using data from the Cornell Retirement and Well-being Study, has shown that well-being for retirees who continue working is quite high and that retirees, especially men, who increase volunteer activity are better adjusted than those with lower activity levels. Wink (this volume) has shown that those who are still working are higher in several indicators of well-being than those who are officially retired. Similarly, Bossé, Aldwin, Levenson, and Ekerdt (1987) found that both early and late retirees reported more psychological symptoms; late workers reported the fewest symptoms. On the other hand, Atchley (1999), on the basis of the Ohio Longitudinal Study, has reported that more retired men showed increases in morale over a 2-year period than still-employed men; there were no effects of either continued employment nor retirement for the women.

In a timeless paper, Neugarten (1964) pointed out that the impact of various life transitions on well-being has different effects depending on whether they occurred "on time," or as expected, or whether they were unexpected (see also McDonald, 1996). Retirement does have an age component, given that policies dictate when certain retirement benefits can be withdrawn, generally ages 62 and 65 by today's policies. The reality, however, is that retirement also depends on the prior career: If one is laid off or let go in the later years, one does not so much retire as face unemployment. Vaillant (this volume) reports that early retirees (before age 62) had poorer social relationships and less rewarding nonvocational lives than did those who retired later.

But what happens when work continues after retirement was expected or when one has crossed the threshold of the expected retirement age? The answer requires longer time periods for analysis of the transition and a larger, more representative sample than those used in the studies mentioned here. To our knowledge, no studies have been made of the psychological impact of the timing of retirement using data from a large representative sample over a long time period.

The questions for this research were: 1) Does work status predict psychological well-being in older adults? 2) does late midlife depressive affect make it

more likely that retirement will occur? and 3) does psychological health vary with change in work status?

METHOD

Sample

Data were drawn from the Health and Retirement Study (HRS), a nationally representative longitudinal study begun in 1992 of individuals who were born between 1931 and 1941; for these analyses, their age-eligible spouses were included as well. We used the Rand D (2004) version of the HRS. Participants ($N = 9,824$) were followed every 2 years between 1992 and 2002, generating six waves of data that were used for the present analyses. Response rates across all waves of the data were high—over 80%, and attrition was low, less than 20%.

Table 8.1 presents sample characteristics, means, and standard deviations of the variables of interest for each wave. As can be seen, at baseline, the sample was 47% male; 53% female; 79% White, 17% Black, and 4% other. Seventy-six percent of the participants were married at the time of the first wave (69% at the last wave). Fourteen percent were divorced or separated (13% at wave 6); only 6% were widowed at wave 1 (14% at wave 6); and 4% had never married (3% at last wave). The sample was comprised of a range of social classes—65% were high school educated or less; 19% had some college experience; 17% had a college degree or better. By wave 6, about 8% of the sample had died.

Measures

Depression was assessed using eight items from the original 20-item version of the Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977). Respondents were asked about negative affect (“I felt depressed,” “I felt sad,” and “I felt lonely”), positive affect (“I was happy,” and “I enjoy life”), and somatic symptoms (“I felt everything I did was an effort,” “My sleep was restless,” and “I could not get going.”) Respondents indicated whether each symptom was present or absent all or most of the time. Positive items were reversed and a sum computed; the total score indicated the number of depressive symptoms endorsed.

Work status was assessed by combining information from two variables. Respondents were asked in different sections of the interview about their work status. The first variable, “labor force participation,” included: “working full time,” “working part time,” “unemployed,” “partly retired,” “retired,” “disabled,” and “no labor force participation.” Another question asked whether respondents considered themselves to be “not retired,” “retired,” “partly retired,”

TABLE 8.1
Sociodemographics and Health

Characteristic	N	Sociodemographics, Health, and Depressive Symptomatology					
		Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6
Gender (%)		9,824	8,986	8,357	7,943	7,480	7,177
Men		46.9	46.5	45.8	45.6	45.4	45.2
Women		53.1	53.5	54.2	54.4	54.6	54.8
Race/ethnicity (%)							
Black		17.4	17.1	16.6	16.3	16.1	16
White		79.7	79.3	79.9	80	80.2	80.3
Other		3.9	3.6	3.6	3.7	3.7	3.6
Hispanic		9.3	8.6	8.7	8.8	8.8	9.1
Not Hispanic		90.6	91.4	91.3	91.2	91.2	90.9
Marital status (%)							
Married		75.6	74.7	74.0	72.2	70.9	69.1
Not married		24.4	25.3	26.0	27.8	29.1	30.9
Work status (%)	N	9,342	8,232	8,009	7,593	7,121	6,455
Full time		53.2	39.5	39.5	32.1	24.9	18.5
Part time		10.2	7.1	7.1	6.8	6.0	5.4
Unemployed		2.7	1.6	1.6	1.1	1.1	1.0
Partially retired		4.7	9.1	9.1	10.7	12.1	13.4

(continued)

TABLE 8.1
Sociodemographics and Health

Characteristic	Sociodemographics, Health, and Depressive Symptomatology					
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6
Work status (%) (<i>cont.</i>)						
Retired	13.9	27.8	27.8	33.8	40.1	48.2
Disabled	3.9	5.4	5.4	5.8	5.1	3.0
No LfP	11.4	9.5	9.5	9.7	10.6	10.5
Age, M (<i>SD</i>)	56.18 (3.16)	58.18 (3.16)	60.20 (3.15)	62.22 (3.15)	64.24 (3.14)	66.29 (3.13)
Education, M (<i>SD</i>)	2.93 (1.4)	2.97 (1.4)	2.96 (1.40)	3.00 (1.40)	2.98 (1.40)	3.01 (1.40)
Assets, M	208,690	238,981	269,086	334,250	372,006	377,943
Assets, (<i>SD</i>)	(449,070)	(500,257)	(603,533)	(1,562,657)	(1,205,421)	(1,025,929)
Self-report of health (<i>SD</i>)	3.40 (1.21)	3.32 (1.19)	3.35 (1.16)	3.15 (1.15)	3.24 (1.13)	3.19 (1.11)
CES-D (<i>SD</i>)	.8 (1.47)	1.33 (2.09)	1.27 (1.96)	1.56 (2.09)	1.46 (2.00)	1.42 (2.03)

Education 1 = less than 12 years; 2 = GED, completed degree; 3 = 12 years; 4 = 13–15 years; 5 = 16+ years. Health 1 = poor; 2 = fair; 3 = good; 4 = very good; 5 = excellent. CES-D (Center for Epidemiological Studies Depressive Symptoms Scale); score is sum of eight items, each item rated 0 = rarely or none of the time; 1 = almost all of the time.

or “question not applicable.” We combined information from both variables to include some people who only answered one of the questions, to make decisions about work status where the answers contradicted each other, and to exclude some people whose work status was too ambiguous to code. Thus, work status included “working full time,” “working part time,” “unemployed,” “partly retired,” “fully retired,” “disabled,” and “not in the labor force.” In the first set of analyses, we included these latter two groups, but for questions two and three, we omitted them.

Covariates included age, gender, race and ethnicity, education, marital status, total assets, self-rated health, and baseline depression scores.

RESULTS

As can be seen in Table 8.1, at wave 1, 53% were working full time, whereas 14% were retired; 10% were working part-time; approximately 5% were partially retired; 3% were unemployed; 4% were disabled; and approximately 11% referred to themselves as not in the labor force (mostly women, presumably homemakers). By wave 6, only 18% were still working full-time, whereas 48% were fully retired; 5% were working part-time; only 1% were unemployed; 13% considered themselves partially retired. Less were disabled (3%) and about 10% identified themselves as not in the labor force.

Depression scores ranged in wave 1 from 0–8, with a mean of .80, $SD = 1.47$. In general, the pattern of means increased slightly over the next three waves of the data, then decreased slightly, at waves 5 and 6.

Question 1: Regression models were used to estimate the relationship between work status and depressive symptoms at each wave. Symptom scores were regressed on work status, adjusting for such covariates as age, education, race, ethnicity, marital status, self-rated health, and total assets. Figures 8.1 and 8.2 show the estimated mean depression scores by wave, separately for men and women. Although these results are somewhat misleading because they are cross-sectional, they show in graphic form that, across most waves of the data, for both men and for women, those who are retired have significantly more depressive symptoms than those who are working full time. No differences are noted in depressive symptoms between those who are either partially retired or working part-time and those who are still employed full time.

As can be seen in the figures, in keeping with other research on mental health (see Keyes & Goodman, 2006), the women show higher levels of depression. Despite this, the patterns are very similar for both sexes. Overall, in terms of work status, the most depressed men and women are those who are disabled. This is not surprising, given the link between health and mental

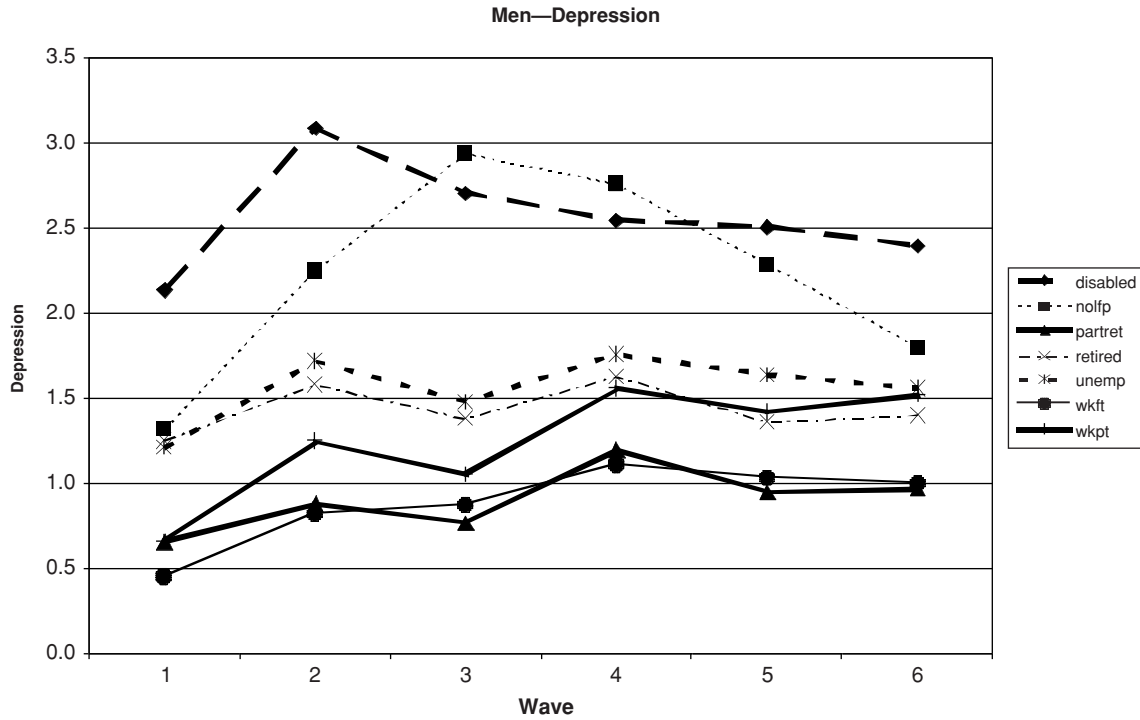


FIGURE 8.1 Means of depression symptoms by work status by wave (men).

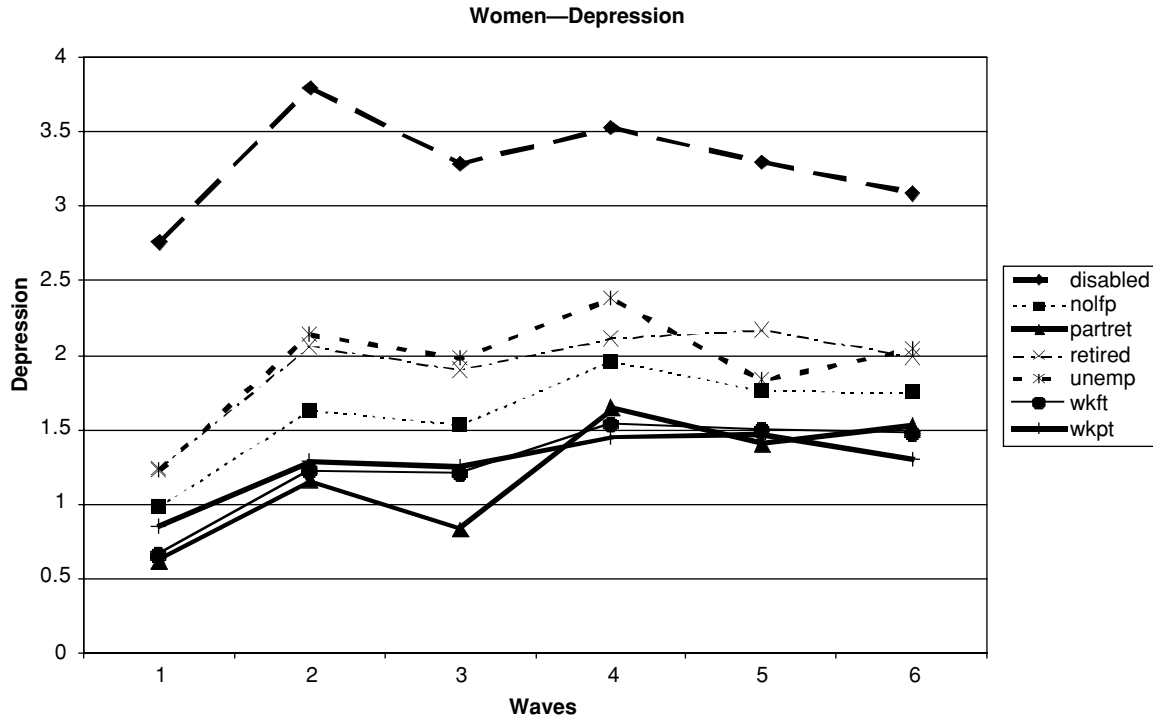


FIGURE 8.2 Means of depression symptoms by work status by wave (women).

TABLE 8.2
*Standardized Regression Estimates of Depressive Symptoms
 on Work Status by Wave (Men)*

Measure	Depressive Symptoms						
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	
	N	4,601	3,639	3,419	3,161	2,917	2,813
Employment status ^a							
Retired		.106*	.089*	.037*	.052*	.014	.036
Partially retired		.032*	-.004*	-.010	-.022	-.029	-.019
Work part-time		-.003	.002	.023	.030	.004	-.088
No LFP		.033*	-.021*	.009	.051*	.034*	.037*
Unemployed		.070*	.068*	.033*	.055**	.037*	.026
Disabled		.127*	.053*	.142*	.091*	.064*	.072*
Age		.056*	.056*	.070*	.048*	.026	.022
Race/ethnicity ^b							
Black		-.011	-.095*	.000	-.001	-.030	-.031
White		-.016	-.066*	.019	.007	-.044	-.045
Hispanic		.045*	.077*	.067*	.093*	.023	.037*
Education ^c							
Less than 12 yrs		.058*	.098*	.088*	.086*	.058*	.112*
12 yrs or GED		.007	.007	.025	.043*	-.014	.040
13-15 years		.015	-.001	.004	.009	-.012	-.003
Married ^d		-.137*	-.159*	-.168*	-.173*	-.149*	-.135*
Total Assets		-.014	-.031	-.017	-.011	-.000	-.015
Health		-.281*	-.299*	-.305*	-.244*	-.313*	-.289*
R ²		.198	.218	.232	.175	.172	.173
F statistic		70.637*	63.207*	64.179*	41.825*	38.835*	36.473*
Numerator_df		16,4585	16,3623	16,3403	16,3145	16,2901	16,2797
denominator_df							

* $p \leq .05$

^a Relative to those who were working full-time

^b Relative to those who identified as "other"

^c Relative to those who completed 16 or more years of school

^d Relative to those who are single (never married, divorced, or widowed)

health (Kessler, Foster, Webster, & House, 1992; Vaillant & DiRaggio, this volume). Next highest, after the disabled, were the unemployed for women, and for the men, those who identify as "not in the labor force."

Tables 8.2 and 8.3 present the standardized betas and t-statistics for both the control variables and the work status variables. As can be seen in the

TABLE 8.3
*Standardized Regression Estimates of Depressive Symptoms on Work Status
 by Wave (Women)*

Measure	Depressive Symptoms						
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	
	N	5,215	4,684	4,452	4,207	3,947	3,800
Employment status ^d							
Retired		.057*	.046*	.044*	.008	.038	.045*
Partially retired		.005	.015	.013	.011	-.002	-.005
Work part-time		-.002	.000	.000	-.015	.007	-.004
No LFP		.031*	.008	.018	.014	.033	.046*
Unemployed		.025*	.050*	.036*	.019	.018	.026
Disabled		.132*	.164*	.112*	.083*	.104*	.064*
Age ^b		.052*	.051*	.043*	.026	.021	.039*
Race/ethnicity ^c							
Black		.000	.017	-.031	.037	-.014	-.022
White		.028	-.010	-.019	.029	-.002	.006
Hispanic		.051*	.094*	.059*	.098*	.042*	.013
Education ^d							
Less than 12 years		.076*	.154*	.117*	.108*	.109*	.129*
12 years or GED		.041*	.084*	.074*	.053*	.062*	.067*
13–15 years		-.009	.032	.012	.026	.025	.031
Married ^e		-.109*	-.090*	-.114*	-.089*	-.109*	-.114*
Total assets		-.019	-.010	-.007	-.009	-.015	.006
Health		-.304*	-.301*	-.328*	-.310*	-.320*	-.332*
R ²		.200	.257	.224	.192	.196	.191
F statistic		81.161*	100.817*	80.225*	62.071*	59.736*	55.757*
Numerator_df		16,5199	16,4668	16,4436	16,4191	16,3931	16,3784
denominator_df							

* $p \leq .05$

^a Relative to those who were working full-time

^b Relative to those who identified as “other”

^c Relative to those who completed 16 or more years of school

^d Relative to those who are single (never married, divorced, or widowed)

tables, good health is the single most important buffer against depression for men and for women across all waves. The next most significant buffer is having a partner with whom to share life; the married/partnered are less depressed than the single participants. Education, at least high school graduation, also protects against depression, whereas income (total assets) is not a significant

predictor. Although these were informative analyses for showing the picture at each wave, there is good reason to be concerned about what is causing what.

Question 2: Thus, for the next step, we took advantage of the longitudinal nature of the data to ask: What is the directionality in the relation between depression and retirement? Do people retire because they are already depressed, or do people get depressed because they retire? To address these questions, we combined full time with part time, both for workers and retirees. We then used logistic regression to determine whether, among those working at a given wave, depression was a predictor of being retired at the next wave. For each person who was working at wave_{*i*} (where *i* = 1 to 5), we used their depression score at that wave to predict whether they were retired at the next wave (*i* = 2 to 6), controlling for the covariates described above. The 9,824 persons yielded 31,453 pairs of observations; only successive waves were included (i.e., if a person responded at waves one and three, they were excluded from these analyses). For these analyses, which were restricted to those who were working at wave_{*i*}, only 17,518 observations were included.

In short, results indicate that depression precedes retirement. After controlling for a host of covariates (e.g., age, education, gender, race, ethnicity, marital status, income), and for whether they were working full- or part-time, those with more depressive symptoms at a given wave were more likely to be retired at the next wave. For each additional depressive symptom, the odds ratio was 1.039 (95% CI 1.013, 1.065). Given a standard deviation of 1.73 for depression, a person whose score was 1 standard deviation higher had a

TABLE 8.4
Adjusted Effect of Depressive Symptoms on Retiring

Effect	OR	95% CI	<i>p</i>
Age	1.237	1.222, 1.252	<.001
Years schooling	.983	.968, .998	<.025
Total income	1.000	1.000, 1.000	.8
Male	1.144	1.048, 1.248	.003
Hispanic	.735	.611, .885	.002
Black	.957	.850, 1.077	.13
Other race	.702	.543, .907	.02
Married	1.129	1.022, 1.247	.02
Working full-time	.577	.518, .642	<.001
CESD	1.039	1.013, 1.065	.004

Ret *j* = age + years education + total income + Hispanic + male + Black + other race + married + work full-time + CESD_{*i*}, where *i* = 1 to 5, and *j* = *i* + 1

6.8% greater likelihood of being retired at the next wave ($\exp[0.0379 \times 1.73]$), where .0379 is the estimate for CESDi. As Table 8.4 shows, in addition to those who were more depressed, those who were older, male, married, and working full-time at one wave were more likely to be retired at the next wave.

When we examined *change* in depressive symptoms between successive waves as a predictor of retiring, controlling for the same covariates, it was not significantly related to retiring (OR = 1.017, 95% CI = 0.994, 1.040).

Question 3: On the other hand, it does seem that depression varies with work status. Thus, for each participant, we also examined their data by successive waves, to see whether a change in work status between one wave and the next would predict subsequent depressive symptoms. We then used regression to predict depression at a given wave, using change in work status (retired versus working) between the current and the previous wave, controlling for demographics and baseline depression at that prior wave. Thus, the independent variable of interest was change in work status between successive waves; covariates included were age, marital status, income, race/ethnicity, gender, and prior depression. This analysis included 27,625 pairs of observations. Of these, 48% were working at both waves, 37% retired at both, 12% moved from work to retirement, and 2% from retirement to work.

TABLE 8.5
Adjusted Effect of Change in Work Status on Depressive Symptoms

Effect	Estimate	SE	p
Intercept	1.596	.160	<.001
CESD	.480	.006	<.001
Age	-.014	.003	<.001
Married	-.160	.024	<.001
Total income	-.00067	.00012	<.001
Hispanic	.430	.042	<.001
Black	.204	.028	<.001
Other race	.102	.060	.09
Male	0.179	.020	<.001
Change in work (relative to WW)			
RR	.155	.025	<.001
RW	-.064	.065	.33
WR	.118	.032	.002

CESDj = intercept + CESDi + age + married + total income + Hispanic + Black + other race + Hispanic + male + Reti Retj + Reti Workj + Worki Workj, where i = 1 to 5, and j = i + 1

TABLE 8.6
Least Squares Means by Change in Work Status

Change in Work Status	LS Mean	Differs From ($p < .001$)
RR	1.303	RW, WW
RW	1.084	RR, WR
WR	1.266	RW, WW
WW	1.148	RR, WR

Using ordinary regression, the results indicated that change in work status was associated with differences in depressive symptoms. The R^2 for this model was 23%; see Table 8.5 for results. Controlling for depression at the prior wave, those who were Hispanic or Black had higher depression scores at the next wave; those who were older, married, had higher income, or were male had lower scores. With respect to work status, least-squares means (Table 8.6) indicated that those who were retired at both waves (RR) had higher depression scores than those who were working at both waves (WW) or who went from retirement to work (RW). Those who went from work to retirement (WR) had higher depression scores than those who continued in working (WW), or those who resumed working (RW). Interestingly, depression scores did not differ between those who were retired at both waves (RR) and those who went from work to retirement (WR).

CONCLUSION

Discussion

Is continued work in retirement good for mental health? Can work at some level be considered as one among many options for realizing the “crown of life”? As to the first question, some evidence suggests that work is good for mental health—at least for those who are physically and mentally healthy enough to do it. As we have shown, both men and women in our large representative sample of adults, age 51–61 at the first wave of the Health and Retirement Study, who continue to work, have less depressive symptoms than those who are fully retired. The depression effects are significant, but small. The result is maintained across almost all waves of the data, although its strength starts to wane at waves five and six.

Similar results have been reported by Wink (this volume), who finds that participants in the IGS who continue to work have better mental health than those who are retired. Moen (1998) also finds that either active engagement with work or volunteer activity contributes to well-being. Taking all these

findings together, it appears that people in the Third Age who have structured activity do better in terms of mental health than those who neither work nor get involved in volunteer activities.

As to the question of whether work might be another path to the “crown of life” that Laslett envisioned, the answer is less straightforward. First, our data do not support the Third Age as a time of increasing well-being. Indeed, depression scores increase slightly across almost all waves of the data. Similar to the findings of Grafova and Stafford (this volume), these increases in depressive affect are small, are in large measure the result of decreasing health (see also Valliant & DiRago, this volume), and are still very low even at the last wave. Indeed, the average number of symptoms reported at the last wave was less than one and one-half. Other researchers (Kessler, Foster, Webster, & House, 1992) using cross-sectional data have reported similar results showing that, across the life span, the relationship of depressive symptoms to age is nonlinear—with average symptom scores higher among the young adults and the very old. According to these authors, depression decreased from age 35 up until about age 65 (about the average age of our sample at wave 6), and then starts to increase again. The point is that well-being, although still good at the end of the study, is not heightened over the course of the Third Age.

Given these trends in depressive symptoms, our focus turns to whether or not increasing depressive affect makes it more likely that one will retire. It seems clear that it does. Similar to the findings reported by Vaillant and DiRago in this volume, those who are higher in depressive symptoms are more likely to retire by the time of the next wave than are those who report fewer symptoms. On the other hand, the transition to retirement significantly affects increased symptoms. Those who retire increase in depressive symptoms by the next wave, whereas those who return to work, having been retired, show a decrease in depressive symptoms. It is unclear whether the depression that precedes retirement is due to decline in health or to other life transitions associated with aging (e.g., declining health or death of spouse), but these are after all late midlife individuals, for whom such events would be considered “off time.”

Our results are somewhat disturbing in the sense that retirement is a life phase meant to be the reward for a life well lived, an opportunity for flexibility and choice, and leisure activity, for enjoying family, grandchildren, and friends: a different sort of crown of life (see Wink and James this volume). Our results may be, however, a story about the negative outcomes associated with early retirement. At the beginning of the study, no one even reached the average age of retirement, which was approximately 62 in 1992 (Burtless & Quinn, 2002), and by the last wave, the average age was still just over age 66. Also, as

noted, the strength of the association between retirement and depressive affect lessened in the final waves, when retirement became more normative.

Our results may also be a function of retirement not freely chosen. During the 1990s, the period during which the data were collected, companies were downsizing and offering numerous incentives to retire including "incentive severance" packages such that people were given credit for more years of work than they had earned in exchange for retirement and other attractive incentives to retire early (Sterns, 1998). Sorensen (1998) points out that "the best careers, that is, those providing the highest economic and social benefits, are exposed to the greatest risks for involuntary termination. . . ." (p. 209). Individuals who are forced to retire early tend to manifest lower well-being than do others (Bossé et al., 1987; Warr, 1998). Loss of work then means not just loss of income, but also loss of the rewards of work such as daily structure and a major source of social contacts, especially for those in higher-status jobs (Juster, 1998; Sterns, 1998; Warr, 1998). Perhaps the intrinsic benefits of work explain our finding that moving from retirement back into work reduces negative affect.

As we have mentioned, our results are discrepant from those of Atchley (1999), who found that morale, also referred to as *emotional resilience*, increased more for retired men than for still-employed men (but not for the women) in the 2-year period following retirement. Although the HRS is a large national representative sample, the Ohio Longitudinal Study is also large for a psychological study of its type and representative of a town in Ohio. There may be measurement issues having to do with the difference between morale and depressive symptoms. We suspect, however, that the differing results have more to do with the economic and social circumstances of the different eras in which the two studies took place. The Ohio Longitudinal Study (OLS) spanned the 1970s and early 1980s, a time when the era of prosperity was ending but before the massive layoffs and downsizing that occurred after the technological revolution of the late 1980s (see, for example, Marshall, 1998) and largely before the repeal of mandatory retirement laws (Ekerdt, 1998). We can only speculate of course, but it may be that the retirees in the OLS were more likely to choose retirement than were the participants in the HRS.

A few caveats must be noted to the conclusions as presented. As mentioned, the effects of retirement on depressive symptoms are small even though statistically significant. The respondents showing the most depressive symptoms were the disabled and the unemployed. Clearly, retirement is not the strongest predictor of depressive affect in this study. As we have mentioned, self-rated health has the largest effect, a link that has been well-established by other researchers (Kessler et al., 1992; Vaillant & DiRago, this volume; Warr, 1998; Wink, this volume).

Moreover, relationships seem to have more import for depressive affect than does work. Those who are married or partnered have less depressive symptoms than those who are single, widowed, or divorced. Easterlin (2003) says that “most individuals spend a disproportionate amount of their lives working to make money, and sacrifice family life and health, domains in which aspirations remain fairly constant as actual circumstances change, and where the attainment of one’s goals has a more lasting impact on happiness [than does the accumulation of wealth]” (p. 11182). Our findings about the significance of relationships for well-being are similar to those of Wink, who reports in this volume that the widowed, especially men, were more prone to depression than all the other groups of participants. Along with Vaillant and DiRago, Wink also reports that good mental health stems from good relationships with adult children and grandchildren.

A second caveat has to do with limitations of the measure of CES-D in the HRS in that respondents can only answer “present all the time” or “not present” to each of the symptoms listed. The lack of dispersion with this response set makes it rather difficult to interpret the results. We noted that the levels of depressive symptoms were rather low; the mean was less than one symptom. It would have been more meaningful to have a broader range of responses so that the extent to which a symptom was present was measured with more precision. Also, depressive symptoms do not necessarily indicate *depression*.

Most important, we know that some people actually find new leases on life during retirement, well-articulated by Vaillant and DiRago, Helson and Cate, and Winter, Torges, Stewart, Henderson, & Henderson (this volume). Indeed, Winter et al., considered those who wanted to continue working during the conventional retirement years as “avoidant” of the retirement decision-making process (as did Laslett, 1991). In addition, it is clear that factors other than work (e.g., social, physical, psychological, economic) predict well-being in retirement. Knowing how to enjoy leisure and finding pleasure in giving to others were the factors predicting satisfaction with retirement in several studies reported in this volume. So, some work involvement may facilitate well-being in retirement, but it is not the only pathway.

Indeed, these results do not suggest that work is the best option or that we should slow our efforts to save policies that make the relinquishing of work in later life possible. On the other hand, Hemingway said that “*retirement* is the ugliest word in the English language.” Why? Perhaps he felt this way because retirement is an “incomplete institution,” as pointed out by Moen in this volume. She notes that some retire only to find a different job; some go back to work at their very same office in a new capacity, all of which was evident

in the HRS data that we examined. Quinn (2002) writes about the popularity of bridge jobs. Freedman (1999) envisions a core of volunteers creating a new Great Society. The day of thinking about retirement as an extended vacation is over, but great variability exists in what people do instead.

Indeed, what theory do we have to suggest that the link between work and well-being would change just because we get a little older? Why are we not talking more about work as one option among many for current generations of retirees? To be sure, the work environment may have to change as older workers clearly want to work more on their terms than do younger workers (Christensen, 2006). They may want less work, or a different kind of work, or to work at a different pace (Sweet & Moen, 2006). They may want to work only certain times of the year. It would appear that the data reported here show that continued work in some capacity should be considered as one viable option for happy and meaningful Third Age living.

To provide one example of an approach to retirement that includes work, we offer the story of a man who participated in a focus group for another study of aging and work underway. At age 65, "Larry" retired, ending a career as a chief operating officer for a large corporation, and moved to Florida with his wife. Shortly after the move, he suffered two heart attacks. His efforts to get better seemed unproductive. The summer weather in Florida made breathing difficult, and he missed his doctors in the northeast. So he made the very unusual decision to move back to Massachusetts. His wife was very supportive but wanted to stay in Florida; she did not move with him. Now 75, Larry works full time at a national drug store chain, from 5:00 A.M. until 4:00 P.M., and lives apart from his wife. He is very involved with his children and their children, who still live in the area. When asked why he continued to work during these years usually reserved for retirement, this was his response:

I'm not the type of a person to sit back. I've found that I have to be active in order for me to continue good health, if you will. I can't sit back in a rocking chair, nor can I walk every day three miles and do nothing. So, if I'm active, I'm active, physically and mentally. And work keeps my mind occupied. . . . Until such time the good Lord says 'hey quit.' . . . I will continue working. . .

When asked what his most important reason for working is, he responded: "For me, it's health. Income is secondary, but for me primarily. . . it's health. . . . I have a tendency to get high cholesterol very fast. And being active, I'm able to control it with medication and proper diet. . . . it gets to a point in life you know, [you were] once a leader, then you become a follower."

He admits that it is hard living apart from his wife but says that they talk every day, see each other every few weeks, and take trips together. "This works for us," he said.

Some people of retirement age find meaning and pleasure in work. Larry did not want to keep up the pace of his career job, but found the lack of structure of full-time retirement to be not to his liking. He and his wife seem to have made an adaptation to their different needs; they appear to be still important in each other's lives. Larry is of course healthy enough to do the work; indeed, he believes work improves his health. The complete exit from the workplace at age 65 is not suitable for everyone. House (1998), in summarizing a long program of research, reports that the greatest physical and psychological well-being can be observed in those who are doing as much paid work as they would like to do. He says that, on average, older workers want a little more work, whereas younger (midlife) workers want to work less. The workplace may need to make adjustments and create more options for continued employment for older citizens who have this yearning.

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Change and Stability During the Third Age:

Longitudinal Investigations of Self-Rated Health and Religiousness With the Terman Sample¹

Michael E. McCullough and Emily L. Polak

One can conceptualize the Third Age variously as a distinct age range (nominally, ages 65–79 years), a discrete developmental stage (i.e., the temporal nexus of a variety of interesting developmental challenges and opportunities), or the years following the occurrence of a distinct developmental event (i.e., reduced or terminated engagement in the world of paid work). When one asks questions about how a distinct age, a distinct stage, or a distinct developmental event influences people's characteristics—their personality, their

¹ Michael E. McCullough and Emily Polak, Department of Psychology, University of Miami. Correspondence regarding this chapter should be sent to Michael E. McCullough, Department of Psychology, University of Miami. For this research we used *The Terman Life Cycle Study of Children with High Ability 1922–1986* data set (made accessible 1990, machine-readable data files and microfiche data). These data were collected by L. Terman, R. Sears, L. Cronbach, and P. Sears and are available through the archive of the Henry A. Murray Research Center of the Radcliffe Institute for Advanced Study at Harvard University, 10 Garden Street, Cambridge, Massachusetts (Producer and Distributor). This research was generously supported by grants from the John Templeton Foundation and the Metanexus Institute, and funds given by the John D. and Catherine T. MacArthur Foundation to the Murray Research Center. We are grateful to the helpful staff of the Murray Research Center, Al Hastorf, Eleanor Walker, Sharon Brion, and Andrea Jain for their assistance.

relationships, their health, their income, or their well-being—one inevitably confronts questions about how best to describe and measure change and stability in those characteristics.

One approach to studying change and stability in psychosocial constructs in light of the Third Age is to make use of long-term longitudinal studies that allow us to examine development within individuals as they approach, enter, and leave the Third Age. As one of the longest running longitudinal studies in history, the Terman Life Cycle Study of Children with High Ability (Terman & Oden, 1947) is a remarkable resource for studying psychosocial and social development before, during, and after the Third Age (i.e., the years from age 65–79) and can shed light on some of the unique psychosocial processes that might take place during this stage of life. Begun in 1921–1922, the Terman study comprises data from 1,528 gifted boys and girls (all the students had IQs of 135 or more) from the state of California. The average birth year for children in the original sample was 1910.

By early adulthood, the Terman participants were extremely well-educated. By 1940, approximately 99% had high school diplomas; 89% had at least some college experience, 70% had at least a bachelor's degree; 45% had at least a master's degree, and 8% had one or more doctoral degrees. By 1986, about 90% of participants had been married at some point in their lives, and nearly two-thirds of those who married managed to stay married well into old age or until their spouses died. Socioeconomic status was generally high and individuals were remarkably long-lived. Nearly all of them were White and from middle-class backgrounds.

Since the sample was assembled in 1922, the members of the Terman cohort have been re-contacted for over a dozen follow-up surveys (as recently as 1999). Attrition has been remarkably low. In addition, Howard Friedman at the University of California, Riverside, and his colleagues have worked assiduously to obtain death certificates for the aging Terman participants so that the timing and causes of their deaths could be ascertained (Friedman, Tucker, Schwartz, Tomlinson-Keasey, Martin, Wingard, & Criqui, 1995). Taken together, the work of Louis Terman and his successors, along with work with the data by scholars including Friedman, as well as Leslie Martin, Carol Tomlinson-Keasey, Glen Elder, Carole Holahan, George and Caroline Vaillant, and many others, has made the Terman study a truly extraordinary resource for studying the Third Age.

The work we have done with the Terman Study that might be of interest in developing a scientific understanding of the Third Age has focused on two sets of issues related to stability and change in the Terman participants' psychosocial development. First, we have been trying to understand the longitudinal

development of self-rated health over the life course. Many researchers have noted that self-rated health appears to decline with age (Idler, 1993; Roberts, 1999) but the field has not given enough attention to 1) the shape and timing of those changes or 2) individual differences in how self-rated health changes as people age. In addition, we have been trying to understand how the Terman participants' religious lives unfolded. Few researchers have tried to examine the Terman participants' religious lives and how their religious development might have influenced, or been influenced by, other aspects of their psychological, relational, and physical functioning (but see Clark, Friedman, & Martin, 1999; Holahan, Sears, & Cronbach, 1995 for some analyses involving religious variables in the Terman data set). To some extent, the neglect of religious development in the Terman sample is unsurprising because the methodological challenges associated with studying religious development in this sample are formidable, although as we describe presently, not insurmountable.

The longitudinal development of self-rated health and religiousness among the Terman participants are interesting and useful lenses through which to understand the Third Age. Studying the development of self-rated health and religiousness enables us to examine two questions about the Third Age that are centerpieces of this volume: 1) To what extent do self-rated health and religiousness change during the Third Age, relative to previous decades of adulthood; and 2) to what extent can we view the Third Age as a continuation of developmental processes that were already in place before the Third Age began?

TWO APPROACHES TO CONCEPTUALIZING STABILITY AND CHANGE

Modern developmental scientists often make questions about stability and change more tractable by distinguishing rank-order stability from mean-level stability. As a prelude to the following discussion of how our work with self-rated health and religiousness in the Terman sample can shed light on the Third Age, it is useful to define these two aspects of stability.

Rank-order stability reflects the tendency for individuals to maintain their rank on a given construct relative to their peers over a given period of time (Roberts & DelVecchio, 2000). For traits or psychosocial constructs that have a high degree of rank-order stability over a period of time—say, 20 years—individuals who score, for example, at the 90th percentile on a given trait will tend to obtain a similarly high rank on the trait relative to peers 20 years later. Conversely, traits or psychosocial constructs that have low rank-order stability reflect a high degree of reshuffling among individuals as time passes. Roberts

and DelVecchio (2000) showed that traits do not become “set like plaster.” Rather, individuals continue to change their ranks on most personality traits relative to their peers well into the Third Age, although rank-order stability does increase throughout life (approaching a maximum test-retest correlation of approx. $r = .70$ late in life).

In contrast, *mean-level stability* reflects the tendency for the mean of individuals’ absolute values on a trait or construct to stay the same over time. When traits are mean-level stable, a population’s mean score on the trait does not change over time. Modern personality research has shown that the mean-level stability of personality traits can no more be taken for granted than can the rank-order stability of personality traits (Helson, Jones, & Kwan, 2002; Roberts, Helson, & Klohnen, 2002; Srivastava, John, Gosling, & Potter, 2003). People show evidence of considerable mean-level change even for many personality traits well into late life. With the distinction between rank-order stability and mean-level stability in mind, we now turn to a review of some of the issues we have been exploring regarding the development of self-rated health and religiousness in the Terman sample and what these findings tell us about change and stability during the Third Age.

CHANGE AND STABILITY IN SELF-RATED HEALTH: A VIEW FROM THE THIRD AGE

Self-rated health is one of the commonest ways of studying health-related quality of life in fields such as epidemiology, sociology, and demography. To study self-rated health, investigators typically instruct participants to respond to questions such as, “How has your health been recently?” by choosing among perhaps five options (e.g., “very poor,” “poor,” “fair,” “good,” or “very good”). Despite their simplicity, ratings of health predict how long people will live (Benyamini & Idler, 1999; Idler & Benyamini, 1997) and how much health care they will consume (Hansen, Fink, Frydenberg, & Oxhøj, 2002). Even in representative studies using stringent statistical control, the odds of dying for people with “poor” self-rated health are typically 50%–100% higher than are those for people with “very good” or “excellent” self-rated health (Benyamini & Idler, 1999; Idler & Benyamini, 1997).

Self-ratings of health may derive their predictive utility from the fact that people consider many factors when they assess their general health. Self-rated health is related, of course, to disability and morbidity (Ferraro & Yu, 1995), but it is also associated with many psychological, behavioral, social, and environmental factors that hasten death. Low psychological well-being and negative emotional states are associated with lower self-rated health (Benyamini,

Idler, Leventhal, & Leventhal, 2000). Moreover, behavioral risk factors such as obesity, smoking, and alcohol use are associated with low self-rated health (Ferraro & Yu, 1995; Meurer, Layde, & Guse, 2001), as are social conditions such as living in an area with low social capital (Kawachi, Kennedy, & Glass, 1999) or in a deteriorated neighborhood (Krause, 1996).

To think about how self-rated health during the Third Age is similar to or different from self-rated health during other eras of the adult life course, one might ask the same sorts of questions that investigators have been asking about personality development over the life course in general—questions about mean-level stability and about rank-order stability.

Measures of Self-Rated Health and Their Rank-Order Stability

In 11 different surveys (1940, 1945, 1950, 1960, 1972, 1977, 1982, 1986, 1991, 1996, and 1999), participants in the Terman study completed a five-point Likert-type item (e.g., “General health since 1940:”) to indicate their perceptions of their own health (where 1 = very poor, 2 = poor, 3 = fair, 4 = good, and 5 = very good). Throughout most of the life course, the 5-year to 10-year test-retest correlations for self-rated health are never very far above $r = .60$, and there is no evidence that these rank-order stabilities become any stronger as people enter the Third Age. Instead, people’s rankings on self-rated health continue to reshuffle well into the Third Age and beyond. This, of course, is what one would expect from a dynamic construct like self-rated health, which seems to be so sensitive to subtle changes in people’s physiological functioning, functional ability, and psychosocial well-being.

Mean-Level Stability of Self-Rated Health

But the rank-order stability of self-rated health tells us nothing about its mean-level stability. A variable with perfect rank-order stability (i.e., a variable for which the test-retest correlation is unity) could still show evidence of systematic change over the life course, if every person’s scores change with age in exactly the same way as do the scores of every other person. Thus, we have tried to look at mean-level change in self-rated health explicitly, and this is where we have found the developmental findings that have most interested us. Prior to beginning this work, we were surprised to learn how little is known about the typical trajectory or *natural history* of self-rated health across the adult life course. Some researchers have noted a curvilinear relationship between age and self-rated health, but this finding was based on cross-sectional rather than longitudinal data (Ferraro & Yu, 1995). Some investigators have conducted studies in which they followed adult participants for as many as three or

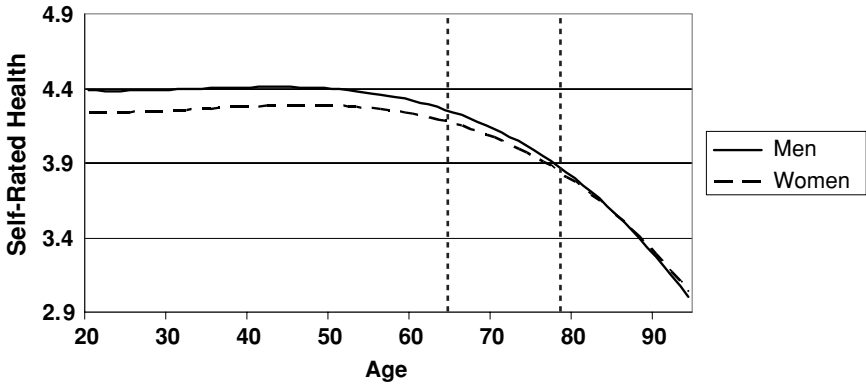


FIGURE 9.1 Typical developmental trajectories of self-rated health for men and women.

four decades (Clipp, Pavalko, & Elder, 1992; Ferraro & Kelley-Moore, 2001; Strawbridge & Wallhagen, 1999), but neither these nor any other studies of which we are aware were designed to describe the normative age trajectory of self-rated health across the adult life course.

To address this gap in the literature, we used multilevel growth curve models (Hedeker, in press) to look at mean-level changes in self-rated health over the life course (McCullough & Laurenceau, in press[a]). Using the 11 repeated assessments of self-rated health described above, we estimated third-order polynomial growth curves for each individual, with individuals possessing different parameter estimates for the intercept, linear change, and quadratic change parameters.

Typical Mean-Level Changes in Self-Rated Health Before and During the Third Age

The best-fitting trajectories can be interpreted a bit more easily by examining Figure 9.1. This figure depicts the expected longitudinal trajectories of self-rated health for men and women from age 20 to age 94. We have placed two vertical dotted lines in this figure to highlight when the Third Age begins (age 65) and ends (age 79). One way to interpret these figures is to note that self-rated health across the life span actually seems to consist of two different phases. The first phase, which extends from about age 20 to age 50, is a period of mean-level stability. For men and women both, the typical person maintains a relatively favorable impression of his or her health for the first three decades of adulthood, with relatively little mean change. However, around age 50, a second phase seems to begin: For men and women alike, self-rated health

begins to cascade, in an accelerating fashion, into their mid-90s. Presumably this cascade continues until death. Interestingly, the cascade of self-rated health was a bit more extreme for men than it was for women. As a result, the gender difference in self-rated health was nonexistent by the time people were in their 90s, even though men had higher self-rated health from age 20 until age 80.

What can one deduce from these results regarding self-rated health during the Third Age? One clear conclusion is that the Third Age occurs in the middle of an ongoing cascade of self-rated health. For typical individuals, self-rated health entered a period of cascading decline 15 years before they reached their 65th birthdays. We might conclude from this fact that the Third Age does not appear, in any sense, to usher in declines in self-rated health for either men or women, although the Third Age does take place in the middle of a cascade in self-rated health.

We can put the so-called cascade in perspective by interpreting it in light of the anchoring points for the scale. Although self-rated health clearly declined in an accelerating fashion from age 50 until the end of life (i.e., the rate of change itself was changing), the net amount of change in self-rated health for men and women both was really quite small: Self-rated health dropped, on average, from approximately 4.3 or 4.4 at age 20 to approximately 3.0 at age 94. Using the descriptions of the anchors of the self-rated health measure as a guide, this suggests that self-rated health went from somewhere between “good” and “very good” at age 20 to “fair” by age 94. Self-ratings of health do not come crashing down during or even after the Third Age, although the reductions are of course substantial. Still, the typical man and woman leave the Third Age still perceiving themselves to be in “fair” health. Other researchers have found similarly modest changes in self-rated health into the Third Age (Case & Deaton, 2003), so it seems reasonable to conclude that people typically maintain moderately favorable impressions of their health into the Third Age and beyond.

A second point about the Third Age that we can make from these data is that the gender gap in self-rated health closes during the Third Age. It is precisely the phase of life beginning around age 65 in which the gender difference in self-rated health—with men having better self-rated health than women—begins to narrow and eventually closes completely. This is also consistent with what Case and Deaton (2003) found in their analyses of men’s longitudinal trajectories of self-rated health over the life course using the National Health Interview Survey: In those data, the gender difference between men’s and women’s average self-rated health seemed to disappear around age 65.

Religiousness as a Protective Factor Against Declines in Self-Rated Health Before and During the Third Age

In recent work, we have been examining the associations of religiousness with self-rated health (McCullough & Laurenceau, in press[b]). Other investigators have found a positive relationship between religiousness and self-rated health in random samples of adults from the United States (Ferraro & Albrecht-Jensen, 1991) and in samples of adults from Canada (Veenstra, 2000), Finland (Hyppä & Mäki, 2001), and Japan (Krause, Ingersoll-Dayton, Liang, & Sugisawa, 1999), so we wondered if religiousness might protect people from the declines in self-rated health that seem to take place before, during, and after the Third Age.

Using a measure of religiousness that we constructed from four self-report items that participants completed in early adulthood (the items measured participants' engagement in public religious activities, as well as their own attitudes about religion and the personal importance they ascribed to religion), we found that religiousness indeed was useful for explaining developmental changes in self-rated health. Even after controlling for 1) the four "Big Five" personality traits for which we were able to construct indices (i.e., conscientiousness, extraversion, agreeableness, and neuroticism), 2) health behaviors (e.g., alcohol use, body mass, psychological adjustment problems), and 3) six measures of social support and social activity, religiousness helped to predict the longitudinal course of self-rated health during the life course—but only for women. Among the women in the sample, religiousness in early adulthood was associated not only with higher mean self-rated health over the life span, but also, highly religious women had 1) less linear decline in self-rated health over the life course; and 2) less extreme cascades (that is, downward curvature) in self-rated health as they aged. As a result, women who were highly religious in early adulthood enjoyed better self-rated health, particularly during the years immediately preceding, during, and after the Third Age.

We were surprised that religiousness predicted the longitudinal trajectories of self-rated health for women, but not for men. As Figure 9.2 shows, men who differed on religiousness in 1940 (when the men themselves were in their 20s and 30s) did not have different life course trajectories of self-rated health. The association of religiousness with more favorable life course trajectories of self-rated health appears, at least in the Terman sample, to be a phenomenon of women's adult development.

Summary: Self-Rated Health During the Third Age

Our work with the Terman data (McCullough & Laurenceau, in press[a], in press[b]) suggests that self-rated health during the Third Age is unique in

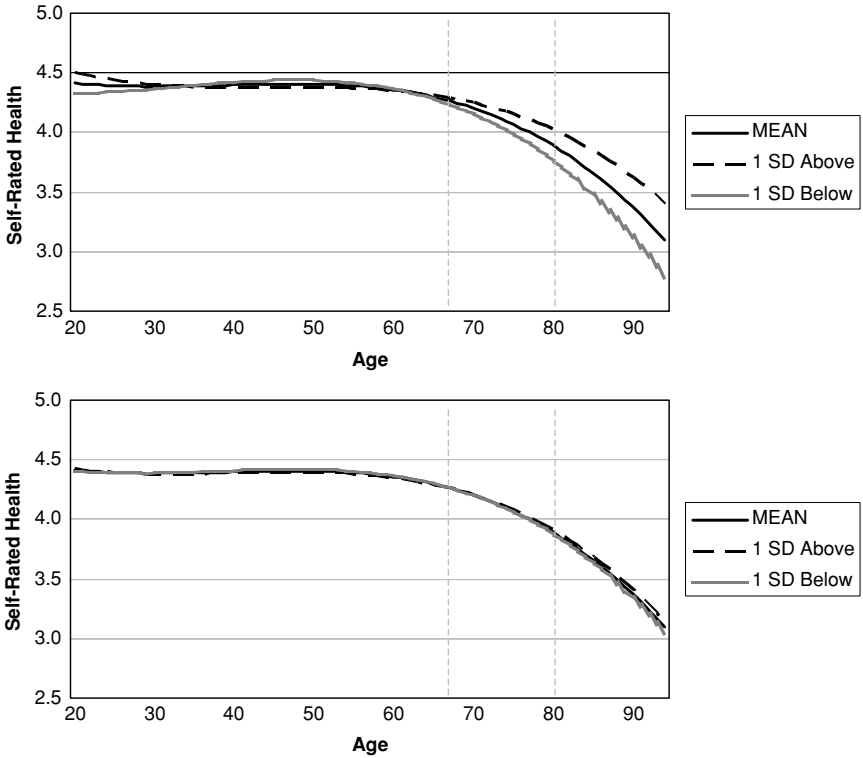


FIGURE 9.2 Typical developmental trajectories of self-rated health for men (top figure) and women (bottom figure) as a function of their scores (i.e., one standard deviation above the mean, at the mean, and one standard deviation below the mean) on a measure of religiosity from 1940.

some ways, but it also involves continuations of developmental phenomena that began well before the Third Age. Rank-order stability did not change notably during the Third Age, suggesting that self-ratings of health are no more fixed or stable in a rank-order sense during this period than they were in previous decades. However, in terms of mean-level stability, the Third Age does appear to fall in the middle of a period of cascading self-rated health. These cascades begin well before the Third Age and continue well after the Third Age. Therefore, it seems unlikely that the psychological or social processes that take place during the Third Age itself are responsible for these cascades. The cascades are less marked for women than they are for men, and among women in particular, they are less marked for women who were highly religious in early adulthood. Moreover, it is during the Third Age that the religious differences in self-rated health become most prominent (for women). These latter findings

point to the possibility that some psychosocial variables that are related to the longitudinal unfolding of health and well-being during the Third Age and beyond may differ for men and women.

CHANGE AND STABILITY IN RELIGIOUSNESS: A VIEW FROM THE THIRD AGE

Social science has revealed surprisingly little about religious development during the Third Age. However, given the changes in social priorities and, particularly, increases in free time that occur when people enter the Third Age (Grafova, McGonagle, & Stafford, this volume; Wink, this volume), it seems reasonable to expect that some aspects of religious involvement will increase in or around the Third Age. The best evidence to date—drawn from a nationally representative probability sample of married adults in the U.S. population—suggests that men and women both tend to become slightly more religious with age, at least until age 65 (Argue, Johnson, & White, 1999). But even Argue et al.'s (1999) findings cannot tell us about religious development during the Third Age because their analyses leave off at age 65.

Although it complicates matters, one should also keep in mind that religiousness manifests considerable rank-order stability. Test-retest reliability estimates for measures of religiousness often exceed .80 (Wink & Dillon, 2001), which rivals the degree of rank-order stability expected for personality traits in general during and beyond the Third Age (Roberts & DelVecchio, 2000). Still, we have conducted analyses on religious development with the Terman data that can shed new light on religious stability and change during the Third Age in particular.

Measures of Religiousness and Their Rank-Order Stability

As in other recent work on religious development (Wink & Dillon, 2001, 2002), we used a "recasting" method (Elder, Pavalko, & Clipp, 1993) to develop a five-point rating scale for measuring the salience or importance of religion to participants. This measure is conceptually similar to other measures of religious salience that have been used in previous longitudinal research on religious development among adults (e.g., Argue et al., 1999; Wink & Dillon, 2001). To use these rating scales, trained raters read all information that participants provided regarding their religiousness for follow-up surveys that Terman and his associates conducted in 1940, 1950, 1960, 1977, 1986, and 1991. After reading the religious information on a given participant for a given year, raters then provided a single numeric rating of their perceptions of the participant's religiousness at that point in the participant's life. Scores

on this scale ranged from 0 = religion has no importance in subject's life, as noted by no religious interest, no religious inclinations, and total lack of life satisfaction gained from religion to 4 = religion has very high importance in subject's life, as noted by very high interest in religion, very high religious inclination, or very high degree of life satisfaction gained from religion.

As other investigators have found, our measures of religiousness showed good rank-order stability (McCullough, Enders, Brion, & Jain, in press). Even in 1940, when participants' ages ranged from 20 to 40, religiousness manifested considerable 10-year rank-order stability ($r = .59$). By the time participants entered their 60s and 70s, test-retest reliabilities consistently exceeded $r = .70$. Thus, religiousness was quite rank-order stable in early adulthood but may have become slightly more stable in a rank-order sense as people entered the Third Age.

Mean-Level Stability of Religiousness: A Single-Class Growth Model

But, as noted several times earlier in the present chapter, the fact that religiousness was moderately rank-order stable does not mean that it did not change. Indeed, we found considerable evidence that the typical individual's religiousness changed considerably over the life course. These changes were complex, and they were not the same for everyone.

Our initial look at mean-level stability in religiousness came from conducting a one-class multilevel growth curve model—the same sort of model we applied to the self-rated health data. These analyses showed that, for the typical individual in the Terman sample, religiousness increased relatively quickly during early adulthood, but these religious increases slow to a complete stop around age 56. Following midlife, we were somewhat surprised to find, the sizeable increases in religiousness during the first half of adulthood were completely reversed.

These data seemed surprising in part because this sort of longitudinal trajectory of religious development differs substantially from the sorts of growth trajectories that appear to describe the U.S. population at large. Recall that Argue et al. (1999) reported that the typical trajectory for religious salience until age 65 had a positive slope, although the slope became increasingly shallow. The fact that this typical trajectory in the Terman sample is so different from the typical trajectory of the general population up to age 65 may reflect the unique characteristics of the Terman sample (recall that they were not only intellectually gifted but also much less religious than the general public). In particular, for the typical individual in the Terman sample, the Third Age was characterized by declines in religiousness that began a decade earlier (i.e., around age 56) and continued throughout the remainder of the life course.

Mean-Level Stability of Religiousness: A Growth Mixture Model

We were so puzzled by how much the typical trajectory of religiousness in the Terman sample varied from the typical trajectories in the U.S. population at large that we were prompted to ask some further questions about mean-level change and stability: What if individual differences in religious development are not caused simply by the fact that some people have slightly different growth trajectories than do other people? What if the inter-individual differences in development are caused instead by the fact that discrete developmental pathways exist for religious development? To address such questions, we used a statistical method called *growth mixture modeling*. Growth mixture modeling allows one to identify discrete classes of developmental trajectories, with individuals within any discrete trajectory class by definition more developmentally similar to each other than they are to individuals within other discrete trajectory classes (Muthen, in press; Muthen et al., 2002). These models, which are essentially a marriage of latent growth modeling and latent class analysis, allow investigators to determine whether several distinct pathways of development underlie the heterogeneity in individuals' development over the life course. People who are classified as belonging to a single trajectory class can be considered to follow the same pathway of development, although some within-class heterogeneity is permitted. Having established these qualitatively distinct trajectory classes, it then becomes possible to predict trajectory class membership on the basis of background variables.

Using growth mixture models, we eventually discovered three discrete trajectory classes. These trajectory classes can be thought of as fuzzy categories, whose prototypical features are summarized in the three growth trajectories depicted in Figure 9.3. The parabolic trajectory, which is characterized by

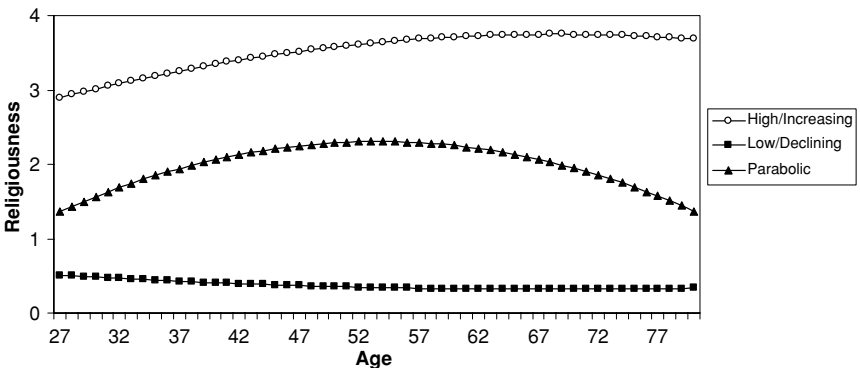


FIGURE 9.3 Developmental trajectories of religious salience derived from a multilevel growth mixture model.

moderate religiousness in early adulthood, increases in religiousness into mid-life, and declines in religiousness following age 56, is obviously similar to the trajectory for the one-class growth model described previously: Forty percent of the people in the sample were categorized as members of this trajectory class, which we have called the “parabolic class.” As Figure 9.3 shows, this class is associated with declines in religiousness during the Third Age, although these declines preceded the Third Age.

Forty-one percent of participants appeared to be better described by another trajectory prototype altogether. For these people, religiousness early in early adulthood was much lower than it was for individuals in the “parabolic” class, with shallow declines in religiousness throughout the remainder of adulthood. People in this “low/declining” trajectory class reported that their home lives as children were much less religious than did people in the parabolic class. In addition, people in the “low/declining” class had slightly fewer children, on average, as adults than did their counterparts in the normative class ($p < .053$). They also scored lower, on average, on a measure of Agreeableness in early adulthood than did their counterparts in the normative class. For people in this largely nonreligious trajectory class, the Third Age was not associated with unique changes in religious development. Instead, the Third Age involved a continuation of the low and declining levels of religiousness that had been seen earlier in life.

We discovered a third trajectory of religious development: For approximately 19% of the sample, religiousness was quite high during early adulthood, increasing and finally reaching a sort of plateau in the Third Age. This trajectory is remarkably similar to the typical trajectory found in the general U.S. population for individuals up to age 65 (Argue et al., 1999). Toward the end of life (in the late 80s), religiousness began to decrease slightly for this group of individuals, but not much. People in this third trajectory class, which we have called the “high/increasing” trajectory class, could be identified with four background characteristics. First, they were more likely to be women than were people in the parabolic trajectory class. Of course, gender is perhaps the most robust correlate of religiousness that social scientists have ever discovered (Stark, 2002). Second, they reported that they had had much more strict religious home lives as children than did their counterparts in the parabolic class. Third, they were, on average, more agreeable than were their counterparts in the parabolic class. Fourth, people in the high/increasing class were slightly less likely than were their counterparts in the parabolic class to get married at some point during their lifetimes. We have tried to explain these predictors of trajectory class membership using the rational choice theory of religion

(Iannaccone, 1998; Stark & Finke, 2000) and, although space here does not permit us to discuss this theory, we have been impressed with its scope and explanatory power (for more details see McCullough, Enders, Brion, & Jain, 2004).

Summary: Religiousness During the Third Age

Religiousness is quite rank-order stable throughout adulthood, and it may become slightly more rank-order stable during the Third Age. In terms of mean-level stability, the Third Age appears to portend different religious outcomes for different individuals. For about 40% of the people in the Terman sample, the Third Age is characterized by declines in religiousness that began prior to the Third Age and continued well throughout the Third Age. For about 41%—people from very weak religious backgrounds who were less agreeable and slightly less likely to have large families—the Third Age was characterized by a continuation of the same low and declining trajectory of religiousness that they had experienced in previous phases of adulthood. Finally, for a very small, highly religious proportion of people who were more agreeable and slightly less likely to get married, the Third Age was characterized by a leveling off of religiousness at very high levels and, toward the end of the Third Age, the beginnings of small declines in religiousness. This latter trajectory looks much like the trajectory that one finds in the U.S. general population (Argue et al., 1999).

CONCLUSION

How Is the Third Age the Same? How Is It Different?

Our work on self-ratings of health and religiousness in the Terman sample has a few implications for the efforts to understand how the Third Age is similar to, and different from, other phases in the adult life course. First, in some respects, the development of self-rated health and religiousness during the Third Age can be thought of as continuous with the decades that came before. We see evidence of mean-level changes during the Third Age: For example, it is a period in which self-rated health and religiousness alike were on the decline for the typical man and woman, but these declines began well before the Third Age. In other words, in terms of self-rated health, things changed during the Third Age, but they were already changing before the Third Age began.

In other respects, our findings point to unique developmental features of the Third Age. The Third Age is a time in which the gender differential in

self-rated health finally closed completely for men and women in our sample, as others have found (Case & Deaton, 2003). It is the phase of life in which the positive associations of women's religiousness with the growth parameters underlying self-rated health begin to manifest themselves. And it is the phase of life in which, for very religious people in the sample, religiousness development slows and eventually reaches a plateau. In these ways, the Third Age appears to usher in novel psychosocial developments.

We think the implication of these results for theorizing about the Third Age can be stated in the following way: Although one should not presume that the Third Age is qualitatively different from the phases of life that have come before, we should not presume that it is exactly the same either. Finally, we must stay open to the very real possibility that people are changed by the Third Age in their own unique ways—that there may be no “main effects” for the Third Age, but rather, unique effects for unique individuals. For some people, the Third Age appears to be a time of religious stability; for others, it is a time of religious change. For some people, it is a time of relatively shallow declines in self-rated health; for others, it is a time when self-rated health declines quite rapidly. Modern methods of the study of inter-individual differences in intra-individual change, such as multilevel growth curve models and growth mixture models, give us a set of concepts and tools for studying the unique developmental effects of the Third Age on unique people. With the right types of longitudinal data and the right types of statistical methods, researchers in this new field will be able to examine the unique effects of the Third Age on unique individuals. This seems to us like an exciting frontier for future work.

In closing, we should reiterate an important point about the Terman participants—they themselves are quite unique in many ways from the general population. They are part of the cognitive elite—individuals scoring in the highest 1% or 2% of the population in terms of intellectual abilities. Even the youngest of them was born and raised in the State of California over seven decades ago. They were long-lived and, for the most part, well-off financially. They were, on average, not very religious. For all these sources of non-representativeness, it is perhaps best to view the findings we have presented here as illustrations of the sorts of questions one might ask about the Third Age using modern methods for the analysis of change rather than explications of replicable facts about the Third Age that one would expect to find in the general population. We look forward to future explorations, using the Terman study and other data sets, of how individuals are influenced by the Third Age.

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Social Relations in the Third Age:

Assessing Strengths and Challenges Using the Convoy Model

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In many ways, the Third Age, that period between approximately 65 and 79 years of age, represents a very positive development. People are living longer; they are healthier and more functionally able for much longer periods of their lives. In fact, the Third Age today is characterized by people who have lived quite varied lives, are better educated, more physically able, and generally more interested in an active and interactive lifestyle than those from any previous generation. As in so many other aspects of their lives, this distinctive cohort of people is forging a new path of social relations that represents their unique situational and personal characteristics. Differences in social relations during the Third Age reflects these life course experiences, especially those emanating from gender, race, and education. As a result, whereas many strengths may be evident in the social relations of this age group, challenges reflecting both present and past life experiences are also likely to emerge.

Trends in population aging and morbidity compression suggest that the Third Age represents a period of independence from the pressures of work and a time for self-actualization. To fully enjoy the benefits of the Third Age, it is important to maintain health and well-being. Research suggests that social relations are as important as exercise for maintaining well-being. Thus, a need exists to understand the nature and quality of social relationships during the Third Age of life. In this chapter, we identify the Third Age as a newly emerging period of emancipation and transition, a pioneering period sometimes

identified as the crown of life but certainly realistically seen as a time of reward and responsibility. We begin by introducing the Convoy Model of Social Relations as a framework for assessing social relationships. This is followed by a review of the literature that considers how gender, race, and education influence social relations. Finally, data from the Social Relations and Mental Health Study (Antonucci & Akiyama, 1995) are presented to explore age, gender, race, and education variations in social relations. We conclude with a discussion of strengths and challenges associated with the structure and quality of social relations, and further delineate the emerging new path of social relations in the Third Age.

THE CONVOY MODEL OF SOCIAL RELATIONS

The Convoy Model of Social Relations offers a framework within which to consider how gender, race, and educational attainment influence social relationships over the life course. Convoys are generally conceived of as an assembly of close family and friends, who surround the individual and are available as resources in times of need (Ajrouch, Blandon, & Antonucci, 2005; Antonucci & Akiyama, 1987a). Convoys are shaped by personal (e.g., age, gender, race, education) and situational (e.g., role status, including whether one is a parent, spouse, friend, etc.) factors that influence support relations and well-being both contemporaneously and longitudinally. Convoys are dynamic and lifelong, changing in some ways, but remaining stable in others, across time and situations (Antonucci, 1985; 2001; Kahn & Antonucci, 1980). Although social networks refer to the objective characteristics of social relations at any one point in time, the convoy of social relations is specifically designed to encompass all aspects of social relations over time. The convoy framework also includes those personal and situational characteristics that influence the shape and content of the social networks as well as the consequences of social relations on an individual's health and well-being.

By acknowledging the influence of personal and situational characteristics, an assessment of both the strengths and challenges associated with social relations may be achieved. Social relations have been shown to help people cope with crises or stresses, but they have also been shown to create challenges as sources of worry, burden, or strain. Most telling may be the patterns that emerge when one compares the structure and quality of social relations during the Third Age to patterns detected among younger people. We turn next to a consideration of how gender, race, and education each influence social relations over the life course, with specific attention to midlife and the Third Age.

GENDER, RACE, AND EDUCATION INFLUENCES ON SOCIAL RELATIONS

Previous research clearly indicates that age, gender, race, and education influence both network structure and support quality. Network structure refers to the objective characteristics of the network, such as size (the number of people in a network), composition (percentage of family or friends), and density (the number of people who know each other). Support quality, on the other hand, refers to the more subjective, evaluative dimension of social relations; that is, the positive and/or negative aspects of relationships.

Age differences in network structure reflect differing roles and responsibilities according to life stage (Antonucci & Akiyama, 1987b; Carstensen, 1993; Mardsen, 1987). Whereas middle-aged adults are more likely to experience multiple responsibilities related to family and work, older people often encounter a reduced number of competing, simultaneous demands (Marks, 1996). The proportion of family is the aspect of network composition that has received the most attention, because family members are expected to provide support should the need arise. In general, findings indicate that kin are more prevalent in the networks of the young and old compared to the middle-aged (Mardsen, 1987; Morgan, 1988). For example, Morgan (1988) found that older adults tend to rely on family members, non-age peers, and those whom they have known for an extended period of time. Research addressing age differences in support quality indicate decreasing negativity with age in support relations, especially when older adults are compared to younger age groups (Akiyama, Antonucci, Takahashi, & Langfahl, 2003; Birditt, Fingerman, & Almeida, 2005).

It has been widely recognized that social networks among men and women differ in complex ways, particularly in relation to life stage (Antonucci, 2001; Tucker, Schwartz, Clark, & Friedman 1999). Gender is an important structuring mechanism that helps to shape life experiences. Moen (2001) observed that convoys of support are gendered—roles and expectations differ for women and men. In general, women have larger, more diverse social networks than men; that include more people whom they consider very close (Antonucci, Akiyama, & Lansford, 1998; Antonucci & Akiyama, 1987a; Ross & Mirowsky, 1989; Turner & Marino, 1994). During midlife, when women are likely to occupy multiple roles simultaneously, such as active parenting, employment outside the home, and elder caregiving, general network contact may be limited. For men, on the other hand, who traditionally occupy the breadwinner role and rely on their spouse to facilitate family relations, age differences in personal networks may be less robust. The continuity of social roles and routines generally marks the experience of men in late life who are

more likely to be married and to maintain schedules characteristic of earlier life stages, especially through later retirement and part-time employment (Barer, 1994; Dunier, 1992). Thus, it is less likely that age differences in network size, proximity, and contact frequency will occur among men. As a result, it may be that age effects on personal networks will be especially prevalent among women.

Research also suggests that support quality is experienced differently by men and women (Antonucci, 1994; Marks, 1996; Turner & Marino, 1994). For example, women perceive a far greater amount of social support available than do men (Antonucci & Akiyama, 1987b; Ross & Mirowsky, 1989; Turner & Marino, 1994); however, as the number of people to whom women report feeling close increases, their reported level of happiness decreases (Antonucci, Akiyama & Lansford, 1998). This latter finding has been interpreted by some as the "cost of caring" (Kessler, McLeod, & Wethington, 1985); that is, the felt need to make things better or solve the problems of their loved ones—a characteristic common among women but not men. Less is known about how these differences change with age, specifically what the nature of gender differences might be for people in the Third Age, or if race and education influence these associations.

Social networks also vary by race. On average, Blacks tend to have smaller social networks than their White counterparts. This consistent finding may be caused in part by lower marriage rates or shorter life expectancies among Blacks (Cantor, Brennan, & Sainz, 1994; Ferraro & Farmer, 1996; Pugliesi & Shook, 1998). In addition, although their networks tend to be smaller, Blacks are more likely to include extended family, fictive kin, friends, or church members in their support network (Cantor et al., 1994; George, 1988; Kim & McKenry, 1999).

Research on race differences regarding other dimensions of social networks yields less consistent findings. For instance, research suggests that Blacks have less frequent contact with some close network partners such as relatives, friends, and neighbors, and more frequent contact with others such as political organizations, church, and children (Kim & McKenry, 1999; Pulgiasi & Shook, 1998; Taylor, Chatters, & Levin, 2004). In contrast, other researchers have found that Blacks have more frequent contact with relatives (Cantor et al., 1994; Johnson & Barer, 1990).

Much less is known about race differences in support quality and, to some degree, the results are inconsistent. These findings may reflect measurement differences or the importance of a third variable such as socioeconomic status (i.e., income, education, or occupation). Some studies emphasize the close and positive aspects of support relationships among Blacks, both

separately and in comparison with Whites (Magai, Cohen, Milburn, Thorpe, McPherson, & Perlata, 2001; Stack, 1974). Other studies note the increased vulnerability of Blacks and the tendency for certain relationships to be characterized by more negativity, more stressful life events among network members, and less satisfaction with social relations (Consedine & Magai, 2002; Roschelle, 1997). However, many of these race differences disappear once socioeconomic status is considered (Marmot, Fuhrer, Ettner, Marks, Bumpass, & Ryff, 1998).

Indeed, higher education levels are linked to more diverse, less family-based networks (Krause & Borawski-Clark, 1995; McPherson, Smith-Lovin, & Cook, 2001; Wenger, 1996), perhaps due to the greater “cognitive resources and skills” that are needed to develop and sustain social relationships (Broese van Groenou & van Tilburg, 2003, p. 629). Ross and Wu (1996) found, in a national probability sample of adults ages 20–64, that the level and diversity of social support increases with education level. Marmot et al. (1998), reporting on a nationally representative sample of adults in the United States, found that the lowest educational group was disproportionately represented in the highest quintile of family/friend strain and lowest quintile of family/friend support. However, Kubzansky, Berkman, and Glass (1998) find that, among an older sample of adults aged 70–79, lower levels of education were associated with larger social networks. In the following paragraphs, we examine the social relations of people in the Third Age and those in midlife to offer an exploration of sociodemographic differences in social relations in these two age groups.

EMPIRICAL EVIDENCE OF STRENGTHS AND CHALLENGES IN SOCIAL RELATIONS

The data used in this chapter are from the Survey of Social Relations. This survey focused on social relations, stress, and mental health across the life span (Antonucci & Akiyama, 1995). The data were collected in 1992–1993. The sample was drawn from a stratified probability sample of 1,702 people ranging in age from 8 to 93 in the greater Detroit metropolitan area, with oversampling of people age 60 and over. The overall response rate for the study was 72%. In addition to the detailed social relations measures described later, the interview included sociodemographic and socioeconomic status (SES) measures, life events, daily hassles, self-efficacy, self-esteem, depressive symptomatology, illness, and perceived health and well-being. The average length of the interview was 60 minutes. The sample for the current study consists of respondents age 50 to 79 ($n = 603$).

Measures

Hierarchical Mapping of Social Relations

The hierarchical mapping technique (Antonucci, 1986) was used to assess the nature of respondents' social relations. In this technique, respondents are presented with a set of three concentric circles with the word *YOU* written in the middle. They are asked to name the people who comprise their social network according to the following set of instructions: in the inner circle, people are placed who are "so close and important that it is hard to imagine life without them"; in the middle circle, "people to whom you may not feel quite that close but who are still very important to you"; and in the outer circle, "people who are close enough and important enough in your life that they should be placed in your personal network." The first name or initials are written on the diagram in the order indicated by the respondent. Respondents are then asked a series of questions concerning the structural, functional, and qualitative aspects of their relations with the first ten people listed in their network. Specific social relations variables included in the current study are as follows:

- *Total network size* represents the number of people the respondent included on his/her diagram (i.e., inner, middle, and outer circles combined). Separate counts were also assessed for each individual circle (i.e., inner, middle, and outer circles).
- *Family in network* measure is the proportion of kin in a respondent's network.
- *Friends in network* measure is the proportion of friends in a respondent's network.
- *Geographic proximity* is the proportion of people in the respondent's network who lived within an hour's drive.
- *Frequency of contact* is the mean frequency of contact with network members. Responses are made on a five-point scale: every day, once/week or more often, once/month or more often, once/year or more often, and irregularly.
- *Social relationship quality*. Participants rated the quality of their relations with spouse/partner, child, and friend. The positive quality scales included five items: "I feel my (spouse/partner) supports me, that (he/she) is there when I need (him/her)," "I enjoy being with my (spouse/partner)," "I feel that my (spouse/partner) believes in me," "When my (spouse/partner) is having a hard time, I want to help (him/her)," and "I feel my (spouse/partner) encourages me in whatever I do." Participants rated each item from 1 (*agree*) to 5 (*disagree*). We reversed the scores so that higher

scores represented more positive relationships. The spouse, child, and friend items were averaged to create a positive spouse, child, and friend score. Participants also rated the negative qualities of their relationships with their spouse/partner, child, and friend. The negative quality scales included two items: “My (spouse/partner) gets on my nerves” and “My (spouse/partner) makes too many demands on me.” Participants rated each item from 1 (*agree*) to 5 (*disagree*). We reversed the scores so that higher scores represented more negative relationships. The spouse, child, and friend items were averaged to create a negative spouse and negative child score.

Results

We empirically examined patterns of social relations by assessing whether network structure and support quality vary between the two age groups—those in late midlife and those in the Third Age. We present a very brief overview of simple gender, race, and education differences first and then turn to a more detailed consideration of how these characteristics interact in their influence on social relations in both age groups.

Network Structure

We measured network structure in three ways: size, composition, and frequency of contact (see Tables 10.1 and 10.2). We begin with an overview of age differences between the younger age group, those 50 to 64, and the older age group, those 65 to 79.

In general, people in the Third Age report smaller networks than do people in late middle age. This finding is consistent for very close relations (inner circle), somewhat close (middle), less close (outer), and total number of relationships. People in both age groups report approximately the same proportion of family members, suggesting that, in keeping with the healthy characteristics of this emerging Third Age, fewer older people are isolated by illness or disability and fewer have lost a spouse or other close family members. Interestingly, people in the Third Age report slightly more friends in their networks than do younger people. We suspect that this reflects the increased time and opportunity available to those between 65 and 79 years of age who are often newly retired and thus able to devote additional time to socializing with friends. By contrast, people in the Third Age report less contact with their network members and fewer network members living within an hour’s drive. We assume that important family members to whom our respondents feel quite close, such as children and grandchildren, are living farther away.

TABLE 10.1
Means and Standard Deviations of Social Relations as a Function of Gender, Race, and Education in Late Middle Age

	50-64					
	Gender (n = 276)		Race (n = 268)		Education (n = 275)	
	Men	Women	White	Black	Low	High
Size of:						
Inner circle	3.49 (3.36)	4.34 (4.11)	4.03 (3.61)	3.77 (4.34)	4.21 (4.61)	3.88 (3.61)
Middle circle	3.76 (3.26)	3.84 (3.01)	4.23 (3.34)	2.77 (2.65)	3.10 (3.50)	3.97 (3.02)
Outer circle	1.82 (2.63)	2.09 (2.63)	2.24 (2.83)	1.36 (2.03)	.85 (1.09)	2.20 (2.80)
Total network	9.07 (5.87)	10.28 (5.84)	10.50 (5.93)	7.91 (5.48)	8.17 (5.34)	10.05 (5.94)
Proportion:						
Family in network	0.75 (0.27)	0.71 (0.26)	0.72 (0.26)	0.75 (0.28)	0.79 (0.26)	0.72 (0.26)
Friends in network	0.13 (0.23)	0.13 (0.20)	0.13 (0.20)	0.14 (0.23)	0.12 (0.22)	0.13 (0.21)
Live w/in hr. drive	0.74 (0.26)	0.78 (0.24)	0.75 (0.25)	0.79 (0.24)	0.81 (0.22)	0.75 (0.26)
Mean:						
Freq contact	3.81 (0.68)	3.94 (0.56)	3.84 (0.56)	4.04 (0.64)	4.07 (0.67)	3.83 (0.60)
Negative:						
Spouse	2.14 (1.09)	2.64 (1.25)	2.21 (1.13)	2.83 (1.20)	2.40 (1.24)	2.33 (1.18)
Child	1.91 (1.10)	2.24 (1.31)	1.99 (1.11)	2.32 (1.46)	2.01 (1.24)	2.10 (1.22)
Friend	1.85 (1.12)	1.80 (1.02)	1.81 (1.01)	1.77 (1.14)	2.00 (1.44)	1.79 (.99)
Positive:						
Spouse	4.91 (0.20)	4.61 (0.69)	4.81 (0.48)	4.69 (0.54)	4.81 (0.43)	4.79 (0.50)
Child	4.83 (0.33)	4.84 (0.39)	4.83 (0.35)	4.83 (0.40)	4.94 (0.13)	4.81 (0.40)
Friend	4.78 (0.43)	4.92 (0.20)	4.84 (0.35)	4.94 (0.20)	4.88 (0.34)	4.86 (0.32)

TABLE 10.2

Means and Standard Deviations of Social Relations as a Function of Gender, Race, and Education in the Third Age

	65-79					
	Gender (n = 326)		Race (n = 316)		Education (n = 325)	
	Men	Women	White	Black	Low	High
Size of:						
Inner circle	3.39 (2.59)	3.71 (3.20)	3.71 (3.10)	3.29 (2.49)	3.38 (2.88)	3.71 (3.03)
Middle circle	3.48 (2.89)	3.52 (3.04)	3.64 (3.08)	3.23 (2.60)	2.94 (2.67)	3.87 (3.10)
Outer circle	1.54 (2.17)	1.85 (2.39)	1.78 (2.40)	1.38 (1.65)	1.34 (1.93)	1.97 (2.48)
Total network	8.42 (4.84)	9.07 (5.51)	9.13 (5.45)	7.89 (4.38)	7.67 (4.97)	9.56 (5.30)
Proportion:						
Family in network	.77 (.28)	.72 (.26)	.74 (.26)	.73 (.29)	0.78 (.29)	.71 (.26)
Friends in network	.12 (.21)	.17 (.22)	.14 (.21)	.19 (.26)	.13 (.23)	.16 (.21)
Live w/in hr. drive	.74 (.27)	.75 (.24)	.75 (.24)	.72 (.28)	.79 (.24)	.72 (.25)
Mean:						
Freq contact	3.79 (.67)	3.81 (.63)	3.78 (.60)	3.84 (.80)	3.94 (.69)	3.73 (.59)
Negative:						
Spouse	2.35 (1.25)	2.74 (1.17)	2.40 (1.17)	2.88 (1.50)	2.65 (1.27)	2.39 (1.21)
Child	1.81 (1.15)	1.79 (1.11)	2.40 (1.17)	2.88 (1.50)	1.91 (1.15)	1.72 (1.11)
Friend	1.47 (.76)	1.68 (1.06)	1.59 (.99)	1.66 (.93)	1.67 (1.04)	1.57 (.94)
Positive:						
Spouse	40.86 (.40)	40.78 (.45)	40.83 (.45)	40.84 (.30)	40.80 (.45)	40.85 (.40)
Child	40.82 (.43)	40.88 (.40)	40.88 (.33)	40.76 (.67)	40.83 (.50)	40.87 (.36)
Friend	40.82 (.32)	40.89 (.27)	40.84 (.32)	40.95 (.13)	40.89 (.25)	40.85 (.31)

Comparisons of men and women indicate that women of all ages have larger networks, that is, more people to whom they feel close, both with regard to total size as well as within each level of closeness. It is interesting that men report higher proportions of family members in their support network than do women, whereas the proportion of friends reported as part of their network is higher among women in the Third Age than among the younger women. Women in the Third Age also report a lower proportion of network members who live within an hour's drive and less frequent contact with all their social relations than do younger women.

Some race differences are evident in network characteristics as well. Blacks report fewer network members than do Whites. Blacks and Whites report a similar proportion of family and friends in their networks, with one exception: Blacks in the Third Age have a higher proportion of friends in their networks than do Whites. During late midlife, Blacks have a higher proportion of network members who live close to them, although during the Third Age, Whites have a higher proportion of geographically close network members. Across both age groups Blacks report, on average, more contact frequency with network members than do Whites.

Finally, social relations also varied by education level (*low* = less than 12 years and *high* = 12 or more years of education). People with less education report smaller overall networks in the Third Age than do those between the ages of 50 and 64. They also report higher proportions of family, lower proportions of friends, and more network members who live close to them and with whom they have more frequent contact. This is true for both age groups.

A simultaneous examination of gender, race, and education reveals important distinctions with regard to network size and composition during the Third Age. Figure 10.1 illustrates that education has an effect on the size of the social network of Black women in the Third Age. Specifically, more highly educated Black women in this age group have larger networks than do their less educated counterparts, but no network size differences are apparent among White women in this age group. This pattern is similar but not as strong among White and Black men. On the other hand, in late midlife, better-educated White women and, to a lesser degree White men, have larger networks than do less educated White women and men. No differences by education are noted among middle-aged Black women or men, although, as noted earlier, women have generally larger networks than men. Both Black and White men of all ages report more people in their networks if they are more educated.

Figures 10.2 and 10.3 provide detailed analyses for family and friend network composition. The most striking findings with regard to family composition are Black men's reports of the proportion of family in their networks.

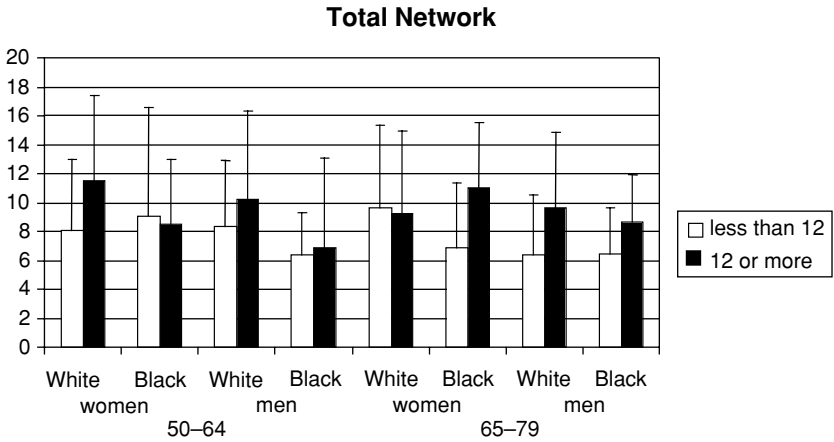


FIGURE 10.1 Total network size as a function of age group, gender, race, and education level.

More-educated Black men in the Third Age report a greater proportion of family members in their network than do less-educated Black men in this age group. By contrast, more-educated Black men aged 50 to 64 report a lower proportion of family members in their network than do less-educated Black men in this age group. Interestingly, less-educated White women and Black men in late midlife both report a higher proportion of family in their network than do their better educated counterparts. A detailed examination of the friend composition of networks draws attention to the higher proportion

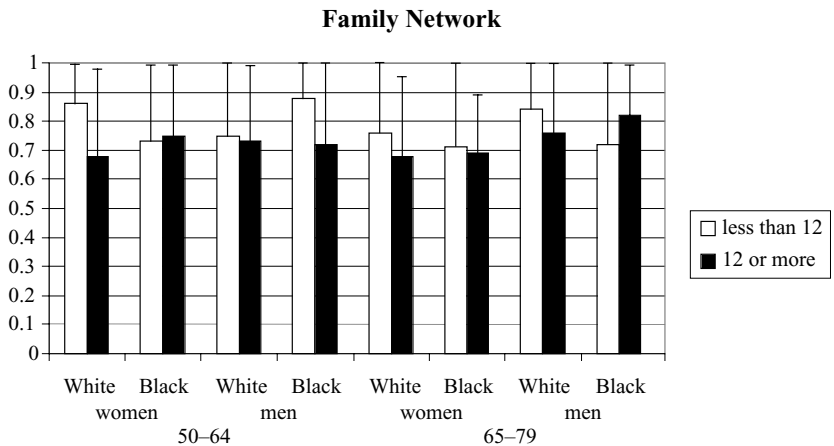


FIGURE 10.2 Proportion of family as a function of age group, gender, race, and education level.

Friends Network

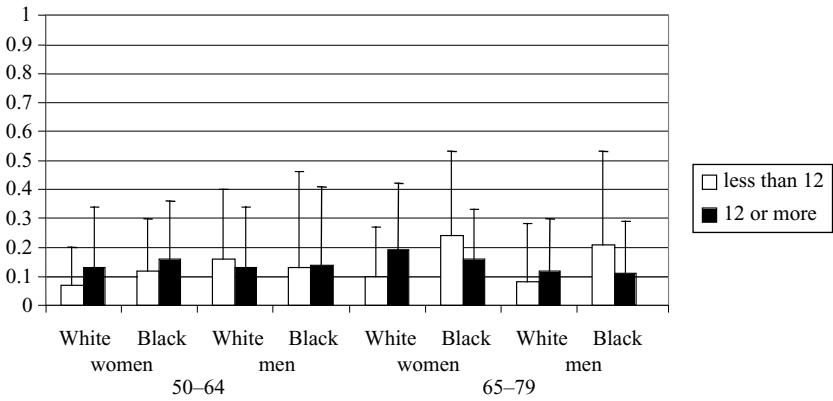


FIGURE 10.3 Proportion of friends in network as a function of age group, gender, race, and education level.

of friends among lower-educated Black women and men during the Third Age. By contrast, White men and women in this age group who are more highly educated report a larger proportion of friends in their networks than do Whites with less education.

Support Quality

Next, we examine the negative and positive aspects of social relations (see Tables 10.1 and 10.2). Interestingly, spousal relationships are more negative with age but relationships with children appear to be somewhat less negative. Here, we hypothesize that the Third Age brings unprecedented leisure time and exposure to spouse and thus an unfortunate opportunity to “get on each others nerves.” Friendships are generally assessed less negatively with age. On the positive side, and emphasizing the orthogonal nature of positive and negative support, relations with spouse are generally more positive in the Third Age, whereas relationships with children and friends are either equally or more positive than those reported by people in late midlife. Friendships are generally evaluated more positively.

Examination of gender differences indicate that women report more negativity and less positivity in relations with their spouse than do men. In addition, although women report more negativity than men in child relationships during middle age, these gender differences are less evident during the Third Age. Men in midlife evaluate their friendships more negatively than women in this age group, although the reverse is true among people in the Third Age.

Lastly, women also report more positive support from children and friends than do men in both age groups, suggesting that they have both closer and more intensely emotional ties.

Next, we consider racial differences in the quality of relationships. Midlife Whites report more positive relations with their spouse than Blacks, although this difference disappears in the Third Age. Blacks generally report higher levels of negativity than do Whites in their relations with their spouse, children, and friends. Whites and Blacks report high levels of positive support from their children across age, although Blacks in the Third Age report less positive support with their children than do Whites in this age group. Blacks report more positive support from friends in both age groups. With respect to education differences, people with lower levels of education tend to report higher levels of negative support across all relations (i.e. spouse, child, and friends). The one exception to this pattern is among people in midlife with higher levels of education who report higher levels of negative support relations with their children. Relations with spouse, child, and friends are either more positive or about equal in the Third Age, but people with less education report more positive relations with their spouse and child at midlife.

When all variables—gender, race, and education—are considered simultaneously, important distinctions are emerging with regard to negative and positive aspects of social relations with a spouse and child during the Third Age. Figure 10.4 illustrates an interesting interaction effect regarding negative relations with a spouse among Black women. Younger Black women with more education report higher negativity in relations with a spouse than do less

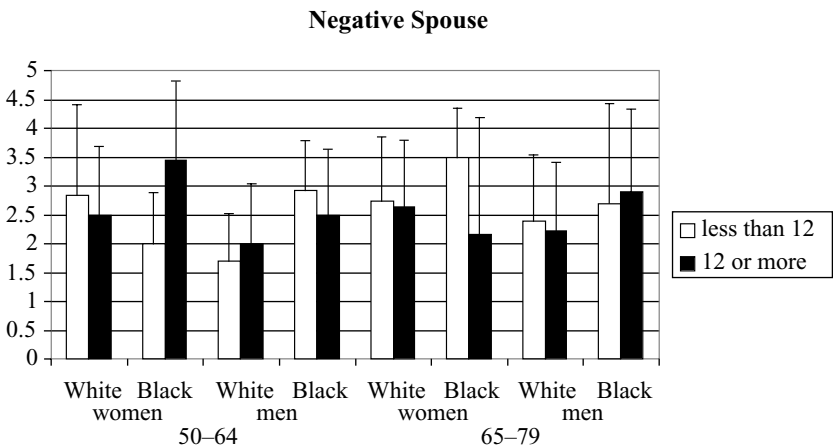


FIGURE 10.4 Negative spousal relations as a function of age group, gender, race, and education level.

educated Black women, and Black women in the Third Age with less education report less negativity in their spousal relations. Findings among Black men indicate that younger, less-educated Black men have more negative relations with their spouse than do more-educated Black men of the same age group. Almost no educational differences are noted among Black men in the Third Age. Among Whites, findings are generally consistent, with lower levels of education usually associated with higher levels of spousal negativity across gender and age.

CONCLUSION

Forging a New Path With Social Relations in the Third Age

In this chapter, we argue that the Third Age invites a rethinking about social relations. Societal-level transitions in population aging and increases in health status provide an ideal opportunity to consider how social relations, especially within the family context, operate during the Third Age. We recognize that some aspects of social relations remain the same across the life span, such as the importance of the quality of social relations and the distinction between more- and less-close social relations. The data presented here represent one snapshot in time and assess different characteristics of people's social networks. We suggest that these data inform how an individual's Convoy of Social Relations; that is, the structure of their support networks and the quality of their support relations, are influenced by personal and situational characteristics. Our findings indicate important variations in social relations by age, gender, race, and education. Indeed, these demographics are associated with different patterns of social relations in the Third Age. A brief summary suggests that people who have been privileged, especially with respect to socioeconomic characteristics across their lifetime, are more likely to experience the Third Age as an extension of earlier privileges. They are likely to be able to use this newly emerging life stage to optimize the best and minimize the worst in their lives, including in their social relations. By contrast, those who are less privileged, who are more vulnerable by virtue of lower levels of education, gender, or membership in a minority group, are more likely to experience continued vulnerabilities both in terms of the structure and quality of their social relations.

Those who are among the advantaged will profit from their good health, education, and functional ability during this new emerging life stage and seek new connections to match their capacities. We believe that the number of social connections, as well as healthy variance in both positive and negative

aspects of social relationships in this latest cohort of people 65 to 79, reflects a potential resource in social relations to forge new role opportunities.

As we pursue this line of research, we anticipate that empirical evidence will document the positive association of diverse networks not dominated by small, close, family networks but rather characterized by larger networks consisting of both family and friends and reflecting various situational characteristics and role expectations. Simply put, more varied relationships including, but not limited to family, and extended to embrace significant relationships with friends and other acquaintances, will increasingly enrich the lives of these healthier, better-educated, more cognitively and physically able adults. At the same time, our analyses examining gender, race, and education reveal different patterns of social relations, especially among those who are most vulnerable in our society. As the negative effects of gender, race, and education on social relations are reduced, the most beneficial aspects of the emerging Third Age will be enjoyed by all.

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Personality and Involvement in Leisure Activities During the Third Age:

*Findings From the Ohio Longitudinal Study*¹

Manfred Diehl and Kathleen M. Berg

Increases in active life expectancy (Crimmins & Hayward, 1997; Laslett, 1991), changes in the work force (Kim & Moen, 2001; Moen & Altabelli, this volume), and changes in the family life course (Moen, 1996) have given rise to a new period of the life span often referred to as the Third Age (Laslett, 1991; Weiss & Bass, 2002). Presumably, individuals who have entered the Third Age are retired from their lifetime occupation and have fulfilled their primary responsibilities with regard to family formation and childrearing (Weiss & Bass, 2002). Thus, they are perceived as having new opportunities for how they can live their lives and how they can give their remaining years of life meaning and purpose (Laslett, 1991; Weiss & Bass, 2002). Although the concept of the

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Third Age has received a great deal of attention in the mass media and popular press, little empirical research exists that could support or refute these widely held assumptions. Thus, it is mostly unknown whether older adults indeed perceive new opportunities when they retire from work and whether they give their lives new meaning and purpose.

This chapter focuses on the associations between personality and involvement in leisure activities during the retirement years using a longitudinal sample of older adults. Although a substantial amount of research exists on the transition to and life in retirement (see Kim & Moen, 2001; Moen & Altabelli, this volume), still little is known about the role that personality plays in adjusting to retirement (Carter & Cook, 1995; Kim & Moen, 2001) or in influencing the type of activities that individuals engage in during the postretirement years (Reis & Gold, 1993). One study that examined the role of personality in adjusting to retirement found that internal an locus of control was a significant resource for positive long-term adjustment (Gall, Evans, & Howard, 1997). Similarly, Carter and Cook (1995) found that individuals with a higher degree of retirement self-efficacy experienced lower levels of anxiety in the transition to retirement. In general, these findings suggest that certain personality variables, such as a person's sense of agency and self-efficacy (Bandura, 1997; Rowe & Kahn, 1998) should be important predictors of adjustment to retirement and possibly of engagement in leisure activities. Conversely, personality variables also may exist that can interfere with the adjustment process and can prevent older adults from being involved in activities. For example, a large cohort-sequential study has shown that personality flexibility in midlife contributes to the maintenance of intellectual abilities in later life, and that rigidity and inflexibility tend to have detrimental effects (Schaie, 1996). Thus, there is good reason to believe that an individual's personality may play a role in postretirement adjustment, in engagement in activities, and in successful aging more generally (Rowe & Kahn, 1998).

Focusing on adult involvement in leisure activities as a central aspect of the Third Age is warranted for several reasons. First, it is often assumed that leisure activities replace a person's occupation when he or she retires, providing a similar, yet self-controlled structure to the individual's daily life (Balmer & Balmer, 1985). Second, involvement in leisure activities has been shown to be associated with a number of beneficial outcomes. For example, because many leisure activities involve social partners, engagement in leisure activities has been found to moderate the negative effects of bereavement on men's physical health (Fitzpatrick, Spiro, Kressin, Greene, & Bossé, 2001). Similarly, involvement in leisure activities has been shown to be associated with greater social support and more elaborated social networks, thus

improving the social resources available to retired adults (Silverstein & Parker, 2002). In addition to the beneficial effects of socializing with others, strong evidence also suggests that involvement in complex leisure activities increases the older adult's intellectual functioning (Fabrigoule, Letenneur, Dartiges, Zarrouk, Commenges, & Barberger-Gateau, 1995; Schooler & Mulatu, 2001). Indeed, some researchers have suggested that engagement in complex leisure activities or complex activities of daily living could serve as the most natural and effective way to counteract the decline in cognitive functioning in old age (Hultsch & Dixon, 1990). Finally, participation in leisure activities, especially those that involve physical exercise, has been shown to be associated with better physical health and greater life satisfaction, suggesting that there are substantial health-related benefits (Glass, Mendes de Leon, Marottoli, & Berkman, 1999; Kaplan, Strawbridge, Cohen, & Hungerford, 1996; Silverstein & Parker, 2002).

From a life-course perspective, and with respect to issues of the Third Age, involvement in leisure activities may also be important for another reason. Because involvement in leisure activities often reflects an individual's long-standing interests and/or social relationships, staying engaged in these activities may give an individual a sense of personal continuity (Atchley, 1999). Having such a sense of continuity can facilitate the adjustment to the new routines of retirement and maximize psychological well-being during a life stage when the integrity of the self is increasingly threatened by losses (Menec & Chipperfield, 1997).

OBJECTIVES OF THE PRESENT STUDY

Given this background, the present study had two major objectives. First, using data from a multiwave survey, we wanted to examine how an older adult's mean levels of involvement in two broad categories of leisure activities changed over a 6-year period. The two broad categories included leisure activities reflective of personal interests (e.g., playing a musical instrument, collecting, reading, being active in a political organization) and activities indicative of socializing with others (e.g., being with neighbors and friends, attending sports events, going to parties, attending church functions). In general, we expected that activity levels would show a good deal of continuity and possibly a downturn as study participants aged.

Second, because the survey included two measures of personality, we also examined the associations between personality and involvement in leisure activities. One of the measures assessed behavioral rigidity, whereas the other one assessed an individual's sense of personal agency (Atchley, 1999;

Bandura, 1997). After controlling for the overall effects of age, education, and functional health, we expected that behavioral rigidity would be negatively associated with participation in leisure activities. In contrast, we expected that personal agency would show a positive association with leisure activities. The associations between personality and leisure activities were examined based on cross-sectional and longitudinal data.

METHOD

Study Participants

The data analyzed in this chapter are from the Ohio Longitudinal Study (OLS), a multiwave survey conducted during the period 1975–1995, under the direction of Robert Atchley (1979a). The main objective of the OLS was to investigate aspects of the retirement process and their impact on the social adjustment of individuals in later life. For this chapter, we draw on data from the first four waves, covering the 6-year period from 1975–1981. The main reason for limiting our analyses to the first four waves of the survey was to assure a sufficient sample size for cross-sectional and longitudinal analyses.

In 1975, Miami University's Scripps Foundation Gerontology Center launched a study of all adults who were age 50 or older living in a township in southwestern Ohio. Of the more than 1,500 questionnaires that were mailed, 1,106 were returned in a usable format. Follow-up questionnaires were mailed to participants in 1977, 1979, and 1981, resulting in 852, 678, and 667 usable responses, respectively. The data reported in this chapter are based on a subsample of the 818 individuals for whom employment status in 1975 could be verified. The mean age of the total sample in 1975 was 63 years ($SD = 9.3$ years). To be consistent with the definition of the Third Age, covering the age range from 65 through 79, 484 participants were excluded from the analyses because they were younger than 65 years.

The resulting subsample consisted of 334 adults age 65 and older, including 46 participants who were 80 years or older. These individuals remained in the sample because their data suggest that they represent cases of successful aging, because most of the attrition in the OLS was due to illness and death (Atchley, 1979a). Indeed, individuals 80 years and older reported similar levels of activity, self-rated health, and life satisfaction compared to participants age 65 through 79. In this subsample, 298 individuals (89.2%) were retired and 36 were still employed (10.8%). Because our analyses focus on personality as a predictor of retired adults' activity level, all analyses are based on the retired sample of 298 older adults. This subsample included 134 men and

164 women, with a mean age of 73 years ($SD = 5.7$ years; $range = 65\text{--}94$ years) and a fairly high level of education ($M = 13.9$ years of schooling; $SD = 3.4$ years; $range = 3\text{--}17$ years). Participants reported to be in good health ($M = 3.8$; $SD = .9$; $range = 1\text{--}5$) and quite satisfied with their lives ($M = 28.7$; $SD = 8.1$; $range = 10\text{--}36$).

Participants also had a relatively high activity level ($M = 63.9$; $SD = 12.2$; $range = 27\text{--}98$), and 79% of the respondents indicated that their present income was sufficient to meet their expenses. In 1975, the majority of the participants (57.2%) were married, 29.6% were widowed, and the remaining individuals were separated, divorced, or never married (13.2%). Reflecting the overall population of the township, participants were predominantly White.

To examine to what extent individuals in the Third Age differed from the younger individuals in the OLS, we performed mean comparisons (i.e., t -tests) on a number of variables of interest. These comparisons showed that Third Agers had a significantly lower educational level, $t(620) = 2.73$, $p < .01$, lower functional health, $t(541) = 13.98$, and lower self-rated health, $t(652) = 6.34$, both p 's $< .001$. In addition, individuals in the Third Age scored significantly lower on life satisfaction, $t(646) = 2.47$, $p < .05$, and had a significantly lower activity level, $t(751) = 2.84$, $p < .01$. With regard to the personality variables of interest, Third Agers scored significantly higher on rigidity, $t(631) = 5.44$, and significantly lower on personal agency, $t(619) = 3.91$, both p 's $< .001$. In summary, based on this sample, individuals in the Third Age in 1975 tended to be somewhat less educated, less healthy, and less active than participants in the pre-retirement phase.

Measures

Although the OLS provides a variety of measures assessing different aspects of adjustment to retirement, for the purposes of this study, we selected two measures of personality, a measure of activity involvement, and several measures that served as control variables.

Measures of Personality

Two measures of personality were used to examine their associations with adults' involvement in leisure activities in retirement in 1975 and from 1975 to 1981. The two measures were a rigidity scale and a scale assessing a person's sense of personal agency (Atchley, 1979b).

Behavioral rigidity. The rigidity scale consisted of 16 items from the 22-item Gough-Sanford Rigidity Scale (see Rokeach, 1960, Appendix C,

pp. 418–419) and assessed participants' tendency to persevere in terms of actions, and to be mentally set in their ways (i.e., rigid) in approaching situations in everyday life (Atchley, 1979b). Participants were asked to indicate whether or not they *agreed* (1) or *disagreed* (2) with each statement describing specific personal characteristics or preferences—for example, “I am a methodical person in whatever I do.” “I think it is usually wise to do things in a conventional way.” Responses were summed into a total score that could range from 16 to 32, with lower values indicating greater rigidity. The internal reliability (Cronbach's α) of the scale in this subsample was .68. The items of the rigidity scale were only included in the first wave of data collection.

Personal agency. Adults' sense of personal agency was assessed using six items (Atchley, 1979b, 1999). These items assess the extent to which a person feels confident that he or she can accomplish a given task—for example, “I can do just about anything that I set my mind to.” Participants rated each item on a five-point scale ranging from *Strongly Agree* (1) to *Strongly Disagree* (5). Scale scores ranged from 6 to 30, with higher scores indicating a greater sense of personal agency. The internal reliability (Cronbach's α) of this scale was .71.

Involvement in Leisure Activities

Participants in the OLS reported how often they were involved in a total of 18 leisure activities, such as gardening and/or care of animals and plants, participatory art (e.g., playing a musical instrument), spectator art (e.g., going to plays and movies), collecting, participating in political activities, spectator sports, being with neighbors and friends, being with children and grandchildren, reading, and the like. Involvement in each activity was rated on a six-point scale ranging from *Never* (1) to *Very often* (6). In the OLS, a scale score was calculated summing the ratings across all 18 activities, with higher scores indicating a greater level of participation.

Because this measure included very diverse activities (e.g., participating in political activities versus being with children and grandchildren), we performed a principal components analysis to examine whether the activities would represent a smaller number of factors. This analysis revealed that most of the variance among the activity items was accounted for by two principal components. The first factor was defined by loadings (i.e., loadings larger than 0.35) of the following activities: participatory art, spectator art, collecting, participation in political activities, participation in farm organizations and labor unions, and reading. Given the loadings of these activities, this factor was

interpreted as being indicative of activities that reflected participants' personal interests. This factor accounted for 35.3% of the total variance. The second factor was defined by loadings of the following activities: participation in games, spectator sports, being with neighbors and friends, being with children and grandchildren, going to parties, and attending church functions. Given these loadings, this factor was interpreted as being indicative of activities that involve socializing with others. This factor accounted for 30.3% of the total variance. A Promax rotation showed that the two factors had an intercorrelation of 0.42.

Based on these findings, we calculated linear composites for each activity factor using the unit weight method. The two resulting linear composites, one for activities indicative of personal interests and one for activities indicative of socializing with others, were used as the criterion variables in the multiple regressions presented below.

Control Variables

Several variables collected as part of the OLS were used as control variables in the data analyses. Two demographic control variables were age and years of education. Building on a large amount of research on functional health and life satisfaction, functional health was used as a health-related control variable. This variable was preferred to the single-item health rating, because it used information from multiple items.

Functional health. Participants were given a list of six functional activities (Atchley, 1979b), such as being able to do heavy work around the house, walking half a mile, or walking up and down stairs. Individuals checked all activities that they were physically able to do. The scale value ranged from 0 to 6, with a higher score indicating better functional health. Measures such as this one are widely used in research on older adults' functional status and are well established in terms of their psychometric properties (Bernard, Kincade, Konrad, Arcury, Rabiner, Woomert, et al, 1997; Ferrucci, Guralnik, Baroni, Tesi, Antonini, & Marchionni, 1991).

RESULTS

Findings will be presented in three sections. First, we describe the mean-level trajectories of participants' involvement in leisure activities across the 6-year period. Second, we present findings from concurrent (cross-sectional)

multiple regression analyses examining the personality correlates of leisure activity involvement in 1975. Third, we present findings from regression analyses examining the relevance of personality variables for predicting participants' involvement in leisure activities across the 6-year period.

Mean-Level Trajectories of Involvement in Leisure Activities

Figures 11.1 and 11.2 show the mean-level trajectories of older adults' involvement in leisure activities from 1975 through 1981. For purposes of illustration, we provide the trajectories separately for men and women.

As can be seen, individuals' involvement in leisure activities reflecting their personal interests (see Figure 11.1) and involvement in activities indicative of socializing with others (see Figure 11.2) remained fairly stable over the 6-year period. Two separate repeated measures analyses of variance (MANOVAs), with time as within-subjects factor and gender as between-subjects factor, showed that no significant mean level differences occurred over time, or between men and women for either activity factor. Thus, both men and women showed a great deal of continuity with regard to their involvement in activities reflecting their personal interests and with regard to activities involving socializing with others. Although there tended to be a slight downturn in activities indicative of personal interests, this downturn failed to reach the .05 level of statistical significance.

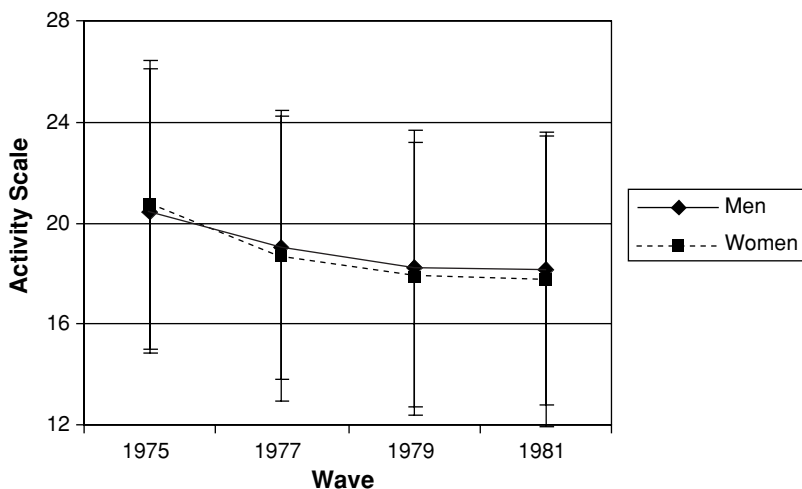


FIGURE 11.1 Longitudinal trajectory for leisure activities indicative of personal interests.

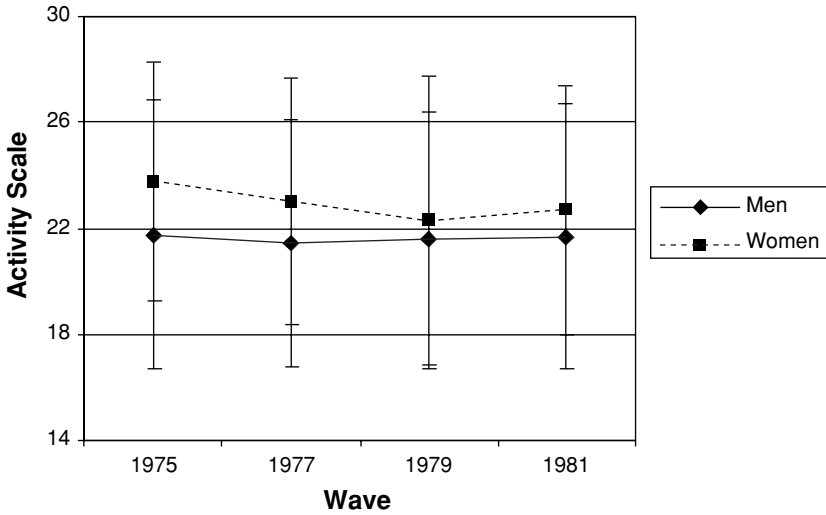


FIGURE 11.2 Longitudinal trajectory for leisure activities indicative of socializing with others.

**Personality Predictors of Involvement in Leisure Activities:
Concurrent Relations in 1975**

Hierarchical multiple regression analyses were performed to examine the association between personality variables and involvement in leisure activities at the beginning of the OLS. These analyses were performed separately for activities indicative of personal interests and for activities indicative of socializing with others. The predictors were entered into the regression equations in the following order. In Step 1, age, years of education, and functional health were entered into the equation to control for the effect of these variables on participants’ activity involvement. Years of education were chosen as an index of participants’ social status, whereas functional health was selected as an index of participants’ overall health status. The rationale for the inclusion of these control variables was based on empirical evidence showing that involvement in leisure activities is related to social status and individuals’ overall health status (Bammel & Bammel, 1985; Garfein & Herzog, 1995). In Step 2, the two personality variables, namely participants’ scores on the rigidity scale and their scores for personal agency, were entered into the equation, examining their predictive relevance above and beyond the effect of the control variables. The results obtained from these analyses are shown in Table 11.1.

As can be seen in Table 11.1, three variables were significant predictors of participants’ involvement in leisure activities indicative of personal interests.

TABLE 11.1
Involvement in Leisure Activities Indicative of Personal Interests or Socializing With Others (N = 298)

Variable	Personal Interests β	Socializing With Others β
Step 1		
Age	-.03	.08
Education	.45***	.02
Functional health	.19**	.22***
Step 2		
Age	-.04	.07
Education	.41***	.02
Functional health	.16**	.19**
Rigidity	-.08	-.06
Personal agency	.15**	.15**

For personal interests: $R^2 = .263$ for Step 1; $\Delta R^2 = .052$ for Step 2 (p 's < .01). For socializing with others: $R^2 = .088$ for Step 1; $\Delta R^2 = .054$ for Step 2 (p 's < .01).

** $p < .01$.

*** $p < .001$.

Specifically, the participants' level of education, functional health, and personal agency were statistically significant. That is, older adults with more years of education, better functional health, and a greater sense of personal agency tended to show greater involvement in leisure activities indicative of personal interests. Together, the variables included in the regression equation accounted for 31.5% of the variance of this group of leisure activities.

Table 11.1 also shows the findings for the regression analysis for leisure activities indicative of socializing with others. In this analysis, two variables were significant predictors. Specifically, participants' functional health and sense of personal agency were statistically significant. That is, older adults with better functional health and a greater sense of personal agency tended to show greater involvement in leisure activities indicative of socializing with others. Together, the variables included in the regression equation accounted for 14.2% of the variance of this group of leisure activities.

In summary, with regard to both types of leisure activities, activities reflecting personal interests and activities reflecting socializing with others, older adults' sense of personal agency was a statistically significant predictor of involvement above and beyond age, education, and functional health. This suggests that older adults' sense of how well they can master situations in everyday life codetermines their activity level and their engagement in leisure activities.

Personality Predictors of Involvement in Leisure Activities: Concurrent and Longitudinal Relations in 1981

Hierarchical multiple regression was used to examine the concurrent and longitudinal relations between participants' rigidity and personal agency and involvement in leisure activities in 1981. These analyses were again performed separately for each type of leisure activity, and the effects of concurrent age, education (as assessed in 1975), concurrent functional health, and personality were controlled. Also, to control for the initial activity level, the criterion variable had the effect of the initial activity scores partialled out. The results from these analyses are shown in Table 11.2.

As can be seen in Table 11.2, significant predictors of older adults' involvement in activities reflecting their personal interests in 1981 were concurrent functional health status and concurrent sense of personal agency. The longitudinal effects of rigidity and personal agency failed to reach the .05 level of statistical significance, suggesting that the longitudinal effects of personality variables may not be as strong as some theories suggest. However, at the level of concurrent relations, personal agency was still significantly associated with involvement in activities reflecting personal interests. In addition, older adults' concurrent functional health status was a significant predictor of activity involvement. This suggests that, as adults grow older, their involvement in leisure activities may become more dependent on their functional status. This regression model accounted for 18.2% of the variance of activities indicative of individuals' personal interests.

TABLE 11.2

Standardized Regression Weights of Concurrent and Longitudinal Predictors of Involvement in Leisure Activities (N = 298)

Variable	Personal Interests			Socializing With Others		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Age in 1981	-.01	.01	-.01	.01	.01	.01
Education	.04	.02	.01	.10	.11	.10
Functional health in 1981	.30*	.29*	.23*	.24*	.24*	.19*
Rigidity in 1975		-.06	-.04		.01	-.01
Personal agency in 1975		.05	.06		.04	.12
Personal agency in 1981			.28*			.20*
ΔR^2	.098*	.016	.068*	.073*	.002	.049*

* $p < .001$.

Table 11.2 also displays the findings for leisure activities indicative of socializing with others. Again, markers of personality derived at the beginning of the OLS failed to reach the .05 level of statistical significance. However, as in the previous analysis, concurrent functional health and concurrent personal agency were significant predictors of older adults' involvement in leisure activities indicative of socializing with others. This model accounted for 12.4% of the variance of activity involvement.

In summary, these analyses failed to document significant longitudinal effects of rigidity and personal agency on older adults' involvement in leisure activities 6 years later. However, personal agency remained a significant concurrent predictor, suggesting that individuals' sense of how well they can master situations in everyday life codetermines their engagement in leisure activities. Functional health was the second significant predictor, placing emphasis on physical functioning as a necessary condition for involvement in leisure activities. The magnitude of the associations of personal agency and functional health with involvement in leisure activities was roughly the same as indicated by the similar size of the standardized regression weights.

CONCLUSION

Findings from this study showed that the level of involvement in leisure activities remained fairly stable for retired individuals (i.e., age 65 and older) over a 6-year period. This was the case for men and women, and for two broad groups of leisure activities, namely activities indicative of personal interests and activities indicative of socializing with others. These results support Atchley's (1999) continuity theory and suggest that involvement in leisure activities is a major component of engagement with life, one of the three core components of successful aging identified by Rowe and Kahn (1998).

Multiple regression analyses examining the concurrent associations between two markers of personality at the beginning of the study showed that personal agency was a significant predictor of involvement indicative of adults' personal interests and activities indicative of socializing with others. Thus, individuals who tended to think of themselves as being able to master a variety of situations and to be successful in their endeavors also tended to show greater engagement in activities of personal interest and in activities that involved socializing with others, compared with individuals who lacked confidence in their own abilities. These findings are consistent with a large body of research showing that individuals' beliefs of personal agency and self-efficacy affect their performance in a number of behavioral domains and are an important

psychological resource in the aging process (Bandura, 1997; Rodin & Timko, 1992). Moreover, these results are consistent with some of the findings reported by Helson and Case in this volume. These authors report findings indicating that the women in the Mills Longitudinal Study developed a stronger sense of personal agency as they moved through middle age and into the life stage before retirement.

Our results are also consistent with findings by Carter and Cook (1995) and Gall et al. (1997), who found that adults' internal control beliefs were associated with positive long-term adjustment to retirement. Thus, specifically designed educational or counseling efforts that strengthen individuals' sense of personal agency may be an effective way to prepare adults in the pre-retirement stage more adequately for the life phase of the Third Age (Kim & Moen, 2001). On a larger scale, societies may also consider a more active socialization for the Third Age and may consider adults in the Third Age as a resource rather than a group of individuals whose skills and knowledge may be obsolete.

Functional health was a second significant predictor of involvement in leisure activities, indicating that older adults' ability to perform certain functional tasks, such as doing heavy housework or being able to move around, was an important correlate of their engagement in a variety of leisure activities. This finding is in agreement with a large body of research documenting a reciprocal relationship between functional impairment and activity involvement in older adults (Bernard et al., 1997; Ferrucci et al., 1991; Garfein & Herzog, 1995; Kelly, 1993; Unger, Johnson, & Marks, 1997). Moreover, this result serves as a reminder that older adults' functional health may define, at least to some extent, the boundaries within which their engagement in leisure activities takes place, although recent research in the domain of physical activity emphasizes the bidirectionality of the relationship (Rejeski & Mihalko, 2001).

Longitudinal analyses failed to support the assumption that personal agency would be a significant predictor of activity involvement over time. Indeed, both personality variables assessed in 1975 failed to reach the .05 level of statistical significance. Although several reasons may account for this result, one possible interpretation may be that the importance of specific personality variables may change over the course of retirement, because life outside the workforce may not require their expression. However, there is no doubt that personality continued to affect older adults' activity level, as indicated by the significant concurrent associations of personal agency in 1981 with both types of leisure activities (see Table 11.2).

Although the correlational nature of the data prohibit any causal statements about the role of personality in the Third Age, we believe that

the presented findings show that middle-aged and older adults' personality deserves a closer look as an important determinant of adjustment to retirement. Recent models of the transition to retirement have become more elaborate and emphasize the dynamic nature of the retirement process (see Moen & Altobelli, this volume). We believe that a focus on different facets of adults' personality can contribute to a better understanding of this dynamic process.

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CHAPTER 12

Satisfaction With Retirement in Men's Lives

George E. Vaillant and Ana C. DiRago

Only in the twentieth century have a majority of Americans lived past 65. Only in the last half of the twentieth century have a majority of Americans been able to afford retirement. The Third Age is still relatively uncharted territory. In our study of retirement, several surprises have challenged previously held misconceptions about this stage in life. The greatest surprise has been that the very risk factors associated with bleak young adulthood and the very risk factors associated with bleak midlife exerted relatively little effect on whether the men in our study have enjoyed retirement. It was as if retirement really reflected a new Third Stage of life. It was as if retirement created—for men at least—another chance at a contented life.

The Study of Adult Development (Vaillant, 2000, 2002) has followed two cohorts of men—a socioeconomically disadvantaged sample of 456 inner-city men (Vaillant, 1995) and a socially and intellectually advantaged sample of 268 college graduates (Vaillant, 1977)—since 1940. Our chapter focuses on the Inner City cohort. Because of prospective well-documented assessment of multiple measures of IQ, school achievement, and multiproblem family membership, the later course of this cohort has been particularly informative. Equally important, we possessed prospectively gathered information about these men's physical health and their ability to love and to work during the decades prior to retirement. Finally, the Inner City cohort was homogeneous for potential confounders such as school system (all inner-city), race (all White), gender (all male), and parental education (uniformly disadvantaged). The men,

first interviewed in early adolescence, were reinterviewed at approximately ages 25, 30, and 47. Since age 45, the men have been followed by biennial questionnaires.

The raw data for childhood assessments came from interviews with the subject, his parents, and his teacher, and from an extensive search of probation, mental health, and social service records before age 16. To reduce halo effects, the ratings described herein were made by nine different raters blinded to most other ratings.

The study has confirmed that the childhood risk factors identified in other prospective studies (Garmezy, 1983; Rutter, Yule, Quinton, Yule, & Berger, 1974; Werner & Smith, 1982) led to unhappiness and failure during the first 25 years of life (Vaillant, 1997). But, by virtue of its prospective design, the study found that by late middle life, however, there were surprises. Maturation and/or successful marriage had often transformed maladjusted early adulthoods for the better (Vaillant & Vaillant, 1981; Vaillant, 1993). Conversely, the penetrance of heredities burdened by alcoholism and depression often blighted midlife lives that had been promising in young adulthood. But before trying to describe the surprising life trajectories, we may do well to provide two illustrations of retirements that followed the expected path delineated by earlier life experiences.

Bill Lovejoy depicted a representative happy retirement. As a child, Lovejoy's neighborhood was overcrowded, often frequented by street gangs and "far from ideal." When Lovejoy was not in school or playing sports, he had shined shoes to bring his family a little extra money. The study psychiatrist described Lovejoy at 14: "The boy has a well-rounded personality with good sense of values and a wholesome range of interests. Definitely good standards and logical ambitions . . . he seems unusually well adjusted." Lovejoy's teacher described him as a "likeable, enjoyable child," who got along "wonderfully" with his schoolmates.

At age 23, when asked to reflect on his childhood, Lovejoy replied: "I never lacked anything when I was growing up. I went to church regularly and used up my spare time in sports at the YMCA or at the Boys Club. I knew my parents loved and wanted me. . . . I never felt rejected by either my mother or father." In adult life, Lovejoy had moved socially upwards from his blue-collar inner-city childhood. Since age 45, in every questionnaire, he had reported an excellent marriage and excellent mood; perhaps in part due to his capacity to always see the glass as half-full. In the eyes of the research interviewer, Lovejoy's objective health was poor, but Lovejoy had reported it as excellent. At middle life, his mental health was as high as anyone in the study, and he received the best possible score for the warmth and breadth of his relationships.

Lovejoy obtained a college degree in business administration. He worked for Boston Gas and Electric [all proper names are altered to preserve privacy] for over 30 years, receiving multiple promotions. Ten years before retiring, Lovejoy reported liking his job and being satisfied with the level of challenge it provided. His biggest complaint about work was not having enough spare time for his hobbies and community service.

At the age of 46, he looked forward to an early retirement in his 50s. He foresaw retirement as an "active kind of thing," filled with activities such as "fishing, meeting new people, and being active in the community." Despite a busy work schedule, Lovejoy became involved in social clubs and organizations. He became a trustee of the Baptist Social Union, taught Sunday school, and served as deacon and treasurer of his church. In 1983, when asked to rate the degree to which he agreed or disagreed with the statement "I get satisfaction from helping others, and if this were taken away from me I would get depressed" he "strongly agreed." To achieve his retirement goals of spending time with his family and volunteering, Lovejoy made careful financial plans, accumulated substantial savings and, as planned, retired at age 56.

During his retirement, Lovejoy has continued to serve on several non-profit charitable organizations and has increased his involvement with the Baptist Church. At the age of 70, he is now president of a charity for poor Boston children, a director of local senior housing, and secretary of his local historical society. Despite a high income, Lovejoy never chose to leave the inner-city neighborhood in which he grew up, but now each winter Lovejoy and his wife escape the cold weather by traveling to Florida or Arizona. After 44 years of marriage, he describes his relationship with his wife as highly satisfying and extremely enjoyable.

His four children, all of whom are happily married, visit Lovejoy and his wife more than once a week. In his own words: "I have eight grandchildren; they keep us busy and active. We have them sleep over; we go to their soccer practices and their games, dance recitals, hockey games, etc. We take them to concerts. It's a wonderful life."

In contrast, Fred Poor provided an example of retirement gone wrong, but then, his whole life had gone wrong. As a child, Poor's family inhabited an "old, deteriorated, wooden dwelling in a dead-end alleyway" near the factory where his father (financially more successful than Lovejoy's) worked as a welder. From a young age, Poor had withdrawn from others, opting for more solitary hobbies. The study psychiatrist offered the following impression: "The only noticeable thing about this boy is that he seems to withdraw more than average from difficulties, simply through inertia. He doubts his adequacy even when such doubts are irrational." Still living with his family at the age of 24, Poor expressed feeling "cribbed and confined" by an overprotective mother.

When interviewed at age 45, Poor had been working as a security guard for 7 years. Although he liked the financial security offered by his job, he expressed strong dislike for his "unchallenging" and

“unproductive” duties. He had chosen to work the evening shift because there were “no bosses or other employees trying to be bosses around.” He viewed his coworkers as “bad tempered, not well-educated, lazy, resentful juveniles.”

At 45, Poor was still single. He felt that marriage required too much responsibility, and feared that women were out to trap men into marriage. He had no desire to have children, “because of the problems I had when I was young.” (Objectively, there were many men in the study with worse childhoods, but Poor saw each glass as half empty). The last friends he recalled having were “drinking buddies” from his 30s. A self-proclaimed “loner,” Poor did not engage in any volunteer activities, was not involved in his community, and did not attend church. During his yearly 3-week vacations, Poor would stay home reading and watching television. The only individual to whom he was close was his mother, with whom he lived until she died.

After retiring, Poor was at first happy to stay home because he had always disliked working. But soon he reported feeling like life had passed him by, and began spending “a lot of time thinking of the things I could have done.” He now regrets not getting married and believes his “whole development as an adult has been retarded because of not having a relationship with a wife.” Nevertheless, he still feared getting involved with someone because they might try to change him. At age 69, Poor moved to Florida, where he lives in a one-bedroom apartment with two poodles, his closest companions. He professes having “no ambition” and claims not to “expect too much out of life.” During his free time, he reads and watches TV. Asked what in his life gave him a sense of purpose, he replied, “I am near my 70th year of life . . . I do not have any real purpose.”

REASONS FOR RETIREMENT

Let us first use prospective data from the Study of Adult Development to refute common misconceptions about retirement. Age at retirement was available for 281 men in the Inner City cohort; of the 175 missing men, 125 had died while still working, and 50 men had stopped participating before retirement. After age 65, a third of the surviving Inner City men and two thirds of the College sample retained full time jobs. Thanks to their greater opportunity for advanced training in sedentary skills, by age 70, many of the retired Harvard men (in contrast to the Inner City men) had also assumed new unpaid occupations. At age 70, such job descriptions included, “I have retired from medicine and now pursue wine making,” “assistant medical examiner and school bus driver,” “Citizen Diplomat (with USSR).” The methods have been described elsewhere (Vaillant, 1995; Vaillant & DiRago, in press). One misconception, unsupported even by correlational data, is that those men who remain in the workforce after age 70 continue to work only because they lack either the capacity for

social relationships or the inner resources to entertain themselves without the distraction of "busy work." In fact, the men who retired later had better social relationships and richer nonvocational lives than those who retired early. They also had experienced greater job satisfaction when working.

A second misconception is that early retirement leads to alcohol abuse, poor health, and early mortality, and that remaining active in the workforce plays a causal role in preserving good physical health. At first glance, the cross-sectional data from our study would appear to support this second hypothesis. Seventy-three percent of the 178 Inner City men who retired voluntarily from work before age 65 are currently dead or disabled. In contrast, of the 28 men still working at a mean age of 75, none are dead and only 27% (by definition) are physically disabled. Compared to the early retirees, only half as many of these men abused alcohol. However, in a prospective study, it is possible to distinguish between cause and association. It was alcoholism and poor health, both physical and mental, that caused retirement. Retirement did not cause poor health or alcoholism.

A more sophisticated misconception is that late retirement is dependent on social privilege. This view suggests that men from higher social class have lower occupational stress in their white-collar jobs and thus continue to work longer. Again, the cross-sectional data in Table 12.1 supports this assumption.

A contradictory but equally plausible notion, but one unsupported by even correlational data, is that the rich can afford to retire young, whereas men from blue-collar jobs must continue to work until they die. Because the age of retirement was 5 years earlier for the Inner City men than it was for the College men, our study provided support for the prior hypothesis. At age 71, only 12% of the Inner City men were still paid for working 20 hours or more a week, as contrasted with 31% or almost three times as many from our College cohort.

Early retirement, especially before age 60, was usually associated with poor health—both physical and mental. For example, of 41 Inner City men who retired before age 56, 18 suffered from three or more (and an average of four) of the following six mental handicaps: personality disorder, GAF less than 65 at age 45, psychoactive medication for a month or more, schizophrenia, inability to form intimate relationships, or unemployed for 4 years or more before age 50. (By GAF, we mean Axis V: Global Assessment of Functioning, from *DSM-III* [American Psychiatric Association, 1980].) Of the Inner City early retirees who were not severely mentally handicapped, 11 out of 23 were irreversibly physically disabled by age 50. Thus, only 12 of the 41 early retirees were neither mentally nor physically disabled. Bill Lovejoy was a dramatic exception. In contrast, of the 28 Inner City men still working at least part-time

TABLE 12.1
Comparison of College and Inner City Men Associated With Age of Retirement

	Inner City <i>n</i> = 281		College <i>n</i> = 207	
	Mean (S.E.)	<i>rho</i>	Mean (S.E.)	<i>rho</i>
Unimportant				
Parental social class ^a	4.2 (.04)	-.03	2.0 (.06)	-.20**
IQ	94 (.67)	.13*	136 (.85)	-.01
Obesity (BMI) at age 50	27.9 (.29)	-.02	24.9 (.18)	-.14*
Cholesterol mg/100 mL, age 50	231 (2.9)	-.02	230 (2.8)	-.01
Mean age of death of parents	72 (0.6)	-.03	76 (0.7)	.17*
Childhood temperament	3.2 (.08)	-.09	3.1 (.11)	-.06
Childhood strengths (5–25)	13 (.22)	.14*	14 (.31)	-.03
Childhood weaknesses	10 (.41)	-.10	N.A.	
Important				
Occupational status at age 47 ^a	4.8 (.09)	-.32***	1.9 (0.6)	-.34***
Income at age 50 ^c	33,000 (550)	.22***	120,000 (6,400)	.25***
Mental health (GAF) at age 30–50	76 (.78)	.27***	81 (1.1)	.23*
Psychosocial adjustment at 50–65 ^a	16 (.26)	-.35***	13 (.15)	-.36***
Physical health at age 55 ^a	2.4 (.06)	-.31***	1.9 (.06)	-.22***
Pack years of smoking	45 (2.0)	-.18**	19 (1.4)	-.17*
Alcohol abuse ^b	3.4 (.22)	-.13*	2.1 (.16)	-.14*
Years of education	11 (.16)	.14*	18 (.12)	.16*

* $p < .05$; ** $p < .01$ *** $p < .001$

^aFor variables like occupational status, social class, and adjustment a low score is good.

^bAlcohol abuse scored: 1 = no abuse, 2 = abuse, 3 = dependence

^cIn year-2000 dollars

past age 70, none had been mentally disabled at age 50, and only 1 had been physically disabled by age 55.

The retirement of the College cohort has been discussed in detail elsewhere (Vaillant, 2002), but their reasons for retirement did not differ from those of the Inner City men. The 33 College men who continued working until 75 were far healthier both mentally and physically at age 60 than were the 31 College men who retired by age 60. Eleven of the 31 College early retirees manifested multiple indicators of impaired mental health, nine of whom were irreversibly chronically ill at age 60. Thus, only 15 College men (48%) who retired by age 60 were in good mental and physical health. Of the 33 College men still employed at 75, only one had had multiple traits of mental illness by age 60, and 7 more suffered chronic physical illness at 60. In short, mental and physical illness precipitate retirement. Mental and physical vigor cause prolonged work life.

Clearly, the rich did not retire younger than the poor. At age 50, the mean Duncan occupational status of the Inner City men was 4.8 (skilled labor), and the mean job level of the College sample was 1.9 (middle management). Despite far more generous pensions, the College men retired on average about 5 years later (67.4 ± 7.2) than did the Inner City men (62.2 ± 8.9).

Although in cross-section, high social class appeared strongly associated with later retirement, this association was not causal. Much of the difference in the age of retirement between the two cohorts was an artifact of differences in the men's preexisting mental and physical health. First, the College sample had been originally chosen from the start for good physical and mental health. The Inner City sample was an unselected sample of disadvantaged youth. Second, largely because the College sample enjoyed an average of 7 more years of education, they smoked only half as many cigarettes and were only half as likely to be seriously overweight or alcohol dependent as were the Inner City men. If length of education was held constant for the two cohorts, so was rate of retirement. Contrasting the 65 College men who did not attend graduate school with the rest of the College cohort reveals that they were only half as likely to remain in the workforce after 70 as were those with graduate degrees. Nevertheless, college graduation did not obliterate the profound socioeconomic status (SES) differences between the Inner City and College samples. None of the Inner City men and 68% of the College men had upper-middle class parents, and the College men in midlife made more than twice as much money.

A major research question asked by this paper was what *are* the determinants of age at retirement—independent of those determined by the men's employers. Table 12.1 contrasts the two cohorts (standard errors are depicted so that the reader can assess the significance of the differences). The seven

antecedent variables most strongly associated with age of retirement are listed at the bottom of Table 12.1. Because these same variables also distinguished the Inner City cohort from the College cohort who retired on average 5 years later, socioeconomic factors would appear to play a significant role, but why?

As the top of Table 12.1 illustrates, IQ, parental social class, intelligence, ancestral longevity, and childhood environment (whether assessed by strengths or weaknesses,) exerted little effect on age of retirement. Thus, many factors associated with SES proved unimportant to age of retirement. However, as already noted, pre-retirement mental health, education, and physical health exerted very strong effects on age of retirement. It is likely that the effect of education on age of retirement was probably mediated through both its effect on job status and its effect on alcohol abuse and smoking, which in turn affected physical health. Similarly, the strong association of income and job status with age of retirement was mediated in part by the fact that both education and mental health affect income and job promotions. Put differently, the seven variables in Table 12.2 that were associated with age of retirement were all

TABLE 12.2
Variables Important to Retirement Enjoyment

	Retirement Highly Satisfying n = 65	Retirement Not Satisfying n = 86	Rho ^d
Low neuroticism (NEO) ^b	69%	40%	.30**
Happy marriage, age 50–65	75%	55%	.22**
Vacation enjoyable and 3+ weeks (during work life)	77%	45%	.26***
Job satisfaction prior to retirement	56%	48%	.17*
Altruism a coping style prior to Age 47 (n = 126)	68%	55%	.15
Q: I get satisfaction from helping others, if that were taken away I would get depressed.	30%	17%	.17
A: Strongly agree (n = 75)	69%	62%	.19*
Not obese. BMI <29.0 at age 50			
Children highly satisfying after age 60	65%	42%	.27**
Hobbies highly satisfying after age 60	32%	17%	.24**

* $p < .05$ ** $p < .01$ *** $p < .001$

^dRho based on the full range of the predictor and outcome variables rather than on the dichotomous cutting point shown in the first two columns. Positive sign indicates positive pole of variable correlates with satisfying retirement.

^bn = 74 (not 151)

highly intercorrelated. This collinearity limits the explanatory power of multiple regression analysis. Nevertheless, if mental health at age 50 and physical health at age 55 were entered first, they accounted for 24% of the explained variance in age of retirement. Adding income, job status, and education explained only 3% additional variance. If job status was entered first, it explained 13% of the variance. Adding mental and physical health still explained an additional 13% of variance. When all seven variables were entered together, both mental health and physical health remained significant at $p < .0005$, and no variable other than job status ($p = .013$) was significantly associated with age of retirement.

ENJOYMENT OF RETIREMENT

By age 70, only a third of the original sample of 456 boys were still participating sufficiently for enjoyment of retirement to be rated. This attrition, however, was neither excessive nor invalidating. As expected from 1990 U.S. census data, of the 456 original boys 181 (40%) had died before reaching 70 and 28 (6%) more could not give valid replies to enjoyment of retirement because they were still working. Of the remaining 247 (54%) men eligible to reply, only 61 (13%)—an attrition rate of 0.25% per year—had withdrawn over the preceding half century. An additional 35 men (8%) did not reply to any of the three questionnaires assessing retirement from age 69 to 74. This left a response rate of 151 or 33%.

Because we had extensive information on the entire sample, it was possible to contrast the men who remained active participants at 70 from the “drops.” Childhood social class, multiproblem family membership, childhood strengths, and age of retirement did not distinguish the two groups. Alcohol abuse ($\rho = .18$), heavy smoking ($\rho = .29$), and mental illness at 50 ($\rho = .17$) were associated with nonresponse due to death. Low IQ ($\rho = .13$), mental illness at 50 ($\rho = .22$), little education ($\rho = .16$), poor relationships prior to 50 ($\rho = .22$), and alcohol abuse ($\rho = .20$) were associated with nonresponse due to poor participation or withdrawal.

As suggested in the introduction, the most surprising finding was that Inner City men who most enjoyed retirement were not just those from happy childhoods or those who in midlife had been successful at working and loving or at retirement had been blessed with handsome pensions. Table 12.3 illustrates that those dissatisfied with retirement were not the physically and mentally ill, or men forced by health to retire young, or men cursed by limited retirement income. What was even more noteworthy, however, was that unhappy childhoods, poor work histories, inability to make friends, depression,

TABLE 12.3
Variables Not Important to Enjoyable Retirement

	Retirement Highly Satisfying <i>n</i> = 65	Retirement Not Satisfying <i>n</i> = 86	Rho ^a
Childhood			
Parental social class V (underclass)	31%	28%	.07
IQ <80	9%	6%	.06
Few environmental childhood strengths	26%	30%	.05
Poor childhood temperament	37%	29%	.06
Multiproblem childhood (10+ childhood weaknesses)	17%	13%	.00
<10 Years of education	28%	24%	.00
Adulthood			
Poor mental health at 47 (GAF <71)	20%	20%	.12
Depression before age 50	9%	6%	-.08
Unemployed 4+ years as adult	8%	6%	.04
Alcohol abuse	26%	21%	-.08
No friendships at age 47	11%	12%	.09
Generativity	47%	32%	.15
Semi- or unskilled laborer	32%	27%	.03
Physically disabled by 65	23%	23%	.07
Retired before age 65	65%	60%	-.09
Retirement income less than 25K	22%	30%	.09

^aRho based on the full range of the predictor and outcome variables rather than on the dichotomous cutting point shown in the first two columns. Positive sign indicates negative pole of variable correlates positively with unhappy retirement

and low income—the hallmarks of midlife psychosocial maladjustment—did not distinguish between the most and the least happily retired at age 70. Even physical disability age 65 did not significantly predict dissatisfaction with retirement between 70 and 75. In other words, although many of these above factors had affected age of retirement, they did not significantly correlate with unhappiness during retirement. In part, of course, the lack of correlation of poor health with retirement satisfaction may have been an artifact of selected attrition. By age 70, a disproportional number of the depressed, alcoholic, and chronically ill men had died.

This caveat notwithstanding, the rules for predicting psychosocial well-being appeared to change after retirement. Guido Costello provides a model

of a man who was psychosocially challenged during most of his life until retirement, and yet who, once retired, was centered.

Costello had begun life in a three-family tenement with no bathroom, heat, or hot water. His father, a gambler and a heavy drinker, spoke almost no English, worked as a fruit peddler, and beat his wife and children. Asked what the family's plans were for Costello's future, his mother replied that they had "no idea what will become of him." Costello's teacher described him as "the worst boy" she had ever had. She described Costello as "sullen," "mean," "defiant," "disobedient," and a "show-off." She believed he was "heading to trouble." A bright spot was that the study psychiatrist had noted that Costello had a "very practical outlook on the future. On the whole, a pretty normal likable fellow."

Costello left school after the ninth grade with poor coping skills and an IQ of 73. After having trouble on the job for a while, he quit. He felt he had to "cut himself free" from the responsibilities of a 40-hour a week job. In addition, he developed a serious gambling problem. If he wasn't playing cards or at the racetrack, Costello reported that he devoted his spare time to sleep. He did not volunteer any time in community service, did not attend church, and did not play any sports.

When interviewed at 44, Costello had spent the past 13 years either unemployed or working in a variety of dead-end part-time jobs. Asked where he saw himself in 10 years, Costello had no plans; he just hoped to "stay out of trouble." Moreover, he claimed not think about retirement at all, and had no savings for the future. Costello did not seem to have much affinity to his family and was not attached to his children. He was uncomfortable with personal questions and in midlife was assigned a GAF of 61.

Costello told the interviewer that he and his wife rarely had disagreements, but just as he accepted no responsibilities in his work, he rarely accepted the responsibilities of family life. At age 55, despite having stated in the past that he would never take a steady job again, Costello began working full-time as a floor man in the card room of a gambling casino. There, until retirement 7 years later, Costello worked 40 hours a week as a professional card dealer. He enjoyed his job, especially having the opportunity to interact with lots of people. He made many friends at work, and felt the job suited him well. Having found a creative sublimation, his addiction to gambling ceased to be a problem.

Costello retired at the age of 62 and continued to "play." He now spends his free time reading history books about the Civil War, playing baseball, and watching movies. His children, now happily married adults, visit Costello and his wife "just about every other day." He is extremely proud of the fact that he has nine grandchildren, for whom he often babysits. In regard to his wife of more than 40 years, Costello told one interviewer that she is "very nice, very beautiful . . . she is an excellent mother, she is excellent at everything." The interviewer noted that the 67-year-old Costello

“expressed quite easily his love for his wife, his three children, and his nine grandchildren.” Five years later, at the age of 72, asked to rank his enjoyment of retirement, marriage, and children, Costello ranked them all as “highly satisfying.”

In contrast to Guido Costello, Vincent Angelli had been born to a very warm and stable working class family.

As a boy, Angelli exhibited a stable temperament, a relatively high IQ, and good coping skills. His father, who had been a farmer in Italy, worked in Boston as a wholesale fruit peddler. On evenings and weekends, Angelli helped his father peddle fruit. Angelli’s teachers described him as “not a special problem . . . self-conscious and hardworking.” Again the psychiatrist was perhaps more prescient: “this boy is a mild sort, slow-moving and not very athletic. He is sociable in his tendencies but quite immature in his social adjustment. He has developed some prominent inhibitions.” Angelli’s primary hobby was collecting stamps, a hobby that continued for the next half century.

In 1959, at the age of 31, Angelli founded his own wholesale produce company and served as its president for 11 years. In 1970, Angelli’s company merged with one of his competitors, where he served as vice president. By 1975, his yearly salary was \$42,000 (approximately \$135,000 in 2003 dollars.) He “worked 8 days a week,” often arriving at work before 6:30 a.m. to help the workers set up, and staying until late in the evening. There was nothing Angelli disliked about his work, which he considered to be a “way of life,” rather than a job. He rarely took vacation time and never missed work because of illness, emotional strain, or fatigue. At age 47, Angelli had no retirement plans. He said he might slow down in the future, but he could not see himself not working. In midlife, Angelli sold out his part of the business and went to work in a generative fashion as a consultant, buyer, salesman, and general manager for a produce company founded and owned by his sons.

In 1975, Angelli appeared as a “pleasant, friendly, and co-operative” individual who “did not seem to have any problems which interfered with his life.” Nevertheless, the interviewer felt something about his life was “narrow and restrictive.” Since age 12, Angelli “had known nothing but work . . . and work had become his way of life . . . apart from his pride in his children, and his stamp collection, he did not really seem to have any other interest in life.”

In 1993, at age 65, Angelli was forced into retirement due to degenerative arthritis of the right hip, but he continued to view his most important task as “caring for adults younger than myself, coaching the next generation.” Nevertheless, his postretirement subjective enjoyment was quite low. All his life, his sense of self had been defined by his work, and his clearly defined role in his marriage was provide financial support. At the beginning of his marriage, Angelli “laid down the law,” telling his wife he would be

in charge of running the business and earning money, while she would be in charge of raising their children and taking care of the house. Thus, after retirement, Angelli, who for 20 years had consistently rated his marriage as "good," now rated his marriage as "fair." Four years later he rated his marriage as "poor" and "not very satisfying." After 8 years of retirement, he described his marriage as "poor" and "not at all satisfying." When asked to rank the level of satisfaction over the past 20 years with different areas of his life, the only activity Angelli rated as "highly satisfying" was his income-producing work—now, alas, in the distant past.

If during retirement one's past psychosocial slate was wiped relatively clean, what factors predicted retirement satisfaction at 65? Of the possible predictors that were examined, only a few were found to be significant. Table 12.3 suggests that the most important pre-retirement factors leading to happy retirement were low "neuroticism" (NEO) (Costa & McCrae, 1985); that is, a sanguine temperament at age 60, the capacity to "play," and marital enjoyment in late life. The happy retirees were more likely to have enjoyed their job before retirement, and helping others was important to them both prior to and postretirement. The current income and objective physical health of the men who enjoyed retirement was identical to that of men who found retirement unsatisfactory, but the happily retired were three times as likely to perceive their current marriages ($p = .01$) as significantly happier. Severe obesity appeared to be a greater negative factor in retirement than was poor health *per se*. Not surprisingly, after retirement, enjoyment of children and hobbies were significantly correlated with enjoyment of retirement.

The most outstanding difference between the happily and unhappily retired men was their answer to the question "what gives your life a sense of purpose?" The happily retired were more likely to base their purpose on prosocial and/or creative activities, e.g., "watching grandchildren," "I know what it is like to be poor so I try to help others," "writing my memoirs," "playing piano." The unhappily retired often answered "nothing," or autistic activities such as "watching TV," "gambling," "care for self." Of the unhappily retired, only three reported that helping others gave their lives a sense of purpose.

CONCLUSION

In the last century, the average number of years of retirement prior to death has increased from 3 to almost 15 years—a very significant block of time. Until the twentieth century, retirement on average began only about 3 years before death. As recently as 1890, 70% of people in the United States over age 70 were

still in the workforce. In 1910, only 1% of all living Harvard graduates were retired. Today, 15% of all living Harvard graduates are retired (Bethel, 2000). By 1970, only 50% of 65-year-old men were still in the workforce (Atchley, 1982); and by 1986, this proportion for men had fallen to 31%. Not only better physical health, but greater per-person productivity and Social Security has contributed to longer retirement.

Retirement is highly over-rated as a major life problem. For example, one study (Bossé, Aldwin, Levenson, & Workman-Daniel, 1991) found retirement ranked 31st out of 31 possible stressful events. Another study (Midanik, Soghikian, Ransom, & Tekawa, 1995) showed that retirement leads to lowered stress through greater opportunity to exercise and resulted in no increase in depression, smoking, or alcohol use. For every person who claims retirement made their health worse, roughly four retirees maintain that retirement has improved their health (Streib & Schneider, 1971). Both positions may be illusory, at least in part. A person who feels healthier when he or she retires may actually be feeling relief at the loss of job stress. Conversely, a person who feels worse may actually be experiencing a continuation of the same illness that precipitated retirement.

Certain basic activities make retirement rewarding. First, marital maintenance appears important; retirees should replace their work mates with another social network just as they should replace their dead parents and deceased companions with new friends. In meeting such needs, grandchildren often work spectacularly well.

Second, and perhaps equally important to happy retirement, was learning again how to play. Sammy Grimm and Francis Player, two Inner City men, stood in stark contrast with each other in terms of their ability to play at 65. Neither man had enjoyed an easy childhood; but, if anything, the childhood of Player had been even more troubled. The tested native intelligence of both men was low average. Both men were raised in blue-collar homes without great parental warmth, but there was a marked difference both in their boyhoods and then in their later capacity for play.

At age 14, Francis Player was in the top 2% of Inner City men in coping skills, and he rose from his blue-collar tenement origins to the upper-middle class. A college graduate, Player enjoyed an excellent 34-year marriage, and three out of four of his children graduated from college. Although he earned up to \$75,000 a year, Player was also careful to take 5 weeks of vacation and retired young, as planned. Photography was his principal hobby, but he also engaged in active community service. Besides his photography, his play activities included fishing, baby-sitting grandchildren, and cultivating his garden. As he summed up 10 years of retirement, "I don't know where

I got the time to work." His health was splendid and, not surprisingly, he was among the Happy-Well.

In contrast, Sammy Grimm had not only manifested poor coping skills when young, but he hated retirement. Prior to retirement he had "worked all the time." Grimm didn't socialize off the job, developed no hobbies, and had never vacationed. So, in retirement he was "bored." He did not have the foggiest notion of how to play. When asked for the best part of retirement Grimm exclaimed, "There is none!" Asked what was the worst part of retirement he complained, "There is nothing to do." Asked how he coped with not working Grimm grumbled, "I haven't . . . I don't like retirement. I was never sick until I retired . . . if I didn't feel well, I would go to work and forget all about it." Grimm's health—his main retirement preoccupation—was subjectively "poor," and he was objectively disabled.

Play provides a wonderful magic that is especially suited to retirement, for play permits a person to maintain self-esteem while giving up self-importance. Competitive play—social bridge, cribbage, shuffleboard—lets one make new friends. We forget that the word *competition* is derived from *con petire*, to seek together.

Being retired is analogous to being once more in fourth grade. The importance of cooperative play, helping others, and having friends, hold even truer than when one was valued in the world of work. But in retirement, some rules have changed radically since fourth grade. Neither group contributes to the GNP. Learning new things brings pleasure to the very old and the very young, but what is learned in fourth grade about Eskimos, ancient Greeks, and Pokemon, and in old age about gardens, ancient Greeks, and Elderhostel have no practical utility to others. Similarly, creativity is paramount, but not in ways that others value. In fourth grade, your paintings hang on the refrigerator door, not because they are beautiful but because your family loves you. Similarly, the world gave Winston Churchill a Nobel Prize for his writing when young, but few valued his postretirement watercolors that brought him pleasure. Our point is that in retirement, as in fourth grade, self-esteem must bubble up from within.

The world around a fourth grader and a pensioner would go on if they were not there. Only their family and friends would miss them. The GNP might actually rise with their absence. And that is all right. As Lovejoy wrote to the Study: "I believe that being with young people keeps you young. I believe that helping people, especially the elderly and frail, makes you more appreciative of life. Don't look inward, look outward, and you don't have time to feel old. Retirement is the opportunity to enjoy things, not to cut back—add more sugar to the lemonade and constantly stir. . . add humor too."

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Everyday Life in the Third Age

Paul Wink

Psychology has a long tradition of pathologizing life transitions. Middle age has been portrayed as a time of personal crisis (Levinson, Darrow, Kline, Levinson, & McKee, 1978), menopause as shattering of a woman's sense of femininity (Deutsch, 1945), and the empty nest as threatening the stability of marriage (Bart, 1971). All these predictions have been shown to be untrue (see, for example, Helson & Wink 1992; Rossi, 2004; Wethington, Kessler, & Pixley, 2004). Until recently, the transition to old age has been similarly depicted as a time of crisis. Even Erik Erikson (1950) who assumed that the transitions to early and middle adulthood proceeded smoothly, took a different view of late adulthood when he emphasized the need for older adults to strive for ego integrity as a way of dealing with concerns over impending mortality. The idea that old age confronts the individual with psychological dangers is explicitly present in Robert Butler's (1963) contention that life review is essential for aging well, with its assumption that remedial work is necessary to attenuate an impending crisis.

In this chapter, I use data from the Institute of Human Development (IHD) longitudinal study to sketch a picture of everyday life in the Third Age. The IHD data promote the view that normative life transitions are rarely a source of personal crisis even though some individuals may find life changes to be psychologically threatening, just as others may view them as an opportunity for self-growth (Helson & Cate, this volume). The original contributions of this chapter primarily lie in bringing together several areas of research to sketch a detailed and nuanced picture of everyday functioning in the Third Age;

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using longitudinal data to investigate the psychosocial antecedents of positive functioning in late adulthood and to highlight certain continuities and changes in patterns of functioning across the adult life course; and because religion continues to be marginalized in mainstream gerontology, I seek to highlight its relation to psychosocial functioning in the Third Age.

THE IHD STUDY AND ITS PARTICIPANTS

The IHD longitudinal study comprises the Oakland Growth (OGS) and Berkeley Guidance (GS) samples that were merged into a single study in the early 1960s (Block, 1971; Clausen, 1993; Eichorn, 1981). The participants consist of a community sample of Californians, born in the 1920s, whose psychosocial functioning was assessed in adolescence (high school years, 1930s and 1940s; $N = 319$) and four times during adulthood: 1958 (age 30s; $N = 216$), 1970 (age 40s; $N = 232$), 1982 (age 50s/early 60s; $N = 233$), and 1997–2000 (age late 60s/mid-70s; $N = 184$). The attrition rate in the study has been very low, with 90% of the available participants taking part in the latest assessment conducted under my direction (Wink & Dillon, 2002).

When I conducted the assessment in late adulthood, the GS members (born in 1928–1929) who constituted two-thirds of the total sample were in their late 60s (average age 69), and the OGS members (born in 1920–1921)—the remaining one-third (36%) of the sample—were in their mid to late seventies (average age 77). Although the age difference between the two groups of participants is only 8 years, the GS anchors the early phase and the OGS anchors the late phase of the Third Age, thus making the IHD study exceptionally well suited to investigating life in the postretirement period.

Of the participants interviewed in late adulthood, 53% were women and 47% were men. In late middle adulthood (just prior to retirement), 59% of the participants (or their spouses) were upper-middle-class professionals or executives, 19% were lower-middle-class, and 22% were working class. All but six of the participants are White. The majority of the sample (73%) grew up in Protestant families, 16% grew up Catholic, 5% grew up in mixed religious households, and 6% came from nonreligious families. In late adulthood, 52% of the participants attended church on a regular basis—like their U.S. age peers. Eighty-three percent were still living in California.

LIVING CIRCUMSTANCES, ACTIVITIES, AND PHYSICAL HEALTH

This section portrays daily life in the Third Age by presenting data on mortality, income, marital and family relations, social and leisure activities, and physical

health. Of the 303 individuals who took part in at least one of the IHD assessments conducted in early and middle adulthood, 26% were dead by late adulthood. The mortality rate was significantly greater in the older OGS sample (41%) than in the younger GS group (18%); $\chi^2(1,278) = 17.24$; $p < .001$. With four in ten of their cohort dead, older participants in their 70s had a greater aura of survivorship about them than did their younger peers who were in their late 60s. Contrary to national trends (see Sorensen, this volume), no significant gender differences were noted in mortality rates in either the younger or older age group. A comparison of those participants who had died by late adulthood with those who were alive in late adulthood indicated that individuals who died before reaching old age scored lower on optimal adjustment in late adolescence (ages 16–18) and in early adulthood (age 30s), ($\pm 1,196$) = -3.28 , $p = .001$ and $t(1,218) = -2.57$, $p < .05$, respectively.¹ In other words, adolescents who were warm, dependable, straightforward, and socially perceptive in adolescence tended to live longer than those who were hostile, anxious, self-pitying, and psychologically brittle. The above results replicate findings from other longitudinal studies, including the Terman sample (Friedman, Tucker, Tomlinson-Keasey, Schwartz, Wingard, & Criqui, 1993).

In late adulthood, the median household income for the IHD participants was \$50,000 per year, somewhat higher than for same-age married households nationwide, with 17% of the sample reporting an income exceeding \$100,000, and 17% reporting an income of \$30,000 or below. The median market value of the home was \$240,000. Ninety percent of the participants indicated that they did not feel constricted financially in doing what they wanted to do. Reflecting the economically privileged status of their age cohort, 84% stated that they were somewhat or much better off socioeconomically than were their parents, and 61% said that they were financially better off than their children. The only gender difference was the tendency of women to report lower income than men, $F(1, 147) = 7.74$, $p < .01$. The only cohort difference was the tendency of members of the older age cohort, who grew up during the Great Depression, to indicate more strongly that they were better off financially than their parents, $F(1, 147) = 10.50$, $p = .001$. In sum, although the IHD participants tended to be financially secure, there was considerable variation in their income. The fact that almost none of the participants indicated that they were financially

¹ Optimal adjustment was scored with the Optimal Adjustment scale for the California Adult Q-set (CAQ; Block, 1978). The CAQ is an observer-based, ipsative measure of personality and social behavior that is a composite of between two and four independent ratings done using a deck of 100 items measuring personality and social functioning.

restrained from doing things they wanted to do captures the economic advantage of the current generation of retirees but also suggests that older adults learn to live within their means and to match their expectations with available financial resources.

Of the IHD participants interviewed in late adulthood, 70% were currently married, 17% were widowed, 9% were divorced, and 4% were never married. No cohort differences were noted as to who lived alone and who did not, $\chi^2(1, 175) = 1.85$, n.s., but women were significantly more likely to live alone than were men, $\chi^2(1, 182) = 8.78$, $p < .01$. Among participants who were married, 55% indicated that their marriage fulfilled most of their expectations and was exceptionally happy, and a further 33% rated their marriage as a good one. Men, irrespective of cohort, reported being more satisfied with marriage than did women, $F(1, 134) = 4.93$, $p < .05$, supporting the finding that, whereas older men prize being in relationships, women place a greater emphasis on its quality (Baltes, Freund, & Horgas, 1999). Forty-four percent of the participants indicated that they continued to be sexually active, with men, $F(1, 136) = 6.50$, $p < .05$, and especially younger men, $F(1, 136) = 2.78$, $p < .10$, reporting higher incidence of sexual activity than women. In late adulthood, the modal IHD participant had three children and three grandchildren, and most reported feeling very close to their children (66% to first-born, 65% to second-born, and 71% to third-born), with women feeling closer than men both to the first- and second-born child; $F(1, 159) = 5.58$, $p < .05$; and $F(1, 142) = 5.74$, $p < .05$, respectively.

Although over the traditional retirement age of 65, 26% of the participants indicated that they were working, usually part-time, for pay, and 22% of spouses were similarly engaged in paid employment. Men were more likely to report working for pay than were women, $F(1, 176) = 13.42$, $p < .001$, but no cohort differences were noted in rates of employment. Individuals who worked for pay reported lower levels of depression than did those who did not work, $t(35, 116) = 2.29$, $p < .05$.

Not surprisingly, given the constellation of positive economic and social circumstances shaping our study participants' lives in late adulthood, most of them were leading a fairly purposeful and active older adulthood.² Large majorities of men and women frequently read newspapers and magazines (92%), and books (66%). Many frequently engaged in some form of physical exercise such as walking, tennis, swimming, or golf (55%); traveled (44%); informally

² The list of activities is based on Harlow and Cantor's (1996) measure of involvement in everyday life tasks.

visited with relatives (55%) and friends and neighbors (44%); participated in community service (25%); and engaged in a range of personal hobbies (36%) including gardening, arts and crafts, and woodwork projects. A good few enrolled in adult education classes (21%); went to concerts, plays, museums, or lectures (21%); played a musical instrument (6%) or sang in a chorus (8%); and played competitive card and board games such as bridge or chess (17%); as well as playing solitary games and doing puzzles (19%). Women were more likely than were men to engage in social activities such as visiting friends and relatives, and entertaining, and creative activities including singing with a group, painting, or potting. They also tended to volunteer more and to read more books and magazines than did men. In contrast, men were more likely to spend time on home repairs and hobbies, unpaid work, and playing sport; all $t(1, 153)$ values less than .05.

Cohort was not a significant predictor of frequency or type of everyday activities. However, social class status in late adulthood (as measured by Hollingshead & Redlich's [1958] Social Class Index) was associated with greater involvement in knowledge-expanding activities and hobbies, and engagement in unpaid work. Church-centered religiousness was positively related to involvement in social and community activities, whereas noninstitutionalized spiritual seeking was associated with involvement in creative and knowledge-expanding activities (Wink & Dillon, 2003). This pattern of relations between religion and daily activities in late adulthood could be predicted longitudinally from religiousness in early adulthood (age 30s) and spiritual-seeking in late middle adulthood (age 50s). In late adulthood, religiousness and spiritual seeking were also positively related to generativity and social activism (Dillon, Wink, & Fay, 2003). The activism associated with religiousness was primarily focused on local community issues, whereas spiritual seekers tended to be more involved in global issues and causes, such as the preservation of the environment or world peace, although activism on behalf of the homeless was common to both highly religious and spiritual-seeking individuals (Dillon & Wink, in press).

Based on health narratives obtained during the interview, 35% of the sample were rated as having chronic illnesses that resulted in moderate (e.g., uncontrolled diabetes, glaucoma, circulatory problems) to severe chronic health problems (recent cancer, congestive heart failure, severe arthritis), with older participants experiencing more problems than younger participants, $F(1, 151) = 9.22, p < .01$. Women, $F(1, 151) = 5.95, p < .05$, and $F(1, 510) = 4.41, p < .05$, respectively, and older participants, $F(1, 151) = 9.21, p < .01$, and $F(1, 510) = 5.79, p < .05$, respectively, rated themselves as having lower physical functioning and experiencing more pain. Women,

$F(1, 163) = 7.61, p < .01$, and older participants, $F(1, 163) = 9.73, p < .01$, also reported having more trouble with everyday physical activities, including trouble with climbing stairs and problems with falling. In addition, women experienced more difficulties than did men with washing and bathing, $F(1, 170) = 7.95, p < .01$, and older participants experienced more trouble than did their younger peers with cutting toenails, $F(1, 170) = 10.32, p < .01$, and memory problems, $F(1, 170) = 4.38, p < .05$. Physical health was unrelated to social class or religiousness whether assessed in early or late adulthood.

Mental Health

Given that the IHD participants in late adulthood were relatively healthy, financially secure, and involved in a variety of personal, social, and community activities, it is not surprising that most were well satisfied with their lives: 33% were highly satisfied, 35% were satisfied, and only 13% indicated that they were dissatisfied with life. Based on self-report, 14% of the sample was classified as depressed, a percentage comparable to that found in other community-based studies of the elderly (Braam, Van Den Eeden, Prince, Beekman, Kivela, Lawlor, Birkhofer, et al., 2001). No gender or cohort differences were noted in life satisfaction or depression. High social class, $r(157) = .32, p < .001$, and religiousness, $r(156) = .19; p < .05$, in late adulthood were, however, positively related to life satisfaction but not to depression.³

What factors contribute to depression in late adulthood? We investigated this question using two linear regression models. In the first model, scores on the CES-Depression scale were predicted with four variables that seemed to be particularly relevant to depression in late adulthood: income, health, living alone, and feeling of closeness to first-born child (a proxy for conflict with children). In the second model, we added CAQ Depression scale scored from interview material in middle adulthood (age 40s)—a time interval of approximately 30 years. In Model 1, depression was significantly related to poor health, living alone, and not feeling close to the first-born child, but was unrelated to income (data not shown but available from the author). In Model 2, the significant predictors were poor health and living alone in late adulthood, and depression in middle adulthood, but not feeling close to the first-born child was no longer significantly related to depression. Why did depression in middle adulthood suppress the relation between depression in

³ Life satisfaction was measured using the Satisfaction with Life scale (Diener, Emmons, Larsen, & Griffin, 1985) and depression was assessed using the CES-Depression scale (Radloff, 1977).

late adulthood and not feeling close to the first-born child? The most likely explanation is that either depressed parents tend to have children who grow up being not close to them—the relationship between depression in middle adulthood and feeling close to first-born child in late adulthood was $r(138) = -.16$, $p = .07$ —or that lack of closeness to a child causes depression in a parent. Irrespective of which interpretation is correct, the importance of Model 2 is in showing that depression in late adulthood is likely to be a confluence of current living circumstances such as poor health and living alone and long-term psychological vulnerability evident already in middle age.

Although depression in late adulthood was not related to gender, a significant interaction effect between living alone and gender, $F(1, 150) = 5.76$, $p < .05$, indicated that men who lived alone were more prone to depression than were others in the study, including women who lived alone (Figure 13.1). No gender differences were noted in the relationship between depression and feeling not close to the first-born child.

Although a number of studies have reported a marginal negative relationship between depression and religiousness (McCullough & Smith, 2003), this was not the case in the IHD study. Instead, we found that church-centered religiousness buffered against depression only in times of adversity associated with poor health (Wink, Dillon, & Larsen, 2005). Among individuals who

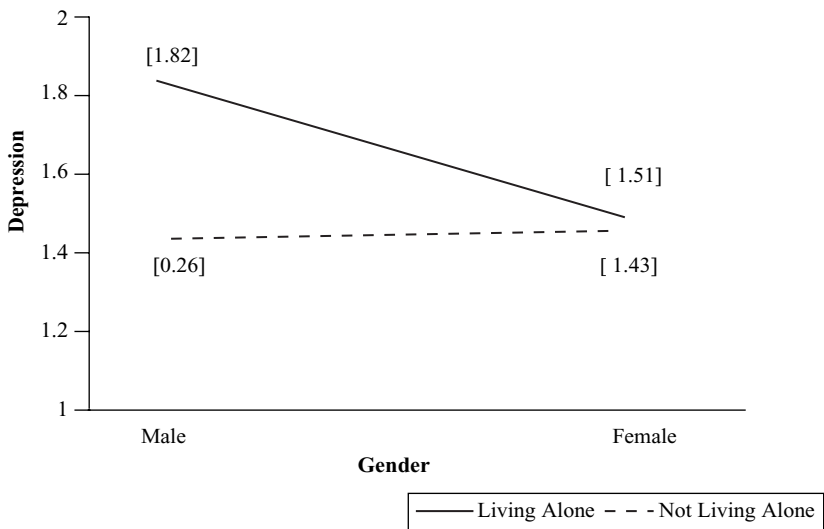


FIGURE 13.1 Depression in late adulthood as a function of living circumstances and gender in late adulthood. Note: $N = 156$. Standard deviations are in brackets.

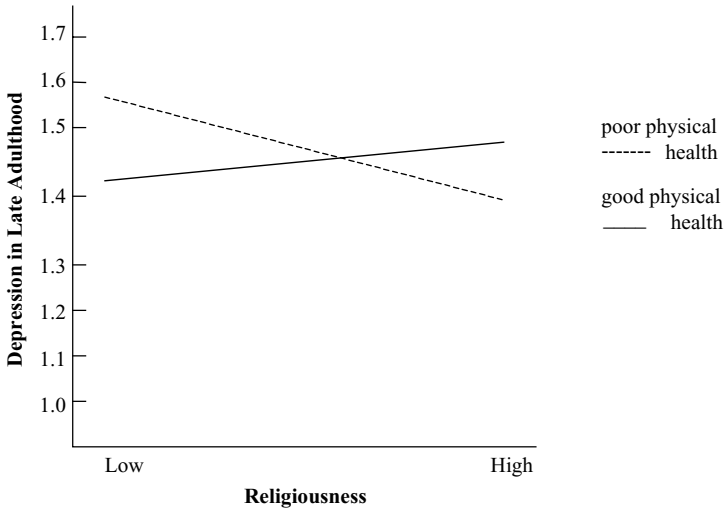


FIGURE 13.2 Depression in late adulthood as a function of physical health and religiosity in late adulthood ($N = 156$).

were in poor health, those participants who were low in religiosity were more depressed than their nonreligious counterparts who were in good health (Figure 13.2). In contrast, individuals who were in poor health and high in religiosity did not experience higher levels of depression than physically healthy individuals. Gender and cohort did not affect these findings. This result suggests that when things go well in life individuals do not need church to help them feel good about themselves, but when they are confronted with adversity (e.g., illness), religiosity serves as a buffer against depression. It should be acknowledged, however, that the relatively small effect size means that many nonreligious individuals do not become depressed when confronted with physical illness. On the other hand, the religion by physical health interaction remained significant even after controlling for social network, meaning that the finding could not be attributed to the tendency of highly religious individuals to have stronger ties with family and friends.

Fear of Death

It is commonly assumed that fear of death increases with age and looms large in the life of older individuals who, because they are approaching the end of life, experience increased apprehensiveness over mortality. The IHD data help to dispel this myth. In late adulthood, we found very low levels of fear of death, with 67% of the participants saying that they were not afraid of death,

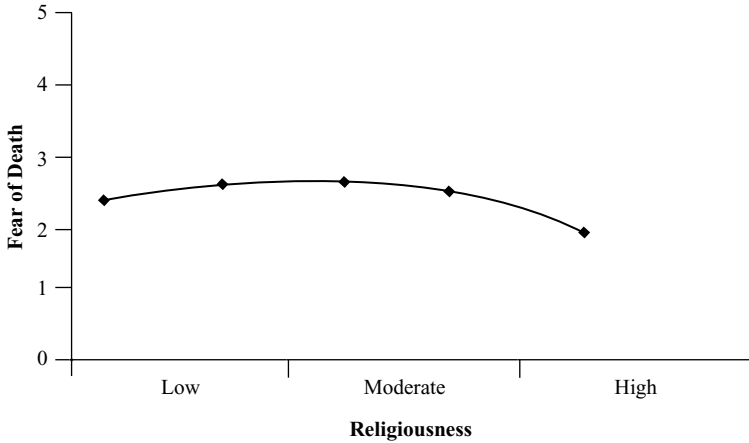


FIGURE 13.3 Fear of death in late adulthood as a function of religiosity ($N = 156$).

a further 20% expressing neutral feelings, and only 13% of the participants indicating that they were concerned about death.⁴ In contrast, only 40% of the study participants indicated that they were not afraid of the process of dying. In other words, the IHD men and women were much less concerned about death than about the pain and indignity associated with the process of dying. Our findings support other studies indicating that fear of death declines with age and is of significantly greater concern in young adulthood than in old age (Neimeyer & Fortner, 1997).

It is also commonly believed that religiosity buffers against the fear of death because many religious traditions offer a promise of life after death. A review of the literature, however, has failed to substantiate the claim that a simple (linear) relation exists between religiosity and fear of death in late adulthood (Fortner & Neimeyer, 1999). In support of studies showing a more complex relationship between religion and fear of death, we did not find a positive correlation between fear of death and either religiosity or a belief in a rewarding afterlife (Wink & Scott, 2005). This was the case because low fear of death was equally characteristic of individuals who scored high and low on religiosity, with highest death anxiety being manifested by participants who were moderately religious (Figure 13.3).

⁴ Fear of death and fear of dying were measured using the self-report Death Attitudes Profile (Gesser, Wong, & Reker, 1987).

In a follow-up analysis, we found that individuals who scored high on church-centered religiousness and who believed in an afterlife feared death the least, whereas those individuals in our study who scored low on religiousness but who had some belief in an afterlife feared death the most (Wink & Scott, 2005). The study participants who were rated low on religiousness and who did not believe in an afterlife feared death less than those who were low on religiousness but who believed in an afterlife. In short, our findings indicate that the best defense against the fear of death is provided by a consistent religious (i.e., being high on religiousness and having a firm belief in afterlife) or secular ideology (i.e., being low in religiousness and not believing in afterlife). Conversely, the greatest vulnerability to death anxiety is associated with a lack of consistency between religious practices and beliefs (i.e., scoring low on religiousness but scoring high on belief in afterlife).

Life Review

In their book on vital involvement in old age, Erikson, Erikson, and Kivnick (1986) use Ingmar Bergman's *Wild Strawberries* to illustrate the relationship between life review and ego integrity. The film depicts a day in the life of an emotionally repressed medical doctor who undertakes a long car journey to receive a lifetime achievement award for his service to humanity. On this journey, Dr. Bork revisits places from his past and is haunted by memories of personal shame and failure. The chance to confront these memories visibly humanizes Dr. Bork who, upon arrival at his final destination, finds a new sense of personal serenity, empathy, and pleasure in his relationship with his son and pregnant daughter-in-law. The story of Dr. Bork illustrates well the idea that successful aging requires life review; a thesis promoted and popularized by Butler (1963). The unusual feature of Butler's view of aging is that it equates psychologically healthy aging with the need to engage in a process of self-reflection aimed at reshaping one's identity by accepting and integrating one's past with one's present conditions. In this sense, old age is seen as analogous to adolescence—a stage of the life cycle when, according to Erikson (1950), individuals must grapple with answers to the question "Who am I?" Although the life review movement has had the beneficial effect of promoting a view of old age as a time of psychological growth and exploration, it has also contributed to the notion that the absence of life review is detrimental to the self either because of likely despair or, alternatively, because it results in identity foreclosure and hence a truncated way of being in the world.

In the IHD study, we tested aspects of Butler's view of aging by using relevant fragments of the in-depth interviews to rate *Life Review*, operationalized as the use of reminiscences to reach a new level of self-understanding,

and *Acceptance of the Past*, defined by the absence of undue regrets (Wink & Schiff, 2002). Only 22% of the participants were rated as having engaged in life review in late adulthood. No cohort differences were noted, but women were more likely than men to engage in life review, $F(1, 177) = 6.68, p < .05$. The relatively low incidence of life review does not mean that the IHD participants did not reminisce; it simply suggests that reminiscing does not necessarily imply a desire to know oneself better. The most frequently endorsed reason for reminiscing was teaching and informing others (with 33% indicating that they used memories in this way at least occasionally), followed by intimacy maintenance (26%), problem solving (22%), and identity exploration (22%).⁵

But although only a fifth engaged in life review, almost three-quarters (70%) of the sample scored high on acceptance of the past. Acceptance of the past was unrelated to gender or cohort but was positively associated with social class, $r(181) = .18, p = .05$. When the ratings of life review and acceptance of the past were combined to form four quadrants, 19% of the sample was classified as high in acceptance and high in life review, 50% fell into the high acceptance–low life review quadrant, and the remaining 31% were equally split among the low acceptance–high life review and low acceptance–low life review groups. The fact that 50% of the sample were rated as accepting of their past without having undertaken life review, indicates that the modal IHD participant appeared to age “successfully” without having to undertake psychological work aimed at integrating the past and the present or reformulating his sense of self. To call these participants foreclosed would seem to be presumptuous. The high acceptance–low life review group included not only half of the sample, but its members did not differ from the high acceptance and high life review group on life satisfaction, depression, fear of death, and ego integrity.⁶ The IHD findings on the relationship between life review and acceptance of the past are similar to those reported in a number of other quantitative studies based on community samples (for example, Coleman, 1986).

What are the personality precursors of life review and acceptance of the past in late adulthood? I investigated this question by correlating life review in late adulthood with the CAQ Openness to Experience scale and acceptance of the past with the CAQ Optimal Adjustment scale scored using interview data from early adolescence onward. Life review correlated positively with openness to experience from late adolescence, $r(139) = .19, p < .05$, onward. This means that individuals who in their late 60s to mid 70s used reminiscences

⁵ Frequency and type of reminiscence was assessed using the self-report Reminiscence Functions scale (Webster, 1993).

⁶ Ego integrity was assessed using Ryff and Heincke's (1983) self-report Ego Integrity scale.

to develop a new sense of self were described over 50 years earlier while they were seniors in high school (age 16–18) as unconventional, introspective, esthetically reactive, valuing intellectual matters, and having wide interests. Acceptance of the past correlated positively with optimal adjustment from early adolescence, $r(99) = .32$, $p = .001$, onward, meaning that individuals who experience few major regrets in late adulthood tended to be described in junior high (age 13–15) as warm, autonomous, dependable, and productive.

Personality Changes in the Third Age

The nature of psychosocial functioning at any stage of the life cycle largely depends on sociocultural factors such as social class, gender, and the role expectations associated with a particular stage of the life cycle. From a psychological perspective, this milieu is shaped in part by the personality of individuals in one's age cohort. How personality changes over time comprises a rich literature. In this chapter, I restrict my analyses to optimal adjustment and self-investment in order to illustrate ways in which personality changes in the Third Age and how this change is affected by gender.⁷ For this purpose, I use longitudinal data from late adolescence (high school years) and four assessments in adulthood; a time interval of over 50 years.

As shown in Figure 13.4, the IHD sample increased in optimal adjustment between late adolescence and late adulthood by more than one standard deviation— $F(4, 116) = 41.00$, $p < .001$ —a magnitude large enough to result in a clinically observable change in functioning or behavior. Follow-up analyses indicated that the IHD participants increased significantly in mean levels of optimal adjustment from early (age 30s) to middle adulthood in the 40s, $F(1, 119) = 16.11$, $p < .001$, and from late middle (age 50s/early 60s) to late adulthood in the late 60s/mid 70s, $F(1, 119) = 19.16$, $p < .001$. Both increases were just below one-half of a standard deviation in magnitude. Thus,

⁷ The analyses presented in this section are based on repeated measures ANOVAs. Optimal adjustment was assessed using the CAQ Optimal Adjustment scale (Block, 1978). Self-investment was measured using the CAQ Narcissism scale (Wink, 1992) that measures an emphasis on personal autonomy and a sense of entitlement and desire for power (grandiosity) that may be expressed either overtly or covertly. Because the IHD study is based on a community and not a clinical sample, the general levels of narcissism in the sample was relatively low. It is more appropriate, therefore, to conceptualize the findings presented in Figure 13.5 as reflecting gender differences in healthy levels of self-investment rather than pathologic narcissism. In other words, the moderate scores for the IHD sample as a whole on the CAQ Narcissism scale do not indicate the presence of grandiosity. Rather, they suggest a more healthy level of self-investment that leads to firm personal aspirations and their assertive pursuit.

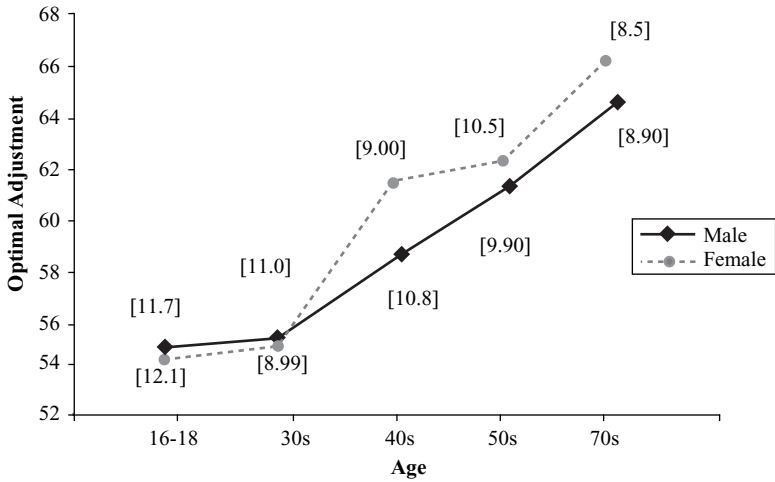


FIGURE 13.4 Change in optimal adjustment from late adolescence to late adulthood. Note: $N = 121$. Standard deviations are in brackets.

discernible increases were apparent in optimal adjustment and these coincided with the transition into middle age and into the postretirement period. These patterns of change were unrelated to gender (see Figure 13.4), and they were also unrelated to age cohort (data not shown).

The age-related increase in optimal adjustment for the sample as a whole and the tendency for participants who were less optimally adjusted to die younger (see the section, *The IHD Study and Its Participants*) meant the IHD Third Agers were surrounded by age peers who, as a group, were warmer and more sympathetic, dependable, autonomous, and socially perceptive than at any other time during adulthood. These results support a body of research indicating that late adulthood is a time of increased positive affect and decreased negative affect (e.g., Carstensen & Mikels, 2005).

Although no gender difference were noted in optimal adjustment over the life course, gender did interact with age in the case of self-investment. I chose to investigate this personality characteristic because at the time the IHD participants entered adulthood, a cultural expectation existed for women to accommodate their personality style to that of their spouses and to interrupt work to take primary responsibility for children (see Wink & Helson, 1993). I thus hypothesized that, from adolescence to early adulthood, women would decline in their sense of self-investment (personal aspirations and autonomy) only to regain some of these characteristics in late adulthood as a result of changed role expectations in the postretirement period and also perhaps as a

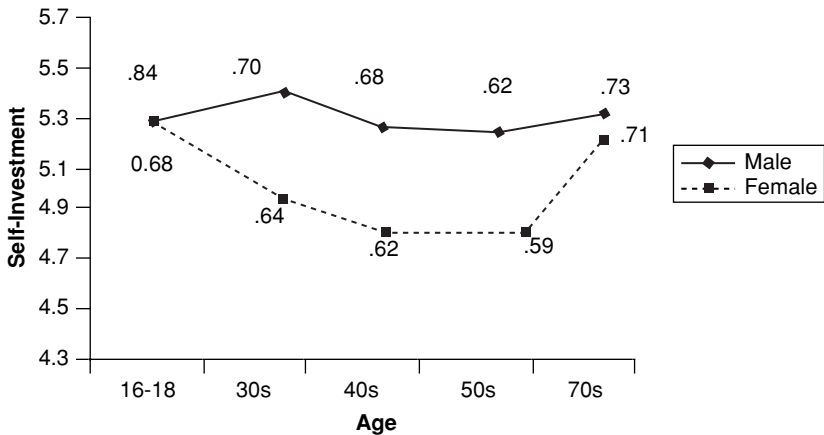


FIGURE 13.5 Change in self-investment from late adolescence to late adulthood. Note: $N = 121$. Standard deviations are included in the figure.

result of the effects of the Women's Movement on gender equality. Irrespective of the underlying mechanism, the possibility that gender-related differences in personality characteristics might be less pronounced in late adulthood is important for understanding the nature of marital relations in the Third Age.

As shown in Figure 13.5, a significant time by gender interaction occurred, $F(4, 116) = 4.03, p < .01$, due to the fact that the IHD men and women did not differ significantly in self-investment in either late adolescence or late adulthood. Men maintained their mean score on self-investment throughout the life course. Women, however, declined significantly in self-investment from late adolescence to early adulthood, $t(1, 66) = -2.66, p = .01$, and from early to middle adulthood, $t(1, 66) = -2.37, p < .05$ (a total decline of close to two-thirds of a standard deviation), and increased significantly in self-investment from late middle to late adulthood, $t(1, 66) = 4.22, p < .001$ (a change of more than one-half of a standard deviation). Thus, in the IHD study, gender relations in late adulthood were characterized by equality in the self-assertive pursuit of personal aspirations that was greater than at any other time in adulthood and only matched in late adolescence (the senior high school years).

CONCLUSION

The Third Age Experience

The results I have presented in this chapter capture many aspects of life in the Third Age as conveyed by the IHD participants during their face-to-face

interviews. In listening to the life narratives offered by the GS and OGS members, I was struck time and again by the vitality and the normality of life of individuals in their late 60s and mid 70s. Most complained of a lack of time while they described being busy pursuing their hobbies and interests, meeting with family and friends, and making travel plans. Those individuals who worked full-time before retirement seemed to welcome the freedom of not having to work; they appeared to redirect their energy to hobbies and showed great pride and interest in the accomplishment of their children and grandchildren. Those whose spouses worked full-time before retirement appeared to cope—in their words—“unexpectedly” well with having another person around at home on a full-time basis. Overall, both the GS and OGS participants appeared to take the transition to the postretirement period in their stride and viewed life in the Third Age as just another normative stage in the adult life cycle—one that did not require particular psychological adjustments, such as life review. Yet, at the same time, the individuals I interviewed were well aware of the fact that time was limited and that the odds of them and/or their spouse becoming ill or dying in the not too distant future increased with every year (see also Helson & Cate, this volume). These concerns were evident in frequent laughter, and/or the refusal to make predictions, about life 5 years from now. Clearly, the time horizon was curtailed when compared with life in early or middle adulthood. Nonetheless, my distinct impression was that the relative absence of fear of death—as opposed to the absence of concern about the process of dying—was not the result of denial or repression. Rather, for both religious and nonreligious individuals alike, death appeared to be another normative stage of the life cycle that needed to be dealt with when it arrived at one’s door step but not before.

An unexpected feature of my interviews with the IHD participants—yet one clearly reflected in the quantitative findings presented in this chapter—was the relative absence of difference in psychosocial functioning between the younger GS and the older OGS members. Yes, the OGS participants looked older, experienced more physical problems, and proportionately more of their peers had died compared with the GS members, but otherwise there appeared to be few differences between the two groups in terms of everyday activities, well being, and concern about death. In fact, two of the most highly functioning individuals in the study came from the OGS. One was a 76-year-old physician who maintained good eyesight and a steady hand and continued to assist in orthopedic surgery. The other was a 77-year-old man whom I interviewed just after he had completed 36 holes of golf played in the summer desert sun of Arizona. This individual continued to earn an income by renovating homes between time spent skiing in the Swiss Alps and hiking in the Rockies.

Although age matters as one gets older, it is not as good a predictor of physical, cognitive, and personal functioning in the Third Age as it is in the First Age.

The gender differences in functioning found in the IHD study match those reported by other researchers (e.g., Baltes et al., 1999). In the Third Age, women suffer more physical pain and restriction of daily activities related to a greater incidence of arthritis and osteoporosis. But they also tend to be more socially engaged and connected, and find it easier to cope with living alone than do men. The reason why women find it easier than men to cope with living alone is because husbands tend to rely on their wives to manage many daily tasks, such as preparing meals, cleaning the house, keeping in touch with the children and friends, and organizing social events. It may also partially reflect the fact that some women find new freedoms and opportunities after the death of their spouse. One of the GS women whom I interviewed shortly after the death of her husband, while grieving for her spouse, was also elated, at age 69, by the new possibility of going back to school and furthering her education—something that her emotionally insecure and jealous husband forbade her to do because of a concern that this would undermine his prestige and authority in the family. I did not find evidence of an analogous scenario in any of the interviews conducted with men.

Although, as a group, the IHD participants showed evidence of age-related increases in optimal adjustment and the bridging in late adulthood of gender-based differences in self-investment, the findings also pointed to considerable stability between personality early in life and psychosocial outcomes in late adulthood. Both life review and acceptance of the past in late adulthood were significantly predicted by personality characteristics in adolescence—an interval of over 50 years—and depression in late adulthood was related to depression in middle adulthood. These stabilities once again confirm impressions gathered from the interviews. Since completing the assessment in late adulthood, my collaborators and I have read interview material obtained from the IHD participants in adolescence and early and middle adulthood. In doing so, we have been repeatedly struck by the continuities in individual lives, with many of the participants repeating the same phrases in describing their salient life experiences in successive interviews that were conducted on the average 10 to 15 years apart. The presence of these regularities does not negate the fact that some individuals experienced radical personality change in adulthood nor does it preclude the existence of different trajectories of change. It underscores, however, continuities in adaptation across the life course (Atchley, 1999).

Because living in the Third Age does not appear to threaten the individual with undue existential angst or anomie related to the loss of social roles, it was

not surprising that most of the IHD individuals exhibited high life satisfaction and low depression in their 60s and 70s. Predictably, feelings of depression were related to the presence of objectively difficult life circumstances such as poor physical health, living alone, and having troubled relationships with children. At the same time, the data suggested that individuals who had problems in psychosocial functioning in late adulthood also experienced emotional difficulties earlier in their lives. In this sense, life in the Third Age appears to progress smoothly unless one's equilibrium is jolted by negative life. Life satisfaction also appears to be affected detrimentally by low socioeconomic status. This is no different to life at any of the preceding stages of the life cycle. Although religiousness was related to vital engagement in everyday activities, its effect was less straightforward in other areas of functioning, depression and fear of death in particular. This illustrates, yet again, the fact that Third Age individuals do not need buffers to maintain their sense of well-being, especially when they are not confronted with personal adversity. In sum, findings from the IHD study suggest that the Third Age is a rich and personally rewarding stage of life for the majority of individuals and that the pattern of psychosocial functioning in late adulthood tends to be a continuation of adaptive strategies and styles developed earlier in life.

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Gay Lives in the Third Age:

Possibilities and Paradoxes

Bertram J. Cohler and Andrew J. Hostetler

The present generation of elders is the first in which gay men have become visible members. As a consequence of social and historical changes over the past three decades, an ever larger number of men self-identifying as gay have become interested in their own lives as they grow older and have become activists in groups such as Senior Action in a Gay Environment (SAGE), which was founded in 1977. Kimmel (1979–1980) has well portrayed the life-situation of young-old gay men. The generation of young-old gay men that was well-educated but underemployed due to workplace discrimination beginning early in their careers offers a unique perspective on the study of aging in contemporary society (Cohler & Hostetler, 2002).

Having learned across a lifetime how to overcome the stigma of being gay and to manage their lifestyle and same sex desire within the heterosexual community, these elders may have learned a “crisis competence” (Kimmel, 1978) that has provided a unique preparation for dealing with the additional stigma posed by age discrimination. In addition, because they have often encountered hostility from parents and siblings because of their sexual orientation, these gay elders have developed close ties with friends who serve as a source of personal resources and social support at times of need (Kimmel, 2004). Significantly at this time of rapid social change regarding the acceptance of same-gender sexual desire, several of the participants in our study have commented that they feel age discrimination to a greater extent than discrimination founded on sexual orientation. These elders self-identifying as sexual

minorities represent a unique group of Third Age pioneers, and they are the subject of the present chapter, which addresses the issue of lifestyle challenges for gay men living in the Third Age of life (Laslett, 1996; Cohler & Hostetler, 2002).

GAY URBAN RESIDENTS IN THE THIRD AGE

This discussion of gay men in the Third Age is informed by a continuing study of men and women self-defining as gay or lesbians across the second half of life. The study was conducted by student and faculty colleagues of the University Chicago's Committee on Human Development. Over the course of the last 10 years, our research group has conducted questionnaire studies with more than 100 gay men in midlife (Herdt, Beeler, & Rawls, 1997), and approximately 60 life-histories interviews, primarily with middle-aged and older gay men. In the present report, we discuss five of these life histories, including the linked lives of two long-term couples and an activist gay Third Ager preferring to live alone.

The present generation of gay Third Agers was born prior to the Second World War and came to adulthood in the conservative post-war years, when particular stigma was attached to homosexuality (Cohler, 2005). This generation of gay elders presently in the Third Age was already nearing midlife at the time of the gay rights revolution of the 1970s (Clendinen & Nagourney, 1999). Having come of age at a time when same-sex desire was both invisible and severely stigmatized, the early generation of gay urban pioneers learned to live beneath the social radar. Many led the double life (Chauncey, 1994), passing as heterosexual during the day and spending evenings and weekends in the shadowy gay enclaves hidden from public view yet always subject to police raids (Brown, 2001; Read, 1973).

Many men in this generation worked as librarians, accountants, or in other occupations that required little social contact at work, and in which discussion of personal issues could be avoided. Social life outside of work differed little from that of their heterosexual counterparts, consisting primarily of quiet dinners at home, gatherings with a small circle of friends, and weekends in the country. This generation enjoyed the benefits of the gay rights revolution, yet was often little involved in the political activism characteristic of later generations of gay men, whose identity was formed in the context of this period of heady activism. This generation of now Third Age gay men was also less likely to be involved in the new-found sexual freedom of the 1970s and

to know fewer men in younger generations who suffered terrible losses due to AIDS.

THE UNCHARTED COURSE OF GAY AGING

Among the challenges that the current generation of gay Third Agers confront is a legacy of shame, stigma, and “passing” that may have continued well into their adult years. Lacking visible role models, societal support, and recognition for same-sex relationships, today’s gay Third Agers—whether single or partnered—may struggle with issues related to intimacy (Cohler & Galatzer-Levy, 2000; Hostetler & Cohler, 1997). In a similar vein, their opportunities for self-exploration and self-determination in the Third Age may be limited by more intangible obstacles related to the lack of preexisting social roles and/or socially valued life-options available to gay men.

In light of the variable timing of the gay life course and the recent liberalization of attitudes toward homosexuality, “backward socialization” (Hagestad, 1981, 1986) has led older men, influenced by their younger counterparts, to adopt new conceptions of their place in society. Changing social conditions, including the confidence and ease with which the younger generations seem to embrace sexual minority identities, may have encouraged older adults to “come out” within their families and communities. This backward socialization may have been enhanced by the AIDS crisis, which brought together gay men from several generations, united in their efforts to curb the epidemic. But, again, not all gay Third Agers are able to realize this potential.

In general, the gay life course has a certain improvisational or uncharted quality to it (Siegel & Lowe, 1994), particularly for older generations that may enhance the capacity of gay elders to adapt to changing social circumstances and take advantage of the many possibilities for life in the Third Age. The absence of prescribed social roles has also meant freedom from rigid gender scripts, possibly leading to a greater degree of behavioral flexibility and enabling gay adults to draw from a broad range of adaptive strategies in later life (Dawson, 1982; Francher & Henkin, 1973; Friend, 1980, 1987; Kimmel, 1978). In general, this uncharted quality of gay development (Siegel & Lowe, 1994) arguably allows more space for individual contributions to the art of living. In fact, this double-sided quality and developmental tension between social constraints and personal resources make the experiences of gay and lesbian elders an exemplary case study in the problems and promises of life in the Third Age. More precisely, to the extent that the Third Age is a time of new freedoms and opportunities for self-expression, the lives of older gay

adults can illuminate the possibilities for innovation as well as the limits on individual choice.

MANAGING STIGMA AND DISCRIMINATION: CRISIS COMPETENCE OR MINORITY STRESS?

The ability to transform a social constraint into a personal resource is an important engine of human development, and many of the special challenges faced by lesbian/gay/bisexual/transsexual (LGBT) elders can become sources of strength. For example, several researchers have suggested that managing stigma and discrimination over the course of a lifetime may foster crisis competence, which prepares older LGBT individuals for dealing with the challenges of ageism (Berger, 1996; Kimmel, 1978; Sharp, 1997). Researchers have argued that successfully forging a positive gay identity in a homophobic cultural context may foster a crisis competence that uniquely prepares gay adults for dealing with other life challenges (Berger & Kelly, 1996; Friend, 1991; Kimmel, 1978). This concept is consistent with the model of challenge and mastery proposed by Baltes and Baltes (1990), and suggests that current cohorts of older gay men and women, having spent a lifetime fighting anti-gay attitudes and policies, may have an advantage over their heterosexual counterparts in managing the stigma and discrimination associated with growing older in an ageist society.

According to Berger and Kelly (1996), this sense of crisis competence should derive not only from the earlier mastery of stigma associated with homosexuality, but also from the more recent mastery of independence, because gay men may have been forced to be more self-reliant across the course of their adult lives compared with their married heterosexual counterparts. For older gay men, in particular, issues of self-care may pose fewer problems than for straight men. As Brown and his colleagues have suggested, many gay men have had to acquire domestic survival skills, including the ability to manage a household and provide adequate nutrition for themselves (Brown, Alley, Sarosy, Quarto, & Cook, 2001). So, while both homosexual and heterosexual men may be devastated by the loss of a spouse or partner, the latter group may be more debilitated and may be more likely to suffer declining health and well-being following the loss. In the absence of good comparative data, the question of a relative gay advantage in crisis mastery in later life remains unsettled. However, Quam and Whitford (1992) present evidence of perceived crisis competence among older gay men, with more than two-thirds of their survey respondents claiming that being gay had prepared them well for the challenges of aging, including loss of a partner or spouse, loss of income and economic disadvantage, and age discrimination.

Despite its intuitive appeal and modest research support, the crisis competence hypothesis has not gone unchallenged. Based on his own research, Lee (1987) suggests that well-being in later life has more to do with a history of steering clear of crises rather than confronting them. And, although the findings reviewed above reveal few differences in self-reported adjustment, morale, or life satisfaction between young-old gay and straight men (see also Vaillant's discussion of retirement and morale, this volume), the experience of anti-gay prejudice across the course of life may pose a continuing adverse impact on morale. Supporting this view, Meyer (1995) has presented convincing evidence that the early and continuing experience of stigma and discrimination have a cumulatively negative effect on the well-being of gay adults—a phenomena he refers to as *minority stress*. Similar findings have been reported by Adelman (1990) and Grossman, D'Augelli, and O'Connell (2001). Although this source of lowered adult morale should play a less significant role in subsequent cohorts, as anti-gay stigma and discrimination recede against a backdrop of social change, it remains a significant issue for the current generation of gay Third Agers.

INTIMACY, SOCIAL TIES, AND SOCIAL ROLES IN THE THIRD AGE

The construction of intimate and family relationships within LGBT communities perhaps best illustrates gay contributions to life in the Third Age, as well as its potential limitations. First, however, it is important to keep in mind the incredible diversity that has long characterized gay experiences of intimacy and family. Although many older gay men encountered rejection from both their families of origin and also their younger counterparts uncomfortable with the possibility of growing older, many others have enjoyed a lifetime of warm relationships with family members and friends, accompanied by varying levels of acknowledgment and acceptance of their sexual identity. And, although the creation of gay families through adoption, surrogacy, and/or artificial insemination is a relatively recent phenomenon, heterosexual marriage and family were not uncommon among the older generation, many of whom divorced in settled adulthood or later life and “came out” while maintaining contact with—or even custody of—their children.

Although the ever-increasing commitment to parenthood among partnered and even single gay men and women means that the gay and heterosexual life course are becoming more similar (Cohler & Galatzer-Levy, 2000), important differences remain in the types and meanings of intimate relationships. Although approximately 90% of all adults eventually marry, gay men are less

likely to participate in committed same-sex relationships. Estimated partnership rates range from 40% to 60% for gay men (Bell & Weinberg, 1978; Cruz, 2003; Harry, 1984; Herdt et al., 1997; Hostetler & Cohler, 1997; Jay & Young, 1979; Kurdek, 1995). Research on same-sex relationships suggests that, even in the absence of social and institutional supports, gay men report levels of relationship satisfaction comparable to heterosexual counterparts, and many form life-long bonds (Kurdek, 1995; Peplau, Veniegas, & Campbell, 1996).

However, important differences also are noted in the organization and experience of same-sex relationships, with both positive and negative implications for gay life in the Third Age. On the one hand, freedom from rigid, prescribed gender roles may increase the likelihood of true egalitarianism in a relationship (Kurdek, 1995; Peplau, Venigas, & Campbell, 1996), contribute to the development of a broader repertoire of life-skills, and further build on the improvisational abilities that foster adaptation to life in the Third Age. The lack of socio-legal recognition of same-sex relationships requires greater planning for later-life, in the form of retirement planning, wills, living wills, power of attorney, and the like, to make sure that the surviving partner is taken care of and that both partners' wishes are respected.

At the same time, these potential resources for gay life in the Third Age may also pose problems. Most obviously, the lack of legal protections combined with the failure to plan ahead can spell disaster for gay couples or surviving partners. Mock (2001) found that gay male couples engage in less lifestyle-related retirement planning than do heterosexual married couples. The lack of socio-legal barriers to relationship dissolution and of clear role-related responsibilities can also contribute to relationship instability. Other gay social innovations share this dual tendency to either promote or imperil well-being in the Third Age. For example, Dorfman and her colleagues have shown that many older gay men use friendship networks as "families of choice" (Grossman, D'Augelli, & Hershberger, 2000; Weston, 1997) in the same way as heterosexual counterparts use family as a source of support and assistance (Dorfman, Walters, Burke, Hardin, Karanik, Raphael, & Silverstein, 1995).

The deliberate construction of a chosen family may not only provide the gay elders with a greater source of support from similarly situated peers, but it also offers additional practice in primary modes of control (Heckhausen & Schulz, 1995) in the selection of optimal environments in later life (Baltes & Baltes, 1990). However, the maintenance of voluntary bonds of friendship over time continues to be difficult in the face of many barriers and little institutional support, and the realization of families of choice remains little more than a hoped-for ideal for many gay men and women (Hostetler, 2001, 2004). However, to the extent that gay lifeways and relationships remain

improvisational, stigmatized, and without institutional supports, this may contribute to an experience of feeling outside of expected norms across the course of adult life. And it may well be the case that taking advantage of what life in the Third Age has to offer requires a relatively secure, preexisting base of established social roles, as well as the availability of a range of viable, socially valued life-options.

In short, the life experiences and developmental contexts of the current generation of gay elders are somewhat of a double-sided coin: Combined with the right mix of material, social, and psychological resources, they have potentially laid the groundwork for productive engagement and psychological well-being in the Third Age; in the absence of such resources, they may place gay Third Agers at risk. In the final section of this chapter, we employ brief life histories of two gay male couples and one single man to illustrate the promises and paradoxes of life in the Third Age.

GAY LIVES IN THE THIRD AGE: THE EXPERIENCES OF FIVE MEN

Over the course of the last 10 years, our research group has conducted a series of related studies of mid- and later-life development and the social needs of men in Chicago's gay community (Herdt et al., 1997; Hostetler, Bergmann, Rawls, & Glover, 1999) and undertaken approximately 60 life-histories interviews, primarily with middle-aged and older gay men. In this chapter, we draw on five of these life histories, including the linked lives of two long-term couples.

Participants and Method of Study

Participants were recruited through LGBT community organizations and local gay and alternative media, a "snowballing technique." As is typical of convenience samples of urban gay men (Myers & Colten, 1999), participants were primarily middle-class, well-educated, and highly involved in the LGBT community. In the larger survey sample, the average respondent was White, college-educated, and had an annual income between \$35,000 and \$40,000. Demographic characteristics of the interview sample were similar, with the exception that interview participants were somewhat wealthier and more likely to be White than survey respondents (83% versus 69%).

Participants were interviewed using a semistructured protocol regarding the experience of being gay, "coming out," being single or partnered, relationships with family and friends, work and professional life, involvement in the LGBT community, religious background and involvement, ethnic/racial background and identity, experience of discrimination and harassment, and

feelings about aging. Interviews ranged in length from 1 hour and 20 minutes to almost 3 and a half hours, and were audio-recorded and later transcribed. Analysis was informed by Mishler's (1990) inquiry-guided perspective, which highlights the means by which individuals maintain a sense of continuity over time, construct identities, and manage tensions in personal and social life, and by Strauss and Corbin's (1990) open coding method.

Accidental Activists in the Third Age

The annual gay pride parade, commemorating the Stonewall riots and the emergence of the gay rights movement, slowly winds its way down the main street of a neighborhood noted for its relatively large number of LGBT residents and establishments. The large crowd that has assembled along the sidewalk cheers as a group of men and women in military uniform, representatives of a gay veterans' organization, passes by. The local chapter of this nationwide organization was founded by a recently retired couple not previously known for their social activism. Ray, a former high school teacher, and Frank, a retired librarian, are almost perfect representatives of their cohort of homosexual men now in the Third Age. They met in the post-war era at bar on the south side of the city that was well known to the homosexual community, where men seeking sex and/or intimacy with other men would often meet, discreetly, after work.

Together for nearly half a century, both men had perfected the art of hiding their sexual orientation and relationship during their work years. Frank noted that, as a librarian for a large survey research organization, staff members generally worked alone at their computer terminals and seldom socialized together or discussed personal issues. During his many years as a teacher in the public school system, Ray was also successful in his efforts to keep his personal and professional lives separate. In the period immediately following first Ray's and then Frank's retirement, the couple enjoyed their collection of classical music and films, and quiet times together reading or working in the garden of their restored Victorian home, saving up money for a foreign vacation (see Wink, this volume). Living in an urban neighborhood in which few residents knew each other, they frequently socialized with other socially invisible gay couples and singles. Summers and weekends were often spent at a remote country home, where they relaxed, entertained visitors, and shopped the local antique stores.

Ray was a decorated, honorably discharged veteran of the Korean War who had seen action on the front lines. Returning from service during the conservative mid-1950s, he ultimately ended up teaching mathematics in an urban public high school. Frank received an exemption from Korean service

and has never served in the armed forces. The couple had been looking forward to their retirement, spending time at their country house, and traveling together.

And then came the Clinton presidency, the infamous “Don’t Ask, Don’t Tell” policy, and the subsequent dramatic increase in witch-hunts and dishonorable discharges of service members identified as gay. Ray was incensed on reading newspaper reports about several service members who had been discharged on the basis of innuendo regarding their sexual orientation. Calling on other gay-identified friends who had served in the military from the time of World War II through the first Iraq conflict, Ray started a local chapter of an increasingly prominent national gay veterans’ organization. Frank has also taken up the cause and together the couple has demonstrated, organized, and actively recruited other gay veterans to challenge the discriminatory military policy. In addition to organizing marches and rallies that have drawn nationwide press coverage, the couple helped in the effort to secure regular Pentagon meetings to review each case involving members of the armed services discharged for homosexuality. Through their organization, they have also worked to make veterans’ hospitals more receptive to self-identified gay men.

Swept along by their new-found activism, the men have become highly visible and valuable members of the LGBT community, attending community events and becoming involved in causes related to gay rights. Ray and Frank are accidental activists, and they voice surprise that their retirement has not gone as planned. Now in their 70s, they have little time for travel or their country home, and their formerly quiet evenings and weekends are interrupted by a steady stream of telephone calls and e-mail messages from servicemen and -women from around the nation seeking advice. However, they report feeling happier and more satisfied with their lives than perhaps ever before, and they cherish participating in a rich community life and in a cause larger than themselves.

The Life of a Rebel Writer and His Partner

The late afternoon sun makes its way through the jungle of plants in the front window of a cluttered but comfortable apartment in a quiet urban neighborhood. Sounds of a Beethoven quartet provide the background for thoughtful conversations with John and Tom. In separate interviews, John at his desk and Tom surrounded by a stack of novels and newspapers in a living-room chair, both men reflect on the social changes that have taken place over the course of their adult years. They met shortly after John graduated from college and are looking forward to their 41st anniversary. Recently, the story of their partnership, including photos both old and new, was featured in a book on gay relationships. Tom was in failing health when we first met the couple,

and John was dedicating much of his time to caregiving; he never leaves his partner's side for more than 2 or 3 hours at a time.

Tom, now 74, was an administrator for a nonprofit planning organization for several decades and has the benefit of a generous pension to help with living costs and his specialized health care needs. John, who is 10 years younger, recently retired from a university teaching position but has continued with his career as a freelance writer. Although he misses mentoring disadvantaged students, he expresses little regret regarding his retirement and is particularly relieved to be freed from the administrative and governance responsibilities related to his former position as a faculty representative to the president. He comments that he is busier now than when he was teaching, pointing to a stack of letters, freelance writing offers, and requests for help.

John claims that his libido is as strong now as when he was 20, and he admits that Tom's poor health has posed some problems for their sexual life. Both men acknowledge occasional trysts with other men, which they see as inevitable in long-term relationships. However, they agree that as long as there is no emotional entanglement and that appropriate cautions are taken to protect against sexually transmitted diseases, these sexual encounters cannot threaten the strong bond between them. Although their sexual lives have taken somewhat different directions, the couple has always spent most of their free time together. Until Tom's illness, the couple had traveled the world, and John showed us several photo albums of their trips, including a fairly recent excursion through Elder Hostel. John attributes the longevity of their relationship to sharing common interests—being friends and not just lovers—and caring deeply about one another's welfare. The fact that they are both socialists didn't hurt either! He describes dealing with Tom's illness as "the most difficult thing that I've had to go through." Regarding Tom's imminent death, John says "My entire adult life has been with him, and we've never parted since then . . . I don't know how I can deal with it. I'll deal with it, but I'm not sure."

John is somewhat unique within his cohort of Third Agers, having self-identified as gay throughout the course of his adulthood. Describing himself as a life-long rebel against authority, John reports that he was always "out," although this meant something different in pre-Stonewall terms, and that he even risked ridicule and harassment in high school for being different and taking unpopular positions. From the time he was in college, he identified with homophile causes, and he enjoyed the many venues for sexual satisfaction at his college and in the community. He claims he "just knew that [he] was going to marry a man" although there were no visible role models for committed same-sex relationships. He was never an active participant in the bar scene because "not that many people who go to gay bars want to talk about socialism

or world politics." Still, his involvement in the social, political, and sexual life of the gay community has remained fairly constant over the years. Among his many current writing assignments, he takes the most pleasure in his role as a gadfly commentator for a very literate gay journal and as a writer of fictional accounts for gay pornographic magazines.

John has recently served as a mentor to a young gay relative from his conservative Midwestern family, as well as to several aspiring gay writers. He keeps in touch with several friends on behalf of Tom and himself, and, although he reports that he is not close to his brother "because he belongs to the NRA," he nevertheless writes to him once a week and is in regular contact with his nieces and nephews. Now entering the Third Age, John's writing career has never been more successful. He is also a prolific reader, and he notes with some sadness that, in better times, he and Tom would talk late into the night about a novel or controversial magazine story that they had both read.

We revisited John after a period of several years. Tom had passed away and, while grieving the loss, John was moving on with his life and still writing actively. He is in the process of writing a book in his field and is also contemplating writing his memoir. He added an Internet connection to his computer, and he has discovered an online community that has filled part of the void left by the death of his partner as well as several friends. The Internet has also made it easier for him to complete assignments and to help younger writers with their own work. In the little free time that he has, he attends concerts and the theater, and he has made several foreign trips, revisiting the places he and his partner had enjoyed together. Interestingly, John has read Laslett's (1996) discussion of the Third Age; he readily identifies with the concept and finds this perspective on later life to be an inspiration in his own continued professional work. John's life also seems to reflect the concept of crisis competence (Kimmel, 1978). Having learned over a lifetime to contend with anti-gay discrimination and stigma, he is well-equipped to take on ageist attitudes and practices. In fact, he often uses his writing to address the double invisibility of being old and gay, and he also speaks at community events about the importance of social activism on behalf of the community of older gay men.

A Gay Single in Later Life

The rainbow pylons light up along the main street of "Boystown" as twilight descends over this neighborhood, now formally recognized by the city for the contributions of its gay residents (about one-third of the total) and merchants. The commemorative planters, decorative street signs, awnings, and string of vibrant gay and gay-friendly businesses are a far cry from its previous incarnation, prior to the influx of gay residents, as run-down commercial strip. Tucked

away on ground level of an older house along this main street is the office of a statewide gay rights organization, staffed primarily by volunteers. Wally, nearing 70, can be found there most evenings, preparing mailings, making phone calls, and doing office work. Or you might find him in another part of town, volunteering at a residence for people with AIDS.

Wally retired two decades prior from a job with the federal government that he had held ever since finishing college. Work was never a major source of satisfaction in his life. As an accountant in a government department noted for its political and social conservatism, he moved around a fair amount and took retirement at the first opportunity, retiring in middle age on a good pension. The decision to retire was made more urgent by his mother's declining health and, ultimately, relocation to an assisted living residence, where he and other family members continued to provide care. His mother lived for several more years and, while sharing in the daily round of caretaking responsibilities, Wally took on part-time work as a personal accountant for several wealthy and prominent families in the area.

Wally's understanding of his sexual identity and relationship to the LGBT community is somewhat more complicated than that of the men discussed earlier. In addition to his community involvement and activism, he has always lived in a gay neighborhood, moving as gentrification forced gay residents and businesses to move. At the same time, he avoids labeling his sexual identity; he feels that the term *homosexual* is too clinical, pathologizing same-sex desire, but he is also somewhat uncomfortable with the term *gay*, which is preferred by the post-Stonewall generation. He never had a "coming out" experience or actively disclosed his sexual identity to others; even when he was regularly going to gay bars, Wally didn't name his sexual interest in other men. In the era before gay rights, Wally had furtive affairs with men he met in bars, while always fearing that he would be caught up in a police raid, be arrested, and have his name and address published in the newspaper. Working for a socially conservative government agency, he knew that such publicity could end his career (and, in fact, he was once told by a supervisor that he was passed over for a promotion because he was single). Like many men of his generation, he appears to have mixed feelings about his sexual orientation. He told us, "If I had my choice, I'd still rather be [straight], not go through all this turmoil about being deceitful with people." And to this day, he prefers to avoid people or activities that he deems too "flamboyant."

As Wally's neighborhood became more visibly gay in the post-Stonewall era, he became somewhat inadvertently involved in gay activism. Already an actively engaged resident of this community, he knew most of the individuals who would later become elected and appointed officials and highly visible

activists in the battle to enact a statewide anti-discrimination ordinance. Thus, his increasing activism was not explicitly motivated by a general commitment to the LGBT community and the welfare of the next generation, but rather had more to do with his long-time acquaintance with men and women who became gay community leaders. Although an active and valued participant in his community, his efforts are not overtly animated by an ethic of care.

Also in contrast to the other men described in this chapter, Wally does not currently have a long-term relationship and, while he did have a “friend” for a period of 3 years in the late 1960s, he has spent most of his adult life alone. Regarding the possibility of future partnership, he says that “I’m not looking for it” and “I don’t want to get involved.” Although he admires his friends who have been in long-term relationships, and politically favors domestic partnership rights, he has never really seen this as a possibility for himself. He says that he enjoys his personal freedom too much and is “too set in [his] ways” to accommodate to the needs of a partner; if he feels like getting up and reading in the middle of the night, he can do so without fear of disturbing someone. In many ways, he embodies “voluntary singlehood” as described by Hostetler (2001, 2004), narrating a life story in which the absence of partnership seems predestined.

Living in a culture that has historically equated marriage and adulthood, and in a gay community that increasingly values relationships (Warner, 1999), he shares with many other voluntarily single gay men a certain ambivalence about his relational status (Hostetler, 2001, 2004). First, his self-absorption is at odds with his active, if somewhat unreflective participation and generative engagement in the concerns of the LGBT community locally, raising the possibility that he has unexpressed and/or unacknowledged needs for communion. When asked about relationships and “what it means to be romantic,” he quickly shifts the focus away from his own experiences of intimacy, his voice trailing off to inaudibility. Then he abruptly changes the topic to politics, expresses a seemingly overdetermined sense of frustration that domestic partnership benefits have risen to the top of the gay rights agenda. Clearly, there is some element of disappointment at having experienced so little intimacy in his own life.

As further indication of either a diminished need for connection or an inability to realize it, his circle of friends and acquaintances is rather wide, but his emotional ties do not seem to go very deep. Frequent dinner parties have tapered off, because his friends have less time for socializing now that they’re in long-term relationships. He expresses satisfaction with his social life, nonetheless, and participates in semi-regular outings to restaurants and/or the theater. He had a falling out with one of his brothers several years ago, but is

in regular contact with his other brother and occasionally visits with his nieces and nephews, although he has never formally disclosed his sexual orientation to any family members. Although he currently enjoys good health, and has friends who would be willing to provide care or assistance should he need it, Wally does worry about the worst-case scenario: He observes that as “a gay man who is single . . . something could happen to me . . . [and] it would quite a few days before anybody would say, ‘I wonder where Wally is?’” In general, as he has grown older, he sees himself becoming more of an observer than an active participant in the life of his friends and his community.

At the same time, he by no means indulges in self-pity. In general, Wally does not seem to be the kind of person who reflects a great deal on his life or reminisces about the past. He is matter-of-fact and keeps his emotions to himself—not unlike the way he describes his father. His reluctance to disclose his sexual identity may simply be another expression of this need for privacy. Although lacking a rich emotional life, Wally keeps busy and seems to enjoy his days. In addition to his political activity and volunteer work, he serves in an administrative capacity for a gay sports league and frequently pursues his long-term interest in photography. He spends many hours each week in the darkroom and has recently developed an interest in digital photography. He has also written a book. Still, he is modest about his accomplishments.

Wally is also working toward a more positive attitude about aging. He anticipates that his 70th birthday will be much less difficult than his 60th, and reports that he is happier now than he was a decade ago. He also observes that many of his contemporaries are less active than he. Although acknowledging age segregation and the youth-centered focus in the gay community, he says that he no longer worries about his changing appearance, asserts the he’s had “a very good life,” and expects to remain active for many years to come.

DISCUSSION

What then can be said of the men portrayed in this chapter as representatives of the current generation of gay Third Agers? In many ways, both Ray and Frank’s life together and John’s life with and without Tom provide near-perfect illustrations of the possibilities for life in the Third Age. Ray and Frank had previously been model representatives of their generation of homosexual men. They had led a quiet, “closeted” life apart from the gay community and the community at large. Then, inspired by political events and liberated by retirement from the threat of discrimination and possible job loss, they were emboldened to pursue a new path of activism, resulting in a highly visible community profile and national recognition for their work. And, although we

might speculate that the many years of secrecy and passing as straight took a significant psychological toll (something that could also be said of Wally), this would be to apply a standard based on contemporary constructions of sexuality to past times (Chauncey, 1994).

For John and Tom, the transition to the Third Age was perhaps less dramatic, and was more in keeping with their prior life. Whereas Tom, an Ivy League graduate and nonprofit administrator, quietly retired to a comfortable life reading and reflecting on the human dilemma prior to his long illness and ultimate death, John's life story from childhood onward has been one of continuing social activism and dissent. Now retired from teaching, John enjoys being able to dedicate more time to his writing, with his professional accomplishments continuing to pile up, as well as serving as a mentor to others. His lifelong willingness to confront homophobia and other forms of injustice have well-prepared him for life in the Third Age. The crisis competence achieved as a result of these many battles surely was a factor in his successful efforts to cope with the devastating illness and eventual death of his partner of more than 50 years.

At the same time, it is important to keep in mind that their continuing contributions and well-being in the Third Age were made possible by a comfortable middle-class lifestyle, including nice homes, secure pensions, and sufficient funds for rewarding leisure activities, as well as their continuing good health (with the exception of Tom) and enduring bonds of love and friendship with others. It is reasonable to ask if, without the love and support of Frank, Ray would have had the strength and courage to embark upon a second career as an activist. And imagine how the course of Tom's illness might have been different had it not been for John's strength and their good fortune in having adequate health care (although it could have been better had John's employer offered domestic partner benefits). Unfortunately, for many working-class women and men, people of color, and those dealing with catastrophic illness, the possibilities for life in the Third Age remain bleak.

Wally's case is significantly more complicated than that of the two couples. It would be tempting to hold him up as an example of what could go wrong in the Third Age, even assuming sufficient material resources. After all, and despite protestations to the contrary, he doesn't appear to be entirely satisfied with his singlehood, and his socioemotional life seems less than rewarding. But before drawing such a conclusion, it is imperative to remember that not everyone's needs for social engagement are the same. He is a private, somewhat solitary person, and yet he manages to be more involved in community activities than most of his peers. Further, he is making an important generative contribution made possible, at least in part, by his unattached, single lifestyle.

Recognizing how difficult it is in our culture to maintain platonic friendships across time and space, and considering how little institutional support exists for—and how few valued social roles correspond with—single lifestyles (Hostetler, 2001, 2004), Wally's adjustment, generative commitment, and expressed life satisfaction in the Third Age are remarkable.

CONCLUSION

The lives of older gay men, including the men introduced in this chapter, demonstrate that the meaning of both being gay and growing older has changed dramatically over the course of the last few generations. As these narratives attest, gay Third Agers defy stereotypes and, like their heterosexual counterparts, continue to make significant contributions to the community and pursue self-enrichment. And while social changes will continue to transform the experiences of gay and straight elders alike, the differential developmental trajectories of the current generation of gay older adults have proven very instructive, illustrating both the positive and potentially negative prospects for life in the Third Age.

With a third of life left to be lived after retirement, new institutions must be created to channel the energies of the young-old adults. Elderhostels, retirement communities, opportunities for volunteering, and continuing education programs are but a few of the areas in which participation can be expanded for both gay and straight Third Agers (see also Omoto & Aldrich, this volume). The emergence of a Third Age in the course of life has raised important questions concerning equality, social policy, and the study of diverse lifeways. With Baby Boomers soon to enter the ranks of the young-old, the visibility of this large generation of reasonably healthy and affluent older adults may finally lead to the disappearance of ageism and end the double jeopardy of being both old and gay, thereby contributing to the broader project of achieving social justice for all older adults.

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Retirement Community Life: *Issues, Challenges, and Opportunities*¹

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The U.S. Bureau of the Census (1994) estimates that approximately 5% of individuals 65 years and older move within a given year. For many retirees, the move is to an age-specific community, such as a retirement community. Although residents of retirement communities currently make up a relatively small portion of retired persons (Streib, 2002, estimates 5%; Grafova, McGonagle, & Stafford, this volume, report 7% of their Third Age respondents living in “elder housing”), they offer a unique opportunity to study individuals aging together. Moreover, retirement communities are one of the few institutions that cater exclusively to persons in the Third and Fourth Ages of life. Therefore, it is important to understand the role retirement communities play as institutions of the Third Age. Prior research that has examined the lives of retirement community residents has primarily focused on the Fourth Age person, especially

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those in nursing homes (e.g., Langer & Rodin, 1976; Rodin & Langer, 1979). Today, fewer people are moving to facilities that only offer complete care, but rather, more retirees are moving to facilities that offer greater independence along with care (American Association for Retired Persons [AARP], 2002). Retirees' motives for moving and their experiences in retirement communities may be very different from those of Fourth Age nursing home residents.

A RESEARCH PROJECT ON RETIREMENT COMMUNITIES

In this chapter, we describe a group of active, healthy retirees who live in continuing care retirement communities (CCRC) (Branch, 1987). Specifically, we offer a limited picture of their lives and some of the issues and concerns that they face in moving to and living in a CCRC. We focus on the process of transitioning to a retirement community, including the motivations and decisions such a move entails. We also examine life in a CCRC, including some of the common concerns and experiences faced by residents and the ways in which the retirement community impacts their lives. Although we recognize that considerable variability exists among communities and individuals within communities, our goals are to identify some of the challenges and opportunities that individuals in the Third Age face in moving to and living in retirement communities.

To address these issues, we draw from data from a large two-study project on retirement community residents (Omoto, 2004). The first study involved intensive face-to-face interviews with CCRC residents. Participants were asked about their life histories and, owing to the purposes of the larger project, especially about their experiences with volunteering and service work. The second study was a questionnaire survey completed by CCRC residents. For both studies, participants were retirees from three different CCRCs in Los Angeles County, CA. Each community offers three levels of continuing care: independent living, assisted living, and complete care. The typical resident enters the community with a low need for assistance and lives in an independent house or cottage on the main campus. Residents in the second level of care receive assistance with daily chores and/or low-level nursing care, whereas the third level of care offers full assistance.

To recruit participants, we made presentations at the retirement communities and distributed flyers and posters around the campuses. All residents were eligible to participate, and each was compensated for taking part. In Study 1, a total of 67 residents were interviewed; 112 residents participated in Study 2. We also included a 6-month follow up questionnaire in Study 2 and

were successful in obtaining follow up measures from 90.2% ($n = 101$) of our initial sample.

Not surprisingly, the sample characteristics were very similar across our studies. Based on data from Study 2, participants were primarily female (69.4%), White (94.2%), and ranged in age from 62–94 years ($M = 79.86$, $SD = 6.37$). Roughly half of the sample fell within the age range generally considered to be in the Third Age (47.2% were between 65–79 years). Overall, the sample was well educated; 95.6% had attended at least some college and 82.6% held at least a Bachelor's degree. In terms of marital status, 47.5% were married, 38.8% widowed, 10.2% single (never married), and 3.6% divorced or separated. The average length of residence at the CCRC was 8.52 years ($SD = 6.51$), with a range of 6 months to 31 years, and 37.2% of participants had lived in their retirement community for less than five years. Participants were primarily middle- to upper-middle-class; on a five-point scale with \$25,000 increments, over half (66.0%) reported annual incomes between \$25,000–\$75,000. The entrance fees and annual costs of the CCRCs varied from less than \$5,000 to over \$65,000. Recent research suggests that individuals currently in the Third Age are wealthier than earlier generations (see Grafova et al., this volume; Sorensen, this volume); therefore, relocation to a CCRC may be within the financial means of a growing number of retirees.

Study 1 participants, nearly all of whom (89.6%) were living in independent housing, took part in in-depth semi-structured interviews. As part of this interview, participants were asked to give brief life histories and to create a timeline of important events from their lives, including describing the personal significance of each event. This is the material we focus on in this chapter.

All interviews were tape recorded, transcribed verbatim, and then checked for accuracy by the interviewer. Analysis of the transcripts involved identifying passages in which participants referred to retirement and noting recurrent themes and instances of each theme. After generating the themes and codes, the transcripts were reread but with particular attention to identifying instances of the emergent themes. Consequently, the issues we identify are not based on or in response to specific questions, nor are they derived from an *a priori* coding scheme. In fact, not all participants mentioned events related to retirement or retirement community living; the themes and issues noted below are based on the responses of 54 participants (80.6% of sample).

We supplement the interview information with quantitative data and analyses from Study 2. Although the initial and follow-up questionnaires in this study contained numerous measures not directly related to the purposes of this chapter, the questionnaire was constructed after Study 1, so that

we were able to include questions to more systematically investigate some of the interview themes. In particular, we included items that asked participants about their reasons for choosing to move to their CCRC, their experiences there, and their perceptions of retirement-community life. We report selected analyses of these quantitative data, including using them to support and further illuminate some of the emergent themes identified from the interviews.

THE TRANSITION TO A RETIREMENT COMMUNITY

The decision to move into a retirement community raised several issues for participants and was spontaneously mentioned as a significant event in the lives of many. Prior to moving, many retirees go through a long process of planning and preparing for the transition. After deciding to move, they must decide when and where to move, as well as make plans for the physical move itself.

Motivations for Moving to a Retirement Community

Based on the comments of interview participants, we identified two main concerns that seemed to motivate the move to a CCRC: health and social life. What these concerns have in common is that they both focus on assuring a comfortable future, albeit along different dimensions. First and foremost, participants worried about what would happen to them should they need assistance in the future, either for their own health or for their spouse. Despite reporting good current health, many participants anticipated needing assistance in the future and seemed motivated to create a support system that would help should their functioning decline. When considering how best to meet this growing concern, most participants felt they had two options: move in with a family member or move to a retirement community. For those participants who reported having the option of living with family, many felt this living arrangement might compromise their own independence. Moreover, many felt strongly about not being a burden on family members, especially for those who had previously cared for older relatives and had heightened awareness of the potential breadth of support that might be required (see also Winter, Torges, Stewart, Henderson-King, D., & Henderson-King, E., this volume). Although having cared for an aging relative was not generally described in negative terms, participants acknowledged that they did not want to put their own children or relatives through the same experience. In some ways, then, their decision to move to a retirement community could be construed as an act of love. As one woman explained:

My parents had gone into a community like this, a retirement community, they said they did not want to be dependent on their children. We felt the same way. . . . And so we moved here, and are very happy here. . . . The kids don't have to worry about us, and, we had [husband's] dad living with us for a number of years and we, we didn't want to really, it was, we had no regrets . . . we just said, we're not going to make our kids take care of us.

In short, some individuals viewed moving to a CCRC as a way of meeting anticipated needs while still maintaining their independence and not burdening family.

The concern about possible future assistance needs was particularly strong for retirees without immediate family. The realization that they did not have family to fall back on prompted them to look for other avenues of care. And, as a result, many seemed to feel that they had fewer choices regarding how they would spend their later years. As described by one 72-year-old woman:

Being unmarried, I had no one to take care of me, should I get very ill during retirement and need assisted living. I had no place actually to go except to, you know, nieces and nephews, and that's not a part of my life plan. I did not want that—other people to take care of me.

Our finding that future health status appeared to be an important motivation in many residents' decisions to move should not be surprising; other research has found that issues of death and dying influenced fully 40% of residents in their decisions to move to a CCRC (Hays, Galanos, Palmer, McQuoid, & Flint, 2001). Furthermore, not wanting to depend on loved ones prompted many to seek care options such as a CCRC that they felt would allow them to maintain some level of independence. Moving to a CCRC seems to have been a way to strike a balance between maintaining independence while addressing emerging concerns about possible dependency, failing health, and needs for assistance.

A related concern, mentioned by fewer respondents, focused on their ability to care for an ailing spouse. These participants were not confident of their abilities to care for their spouse, and moving to a retirement community allowed them to continue to live together rather than to place the spouse in a complete-care facility. Most participants with spouses whose health was deteriorating were still in charge of their spouses' primary needs; however, they expressed comfort in knowing that help was available if they needed it. For some, the retirement community setting also seemed to relieve them of the feeling that they alone had to constantly monitor their spouse, as illustrated by the comments of one 73-year-old man:

[My wife] began to, uh well, she couldn't do the taxes for one thing. Here's this very bright, bright woman, and she became more forgetful, and I began to panic, [and I] wanted to get her into a sheltered environment in case anything happened to me.

For couples facing the declining health of one spouse, a CCRC offers the benefit of the couple staying together in the same living quarters, with one of them receiving additional or more extensive care from professional staff.

Another motivation for moving that emerged from the interviews had to do with increasing social support and social interaction. In particular, several participants worried that they were becoming socially isolated as they aged and saw moving to a CCRC as a possible antidote. In fact, several retirees reported experiencing a loss of connection to their home community as their long-time friends moved away, and they anticipated this trend toward isolation continuing. In an effort to fight the process of social disengagement, which some have claimed is common in the later years of life (Carstensen, 1995; Carstensen, Isaacowitz, & Charles, 1999; Cumming & Henry, 1961), several retirees chose to move to a CCRC. One woman described how, as she and her husband aged, they had fewer older couples with whom to socialize. For her, it was important to move to a retirement community where they could interact with other older couples:

When we moved down here . . . I had prayed about the fact that we really needed another couple to, or at least couple friendships, you know, that we weren't getting. We had a lot of single friendships but not very many couples. And I thought it was really important particularly, for [my husband], that we have a situation like that.

As described by some participants, then, finding a socially supportive community was what led them to move to a CCRC and was at least as important as finding assistance with future health care needs.

Taken together, our participants opted to move to help meet needs or concerns that they anticipated would grow throughout their retirement years. Specifically, they expected future health limitations and problems, either for themselves or their spouse, or diminishing opportunities for social engagement. Residents actively sought out ways of handling these worries, or what might be considered anticipatory or proactive methods of coping (Aspinwall & Taylor, 1997). For this group of retirees, moving to a CCRC was a way of positively and proactively addressing their concerns.

Timing of the Move to a Retirement Community

After deciding to move to a CCRC, retirees must decide when to move, where to move, and how to downsize, all of which seemed to present more than a few concerns and problems. Some participants had decided to move to a CCRC before they retired, so they needed to decide how soon after retirement they would actually move. For others, the decision to move was made after they retired, and they tended to move to their CCRC soon after making this decision. Regardless of the precise timing of their decisions, the vast majority (94.0%) of our participants moved to their CCRC during their Third Age years (<79 years), and relatively early in this life phase at that ($M = 70.76$ years, $SD = 5.64$). A common explanation for the timing of moves revolved around desiring active years of retirement and to take advantage of activities at their CCRC. As explained by one 79-year-old woman, she and her husband decided to move at the age of 77 because, "I wanted it while we're both alive and reasonably healthy so we could enjoy life together. Everybody should enjoy retirement together if they can." For another participant, her mother who had also lived in a retirement community, suggested that she and her husband move while they were still relatively young:

My mother's advice was . . . don't wait too long . . . until you are too old to enjoy life here at [retirement community]. It is a really great place to live. So we took her advice . . . we both have enjoyed all of the activities here and got into it immediately.

These individuals clearly had a vision of active retirement, and they saw their CCRCs as a positive place that would facilitate active and independent living. In short, they appear to be suggesting that life in a retirement community is suitable for the young-old rather than the old-old, and perhaps that the activities and options offered in a CCRC would not be as enjoyable in the later stages of life.

Although the decision to move while still relatively healthy and active was expressed by many, some participants who had decided to move prior to actually retiring also described not wanting to move immediately after retirement. For approximately 5 years postretirement, many participants described going through a period of adjustment. They reported feeling that they needed time to tie up loose ends at work or fulfill travel plans before settling into a CCRC. In fact, the transition out of work was especially difficult for some, and they found themselves finding ways to maintain informal connections to their previous vocation. One retired professor conveyed her mixed feelings about retiring, saying:

I wasn't ready to retire, so that took some renegotiation [with her husband who had retired several years earlier] . . . I have continued to teach one course a year . . . and it's in many ways been nice to make the transition gradually.

For others, the period immediately following retirement was used to fulfill previous travel plans or to enjoy doing things they felt they had not had time to do previously. As one 72-year-old woman who postponed moving to her CCRC said:

I really wasn't ready to come right after I retired. I wanted that space, and it was wonderful. I could just do that, went on trips, and did everything I loved to do, and at my own pace, and that was good, cause it helped me then to make the transition. And I could work a lot of things out in my head. And then, after 2 years of retirement, then I came to [retirement community].

In sum, then, the immediate postretirement years were viewed by participants as likely to be active and enjoyable and as presenting opportunities to pursue interests that they had heretofore not had the opportunity or time to do. For some, this meant intentionally planning to move to a CCRC. For others, however, this meant delaying a move to a CCRC; it gave them time to adjust to being retired before actually making the move.

Selecting a Retirement Community

The process of selecting a specific retirement community varied between participants, with many reporting having conducted extensive research before making their final decision (even though the search was geographically limited for most). Reasons for choosing a specific retirement community were difficult to discern from the interviews, so in Study 2, we asked participants to list the five most important reasons for selecting their current retirement community from which we identified several common themes.

Prominent among the reasons noted for choosing their CCRC was influence from family or friends (see Longino, Perzynski, & Stoller, 2002). For some, a parent had previously resided at the same retirement community. Others (35.6%) reported choosing their CCRC because a friend or family member was currently residing there.

Family members also directly influenced several participants, including encouraging them to move to a specific retirement community. In one such case, a 66-year-old woman told a story in which her mother [with whom she lived] suggested that she move to a specific CCRC:

Well, my mom had already talked about when she passed away that I would move here to [retirement community]. And what was really funny was . . . we took a ride around here and they were just beginning to build this . . . And my mom said, “see they are starting to build your retirement home for you already.” And I told her, “Shoot, they will be building new ones by the time you go.” And then I ended up living here! I watched it being built.

A sizable percentage of participants (25.7%) also reported proximity of their retirement community to family and friends as one of the most important reasons for choosing it. In particular, many retirees described a desire to be close to their children and grandchildren.

In addition to the influence of family and friends, retirees chose specific CCRCs because of the general characteristics of the communities themselves. One important factor, listed by 30.7% of participants, related to financial considerations. Specifically, participants reported choosing their CCRC because it was within their financial means, they could make monthly payments, they did not have to “buy-in,” or the community offered lifetime financial security. As described by a 70-year-old woman:

Some people live beyond [their financial savings], and their money runs out before that. [The retirement community] does not kick anybody out . . . once you’re in, you’re in . . . that’s one of the reasons I came . . . once you’re in you get a continuing care contract. You’re here for life.

Other commonly cited reasons for choosing their CCRC were: provision of lifetime health care (27.7%), the living accommodations met the individual’s needs (18.8%) and were attractive (17.8%), the community had a religious foundation (24.8%), the residents and staff were friendly (20.8%), there was a strong “sense of community” (11.9%), and the community was located near a previous residence (11.9%).

Moving to a Retirement Community

Although the *decision* to move to a retirement community was frequently mentioned as an important event in participants’ lives, the move itself was rarely mentioned. The few participants who mentioned the move itself, all of whom had lived in their homes for the majority of their adult lives, focused on the process of reducing their material possessions and selling their homes. They described difficulty in leaving a home that was filled with many memories and downsizing their belongings. Despite the fact that some participants looked forward to having a smaller house to care for, they also described the difficulty and trauma associated with choosing which possessions to keep and which

ones to discard. For one 79-year-old woman, the move and downsizing decisions were so difficult that she could not bring herself to return to her former house:

When we sold our house, it was very traumatic. . . . We'd been in our house for fifty years, and to sell it and leave it was just a little bit more than I could handle at the time. And I never have been back. I won't go back and look at it . . . the moving itself was a nightmare. Like I say, it was very hard for me to sell the house simply because of the memories . . . and then having to get rid of so much stuff. . . . It's so difficult to do.

Although no participants reported enjoying the task of moving, at the other end of the spectrum, some participants, like this 76-year-old woman, viewed the move as an opportunity to start over again:

I suppose moving to [the retirement community] would be a big change in our lives. Cutting down on home space and things that you do . . . but it's been fun too. It was fun to start with a new home again and refurbish and make it the way you wanted it this time . . . it's been fun doing that.

Thus, it appears that moving to a retirement community produced a variety of reactions, with only a few participants reporting extremely emotional and traumatic experiences. In our questionnaire study, we asked respondents to rate how difficult different aspects of the move had been for them. A relatively small number (21.2%) found it difficult to leave their home or community, whereas deciding what possessions to bring was a difficult part of the process for a greater number of people (28.2%). Overall, 43.4% reporting that the process of the move itself was not difficult, with an additional 28.4% expressing some mixed feelings about it. In short, and with the exception of a small minority of participants who appeared to be profoundly affected, moving to the retirement community and its attendant decisions about what to do with possessions did not seem excessively difficult for most of the individuals who followed through on their decisions to move to a CCRC.

LIVING IN A RETIREMENT COMMUNITY

So far, we have described some of the issues faced by retirees in moving to a CCRC, and some of the challenges and opportunities such a move presented. To further add to the emerging picture, we explore what residents said about settling into and living in their CCRCs.

Settling Into the Community

Unlike the transition to the CCRC, the process of settling into community life had a less predictable course and was characterized by contradictory feelings and experiences. Nonetheless, when we asked retirees to report how difficult it was to adjust to the routine of living in a retirement community in Study 2, only 8.1% felt it was difficult. The perceived ease with which they experienced their adjustment might also explain why very few people mentioned anything about the settling in process during the Study 1 interviews. In one of the few instances in which adjustment was mentioned, in fact, an 82-year-old man recalled how easy the transition was for his wife, “Somebody asked [wife] how long it took her to feel like a [community member] after she moved in, she said, ‘about 5 minutes.’” By and large, then, settling into the CCRC seems to have been fairly easy for most retirees.

Moreover, many retirees described the move as marking entry into a qualitatively different stage of life, stating they felt they were “beginning a new life” or “starting a new life phase.” As one resident recalled:

We moved into this house . . . just like we were beginning a new life. We were coming out of our shell and [my wife] was active in a couple of book clubs and I became chair of the [retirement community committee] and we really felt like we were, we turned a corner and we were starting a new phase of our life.

Many participants also used the move to intentionally restructure their lives and prioritize activities that were personally rewarding (see also Helson & Cate, this volume). As described by one male resident:

It gave me a chance to spend more time with my wife and do things that I never had time to do before . . . like gardening and taking care of the lawn and so forth . . . I started watercolor painting because I’d always wanted to do it, but I’d never had time.

Despite the general ease and positivity most participants experienced in settling in, a few reported considerable difficulty adjusting. In one extreme case, a 72-year-old woman reported having visited several CCRCs through her previous profession, experiences that left her never wanting to live in one. She described an uncharacteristically hard time settling into her CCRC, “I never did want to come to a retirement community. . . . And, when I came here, I did not want to come. . . . It was a difficult transition.” Furthermore, the questionnaire data permitted us to examine the relationship between retirees’ desire to move and their reported adjustment to the CCRC. This relationship

was significant, $r = -.36$, $p < .001$; residents who did not want to move had the hardest time adjusting to life in their new retirement communities. Thus, it seems that being ready to move may have gone a long way in smoothing retirees' transitions to living in a CCRC.

Becoming a Part of the Community

Part of the adjustment process of settling into an "active adult" community is becoming a part of or involved in the community. Many new residents of CCRCs move into their own house or cottage, so that socializing among residents is not guaranteed. To facilitate socialization, many communities strongly encourage participation in community events, including attending communal meals. Each of the CCRCs in our research has a main dining hall where residents are encouraged to eat at least one meal a day together. And, at one of the communities, there are seating assignments that change periodically, the effect of which is that residents get to know people they would not otherwise socialize with. Overall, many residents reported looking forward to these daily opportunities to socialize. As one woman described:

We change tables every meal, here at [the retirement community]. You see, it helps us to share with everybody in the community. In other words we, we can't just go and sit with somebody who's our buddy, you know, each time . . . I have no idea who is going to be put at a table when [a friend] and I go to the dining room. . . . And as I hear about other retirement places where they don't have assigned seating, where people go and there might be a vacant place there and somebody comes by and says, "Well, no we are saying that for so-and-so." You know, that would hurt all the way down. So, we, we don't let that happen here.

In fact, residents from communities without assigned seating were more likely to report the formation of cliques and a weaker or lost sense of community. One resident described how a shift in policy from rotating assigned to unassigned seating at her CCRC changed the overall sense of community:

They changed the way we are seated in the dining room. . . . And I feel we lost a lot of sense of community . . . different people you don't get to know them. . . . We were amazingly free of cliquishness before, and now we have the little groups back there and they eat there all the time.

In addition to communal meals (with and without assigned seating), residents of CCRCs get to know others through community activities such as volunteer work, as illustrated by the comments of one retiree:

One of my [volunteer activities] here is once a month I interview one of the new residents . . . and write up a biography for our paper. . . . Otherwise, except for these interviews, I would never get to know them and they don't, a lot of people don't, get to know who they are. And I'm enjoying doing that.

All of the CCRCs in our research also encouraged residents to participate in community activities. We found that residents who actively participated in community activities reported positive effects on their overall well-being, including being happier and healthier. For example, two different residents equated staying active with staying alive: "if you don't keep busy, you die," and "[activities] keep me busy, and I think that's kept me healthy." It is interesting to note that the positive link between well-being and active retirement made by our participants is also supported by research showing greater involvement in CCRCs is positively associated with both physical and psychological well-being (Jenkins, Pienta, & Horgas, 2002; see also Moen & Altobelli, this volume, for analysis of broader participation).

In complementary fashion, several participants noted that the unhappiest residents tended to be those people who were not involved in the community. As succinctly stated by one participant, "once in a while we have an unhappy person. That's usually because they don't enter in and become part of the community." And, as one woman observed about her own feelings of loneliness:

Well, I don't feel close to anybody here, and I feel *very* alone in the world . . . I ought to use some of these community volunteer possibilities, I guess, to meet more people and so forth, but I haven't done that.

Furthermore, many residents who socialize and actively participate in their CRCC believe that they are living a more active lifestyle than they would have if they had chosen to remain at their previous residence "aging in place." As stated by a 76-year-old woman:

We're very grateful to be a part of this loving community. [We] much prefer it to having spent our remaining years just by ourselves in an independent home off campus. We're so glad to be a part of a place like [the retirement community], where we have our noon meal together, and it gets us up and out of the house, and it gets us over to mingle with everybody and see what's happened to them since yesterday. . . .

Another man described the importance of being in an active community:

It's important, it gives me a feeling of belonging to something, being a part of something. I'm not isolated and just an old man sitting in a corner looking at TV, but I'm actually participating in some activities, and I get a feeling to some extent of being useful and maybe doing something that people enjoy or feel they get something out of.

Even while acknowledging the benefits of community involvement, some found it difficult to limit their activities, especially at first. As described by a 68-year-old man who had moved into his CCRC at age 65:

You can get your whole life wrapped up in [the retirement community], and we had to make that decision within the first year realizing that we weren't going to do that. We were going to limit our commitments here and we kind of talked about it . . . a half hour commitment here is here and half hour commitment is in the wider community.

The issue of how to negotiate involvements in the CCRC was a little more complicated for residents who were also active in the broader community when they moved. These individuals had to balance their prior involvements with making choices among all the new opportunities available in their CCRC. In short, then, a challenge that confronted many new residents involved self-regulation—finding a balance between involvement within the CCRC and not feeling overwhelmed.

Similarly, for several participants, retirement entailed a conscious decision to slow down, and some felt that they needed to place limits on their involvement during retirement. One 72-year-old resident described learning to limit her involvement:

Sometimes I have to say, "Look, being under pressure, you've been under pressure all your life. Say no, and it's okay to say no." And this year . . . is about the first year I've felt comfortable in saying. . . . I just can't do that right now. And I appreciate being asked. . . . But it's taken me 5 years, I think, to adjust to being here.

Thus, as they settled into their CCRC, many residents found that there were numerous activities to participate in as well as opportunities to socialize with others and to stay active and healthy. Even seemingly small practices, like assigned seating at meals, appear to profoundly affect the ease with which new residents settle in and feel part of the community. In a few instances,

retirees reported having to consciously limit their involvements in order to avoid feeling overwhelmed. Adjusting to the level of activity in the CCRC was a challenge for some residents, therefore, but most appreciated having many opportunities and claimed positive benefits, especially as compared to if they had chosen to “age in place” or live with family members. We also point out that the increased activity and socialization opportunities residents encountered in their CCRCs are two factors that we found had figured prominently in retirees’ decisions to move in the first place and, not incidentally, have been positively linked to well-being in CCRC residents (Jenkins et al., 2002).

Growing Older in a Retirement Community

Whereas adjustment to the routines and dynamics of the CCRC was relatively quick and easy for retirees, coping with changes associated with aging appear to have been more difficult. Having intentionally chosen “active adult” retirement communities, many retirees expected that all residents would be relatively able-bodied. That is, their preconceived notion was of a community of fit and active retirees, so they were surprised at the variability in health and age-related problems they observed among fellow residents and the impact these observations had on them. As one 75-year-old woman described:

When you see people going around in walkers and things, instead of thinking, “it’s sad and that’s what I’m going to end up doing,” you look at them and think, “boy, she *really* gets around well and she, she’s always . . . looks nice,” and they smile and they’re upbeat, and it’s encouraging, really *not* discouraging. . . .

Another younger resident, age 66, described the impact on her, saying:

It made me appreciate my health and everything I have. I’m fortunate as to my retirement income and my health. So when you see other people, and you see that they can hardly move or they are half blind, but they are so happy, I hope that I can be like that.

Moreover, many residents did not anticipate the frequency with which they experienced death in the retirement community, and these experiences were difficult to get used to. As described by a 75-year-old man:

One of the most vivid shocks that [my wife] and I have both had now that we’ve moved into [the retirement community] is living with death and dying. It’s never been our experience before, but around here it’s something

that happens regularly, and it forces you to begin thinking about your own condition and what it may be 10 years from now.

In fact, living in a retirement community, surrounded by people in later stages of life, caused many residents to think about their own mortality. With time, residents seemed to find effective ways of dealing with their feelings about aging and death. In our questionnaire, the vast majority of participants (80.5%) reported that living in a retirement community had positively influenced their thoughts and feelings about aging.

One reason that residents were able to deal with some of the negative consequences of aging is that they recognized the unique support that was afforded them by living in a CCRC. As stated by a 76-year-old woman:

The thing that's so nice here, I think, it opened our eyes a lot to death type of thing because everybody knows everybody so well here that when somebody passes away you know we know each other so well that they don't go close themselves up. . . Community makes a big difference in how you can handle death and other big problems like that.

So, instead of turning inward and coping individualistically with issues related to declining health and death, many residents relied on each other for support. These are issues all the residents face, and consequently, they adopted a collective orientation toward them (a process that has been labeled communal coping; Lyons, Mickelson, Sullivan, & Coyne, 1998). Unlike other aspects of retirement community life, no formal structure exists for helping fellow residents. In many ways, the process seems intertwined with the very meaning of what a retirement community is, and therefore does not need to be formally instituted. As one man described:

As a matter of fact, there is a lesson to be learned. People say, "Oh, I couldn't go to a retirement home." You go to a retirement home, and everybody begins to help each other. It seems to be human nature. If someone doesn't raise his or her shade, we know something is wrong. And that sort of thing prevails around here.

In fact, in our Study 2 questionnaire, fully 85.9% of retirees reported feeling a sense of comfort knowing that other members of their retirement community were facing many of the same difficulties of aging.

Communal coping emerged in both emotional and instrumental domains, with the most frequently described coping behavior being providing emotional support to others. Specifically, many residents volunteered at their retirement

community's care center. Although the care center is a part of each CCRC, a clear distinction exists between the lives of individuals there and those still living independently. Typically, residents in the care center are limited physically, and this will be the last place that many of them live before passing away. In an effort to help care-center residents maintain their connections to the broader CCRC, many healthier and younger residents visit them. As one man described:

It's very, very important to help people. It sounds trite, but it is true. They wither on the vine around here 'cause they have no one to talk to, no one to care for them. As they get old, they lose their minds, their bodies. So we all work together. We say something to them, we try to help them, lessen the load a bit. I think you find that in a retirement center . . . the really basic human elements come to the surface here, I think, because they are so weak, their kids are gone.

Providing support to individuals in the care center was something that nearly all the residents did at some point, with many residents reporting feeling a strong sense of compassion toward fellow residents in the final stages of life. However, a small group of residents said that they found it difficult to visit with individuals in the care center, as exemplified in this statement:

I have a hard time going into our care center or our assisted living to help people there. . . . There's a committee that cares for and does things for them, and I haven't. I just try to go in to see somebody once in a while if I know they need some company, but to do a regular job of caring for somebody, I don't think I can do it. Well, I haven't been able to do it.

We note, however, that some of the retirees who found it difficult to visit people in the care center described helping other residents in more instrumental ways, including driving people to appointments or to the store. As illustrated by the comments of one man:

Just about as long as we've been here, I've been going on the bus every time it goes to help older residents that have trouble, you know, with their groceries, and finding things in the store and that kind of thing. . . . So it makes me feel good to be able to do that for people, needy people. Now I don't volunteer in the care center because I'm not comfortable around sick people. But I'm just not good around sick people.

Although most participants who assisted others did not identify direct benefits to themselves from these actions, they did frequently suggest that their help was given in anticipation of their own needs for future assistance.

That is, providing support while they are physically capable is viewed as one way to ensure future help when and if they need it. A 66-year-old woman described the importance of this reciprocal relationship:

I keep thinking there will be a time when I won't be able to do it, so I do as much as I can now. That's why I drive people to doctor's appointments now. . . . There will be a time when I won't be able to drive, and hopefully there will be somebody who will be doing that, so I do that now.

We also explored the connections between reports of health and the receipt and provision of assistance to others in our questionnaire data. Perceptions of support were positively related to both psychological and physical well-being. Participants who felt emotionally supported by community members had lower rates of depression ($r = -.26, p = .01$) and rated their health as better ($r = .42, p < .001$). Moreover, providing emotional support to others was positively related to life satisfaction ($r = .22, p = .03$) and self-rated health ($r = .29, p = .01$). These analyses suggest that, regardless of the benefits participants reported in the interviews, both receiving and providing emotional support positively impacted retirees' well-being.

Occasionally, residents found themselves facing larger and common problems for which they sought out communal ways of coping, drawing on each other for strength and support. In several instances, for example, a group of residents formed an informal support group. At one community, a man formed a support group to help men deal with the deaths of their wives:

One of the things I noticed that there are a number of men who lose their wives after they move in here and for some reason, which I don't really understand, it's much harder on a man when he loses his wife than it is on a wife when she loses her husband. And so at a point in time, why there were several man friends of mine who lost their wives after I did, and I saw they were having problems, so I suggested that we have a, um uh, set up a Bereavement Committee which would be especially for men who lost their wives . . . and we all get together and . . . we talk about the kind of problems and it's been very successful.

At another community, a group of residents who had been caring for two other residents dying of cancer felt compelled to come together to talk about death and dying.

I was involved in the care of two close friends who had cancer and died . . . both of these women stayed in their own apartments, and they had a support group of a number of other residents . . . who provided a lot of

the care and psychological and spiritual support. And it was about ten of us with the one of the two women, another resident, the woman who had cancer, we met fifteen times talking about dying.

One of the most frequently mentioned benefits of residing in a retirement community was the care that community members extend to each other. This care seems to emerge out of a feeling of solidarity and often concerning issues related to aging. As hard as it is to watch fellow residents and friends pass away, a sense of comfort emerges in their handling of these issues together. Residing in a community where everyone is facing the transition to later life, many residents find communal ways of coping with the challenges of aging and seem to empathize with and help each other (see Lawrence & Schigelone, 2002).

Thus, the overwhelming impression from our research participants was that moving to a CCRC had positively affected them. Of course, we had a self-selected group of respondents, and some may have been attempting to justify their own current life circumstances. Still, the impression remains that moving to a CCRC is a positive way for aging adults to live in the Third and Fourth Age. Although the transition to a CCRC is not free of problems, residents consistently and persuasively described the advantages of living in a retirement community.

CONCLUSION

In furthering understanding of the Third Age, researchers and individuals who work with aging adults should recognize the different institutions that engage individuals at this life stage and how these institutions impact people's lives. A growing number of "active adult" retirement communities target individuals in the Third Age. In this chapter, we have focused on the lives of residents in CCRCs, and we have tried to illustrate some of the factors at play in decisions to move to CCRCs and that shape the quality of life in them. Specifically, we focused on the transition to a community and the common experiences that residents share. Our description is only a partial image of life in a CCRC and is not likely to generalize to all retirement communities and residents. However, we believe that our exploration has helped identify some of the key issues for a growing segment of the population as well as for future research.

By examining the life histories of residents in three CCRCs, we found that many felt that moving to a CCRC was a significant event in their lives. The decision to move was the result of a long process for some and was often motivated by anticipated support needs. And, for many, acknowledging

possible support needs conflicted with their desire to remain independent. Relocating to a CCRC seemed the perfect solution; it helped them to balance their anticipated future dependence with their desire to remain active and independent. Furthermore, our findings suggest that relocating to a CCRC may provide benefits less readily afforded retirees who “age in place,” such as very active and rich social lives. And, although active and social lifestyles were common in all three communities we studied, different and unique aspects of the communities influenced how participants lived their lives and socialized with each other. For example, residents in communities that had assigned seating in the dining hall reported the formation of fewer cliques and a stronger sense of community than did residents of communities with open seating. In light of this finding, we suggest that further exploration of the structure and policies of retirement communities, and especially how these influence broader socialization and community life, is warranted.

Finally, and as we think is clear from our research, several unforeseen benefits are derived from community living for aging individuals. For example, within each of the CCRCs we studied, a strong sense of caring and compassion developed among residents, especially with regard to the aging process and physical deterioration. While acknowledging other differences, our participants overwhelmingly felt a sense of compassion toward fellow residents facing problems related to aging and death, and communal methods of coping developed. By helping each other, residents provided needed care to fellow residents, began to confront their own feelings about aging and dying, and also (hopefully) ensured future support for themselves. We are intrigued by these observations, and some of the mechanisms that they suggest may be at work in retirement-community living. Thus, we believe that the consequences of active and communal living are topics ripe for future research, and also are likely to have practical implications for the structure and operation of age-specific residential communities.

Although we cannot generalize the experiences reported by our participants to all retirees, we found it instructive that so many residents who took part in our research reported similar concerns and experiences. As such, our research suggests that certain experiences may be fairly common among retirees who choose to move to retirement communities, whether or not they are common to all retirees. If most retirees experience these concerns (e.g., about being a burden to children, for socializing, related to declining health and death), it would be important to explore other ways that retirees deal with them as well as the different outcomes that may result. From our research, it appears that relocating to a CCRC is one positive way to live during retirement. Much is still to be learned about the lives of retirement community residents

and the roles that retirement communities play as an institution of the Third Age. We look forward to future theorizing and systematic research on these topics, as well as to the practical benefits that such work will provide for aging adults.

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Conclusion:

Is the Third Age the Crown of Life?

Paul Wink and Jacquelyn Boone James

In this concluding chapter we first draw together the findings from the chapters in this volume, integrating and highlighting themes. We then evaluate the status of the Third Age and consider whether or not it refers to a new life stage. We end with a brief discussion of broader implications of our findings.

WHAT HAVE WE LEARNED?

Age Characteristics

At least since 1950, Americans age 25 or older have had a more than 50-50 chance of surviving until age 65 (Sorensen). What has changed in the new millennium is that the number of adults reaching the age of 65 has increased to eight in ten and, of greater import, of those who reach the age of 65, close to two-thirds will live right through the Third Age, defined by this volume as ages 65–79, and reach the age of 80. In this regard, living to old age is becoming a normative expectation, without the aura of survivorship it carried years ago.

Of course, longevity does vary by gender (Sorensen) and race (Brown, Jackson, & Faison), with women and Whites living longer than do men and Blacks. As documented by Sorensen, the gender difference in the rate of survivorship becomes more pronounced with age. Whereas at the beginning of the Third Age (age 65–69), the ratio of men to women is nine to ten, this number drops to less than seven in ten by the end of the Third age (age 75–79) and

decreases even more dramatically after age 85, when there are only approximately 4 men to every 10 women. These gender differences in longevity have important implications because, as is discussed below, the rates of poverty and ill health are higher among women than among men.

Despite the fact that more Americans live to old age, as a result of post-World War II birth rates, the relative proportion of adult Americans who are in the Third Age has not changed significantly from 1950 (12% of the adult population) to 2000 (14%). This state of affairs is going to alter radically as the twenty-first century progresses, with an estimated one-fifth (21%) of adult Americans being age 65–79 by the year 2030, and almost a third being age 55 and older (Sorensen). In other words, during the next 25 years, as the baby boomers retire, the number of adult Americans in the Third Age will increase by a third. These basic demographic statistics have obviously serious policy implications that we discuss later in this chapter.

Finances

As a group, Third Age individuals are financially well off and, as reported by Grafova, McGonagle, and Stafford in this volume, current Third Agers are wealthier than same-age Americans a generation ago. This trend is likely to continue when the baby boomers reach retirement age because, contrary to popular belief, baby boomers have accumulated more wealth than have prior generations. Equally surprising is the low poverty rate among individuals aged 65 and over, with less than 10% of men and just over 10% of women falling into the poor or very poor category. As argued by Sorensen, the fact that there are fewer poor elderly than in any other age category, including children, is attributable to Social Security, which contributes on average close to 50% of income among Third Age men and, by age 75–79, constitutes two-thirds of women's income.

Although the current generation of Third Age Americans is financially well off, reasons exist for concern for future Third Agers. Compared to the 1980s, fewer current Third Age individuals own their homes outright, and this trend is likely to continue. The presence of a growing personal debt combined with escalating health costs, substantial cuts in retirement programs in the private sector of the economy, and increased longevity pose a threat to the financial security in the years to come. In fact, current Third Age adults are said to be in the "golden age" of retirement income (Munnell & Soto, 2005).

The matter of financial well-being is made more complicated by considering its connection to physical well-being, both for Third Agers and those in their care. Grafova and colleagues show the close connection between wealth and health with individuals in good health having a four times higher

income to needs ratio than those in poor health. Having to care for others just prior to retirement is also related to financial worries (Winter, Torges, Stewart, Henderson-King, & Henderson-King). Although the cross-sectional nature of both these findings makes it hard to determine causality, it is likely that they reflect the burden of health and long-term nursing care on the financial status of older adults.

Another source of concern is gender and race inequality in wealth holdings. Although the gap narrows somewhat over the course of the Third Age, women have less disposable income than men (Sorensen), and Black Americans are significantly less affluent than are Whites (Brown, et al.). The highest rates of financial strain are shown by older Black women, who tend to live on their own and who have a life-long history of employment in low-paying jobs. Whereas many White women inherit their husbands' pensions or Social Security benefits, this is much less likely to be the case for Black women because they tend either to live without a spouse or because the spouse is unemployed or underemployed and therefore they do not benefit from Social Security Insurance.

Work Involvement

The impact of work during the conventional retirement years is somewhat controversial. Laslett (1991) for example argues that, for most individuals, the Third Age is a time of personal fulfillment and peak satisfaction precisely because they can relinquish working. Laslett's claim is based on a Marxist-inspired view that working in a capitalist society is inherently alienating and prevents true self-fulfillment. Arguing from a different context, Moen and Altobelli, and James and Spiro, see continued engagement in work, especially in the early retirement years, as a source of personal meaning for some Third Age individuals. Continued employment, especially if it reflects a personal choice or passion rather than necessity, may provide a valuable source of well-being for Third Age individuals (James & Spiro). As pointed out by Moen and Altobelli, many economically well-off members of the Cornell Retirement Study expressed a desire for some paid work not because of need for more income but, rather, because of the opportunity for social connection, daily routine, and personal meaning.

It must be said, however, that understanding the impact of retirement on Third Agers is difficult given the fact that, as discussed by Moen and Altobelli, patterns of retirement have become much more varied in recent years: Some individuals continue to work full time, some continue with the same job part-time, and others find new jobs or become self-employed. In addition, we are witnessing for the first time in American history the need for married

couples to simultaneously negotiate retirement decisions, as more women are employed full time prior to the retirement transition. As a result, Moen and Altobelli suggest that retirement has become an institution without specific scripts or timetables; although we suspect that retirement in America was always characterized by fuzzy boundaries. Such leeway as to when to retire is most certainly related to the lack of a mandatory retirement age, which separates American policy from other industrialized countries, such as the United Kingdom, that do place age limits on work.

Which individuals continue to work past the traditional retirement age? Using longitudinal data from two studies of White men, Vaillant and DiRago challenge the notion that the affluent tend to retire young, whereas blue-collar workers continue to seek employment in old age. In fact, the socially and economically privileged graduates of Harvard University (the College sample) retired, on average, 5 years later than the much more economically challenged Inner City men. Vaillant and DiRago's findings shed light on two important predictors of the timing of retirement. First, individuals in poor physical and mental health tend to retire earlier than do those in good health. The fact that health tends to be positively related to social class explains in part why the lower social class Inner City men retired earlier than the Harvard men. Second, as pointed out by Vaillant and DiRago and by Helson and Cate, it is much more tempting to continue working if one has a profession or is self-employed and therefore exercising relative autonomy over one's working circumstances and/or engaged in work that is personally stimulating and plays a central role in one's identity. The centrality of work is more characteristic of self-oriented individuals who tend to emphasize the importance of self-expression and who adhere to personal values rather than to other-oriented individuals who, in comparison, place greater value on relations with others and social or communal values (Helson & Cate).

Whereas findings from socially and economically privileged samples support Moen and Altobelli's contention that contemporary older adults exercise a lot of freedom in crafting their retirement, it is important to keep in mind that some older adults continue to work because of economic necessity and, therefore, do not have the luxury of construing their retirement as a personal project. This is particularly true of Black Americans, and especially the women, many of whom fall into the category of nonretired individuals who, in their 60s and 70s, indicate that they are not working or work only part-time due to circumstances (lack of employment opportunities) other than retirement (Brown et al.). In fact, between one-fifth and one-quarter of Black Americans, mostly single women, between the ages of 65 and 79 are compelled to work out of economic necessity, rather than intellectual stimulation. Women as a whole

face particular constraints on their retirement plans. Although married women are typically younger than their spouses, women's retirement plans tend to be subordinated to those of their spouses (Moen & Altobelli). Further, whereas women tend to retire to take care of their ill spouses, men, when confronted with the same situation, tend to hire home help and continue to work. The latter finding reflects gender differences in caregiving role expectations.

Moreover, and perhaps more important, despite the progress made by women in paid employment, the typical work patterns for women still differ from those of men in ways that have important consequences for their financial well-being in later life. "Specifically, compared to men, women are more likely to work part-time to accommodate family demands; take seasonal or part-year work for family reasons; change jobs more frequently, both for family reasons and as a result of gender discrimination at the workplace; and work in small as compared to larger businesses," which typically do not provide pensions or other benefits (Barnett, 2006, p. 27).

Despite the fact that the timing of retirement varies by social class, race, gender, and personality, it is nonetheless the case that the vast majority of Americans (three-quarters of men and four-fifths of women) are retired from the labor force by the beginning of the Third Age, and very few continue to work into their 80s (Sorensen). Those who continue to work after the age of 65 tend to work part-time (on the average, no more than 20 hours per week; Grafova et al.) and their wages typically constitute a smaller proportion of total income relative to Social Security, investments, and retirement pension (Sorensen). The main exceptions are Black Americans, of whom approximately one-third continue to work past the age of 70 to maintain income and economic security. Third Agers who continue to work maintain higher levels of life satisfaction (lower levels of depression) than do those who retire (James & Spiro; Moen & Altobelli; Vaillant & DiRago; Wink), a finding that reflects the tendency of individuals in poor health to retire early (Grafova et al., Vaillant & DiRago).

Notwithstanding the variation in the timing of retirement and Third Agers' retirement patterns, we find among the chapters presented here (Helson & Cate; Moen & Altobelli; Winter et al.) that planning for retirement, both financial and lifestyle planning, is associated with greater life satisfaction in the postretirement period (Moen & Altobelli). In addition, most individuals in late middle-age work with retirement in mind (Ekerdt, 1998), looking forward to it as a time of new opportunities for leisure, travel, and engagement in activities that they did not have time for before. Many also see retirement as a welcome relief from the pressure and time constraints of the work life. Most of us hope that retirement will be a positive phase of life. As shown in this volume, there are several clear determinants of the extent to which this is so.

Physical and Mental Health

Using findings from the Terman Longitudinal Study, McCullough and Polak show that, across the life course, self-rated health from age 20 to age 50 is characterized by mean level stability. From age 50 onwards, however, self-rated health begins to cascade (decline) in an accelerating fashion. Thus, the decline of health experienced by Third Agers from ages 65 to 79 is not a new experience, but rather a continuation of a process that begins in the 50s, a segment of the life course dubbed by Karp (1988) as the “decade of reminders” about aging and mortality. In addition, the decline in self-reported health occurring in the 60s and 70s is rather small in magnitude (McCullough & Polak), with two-thirds of Third Age individuals reporting being in excellent health and only 10% indicating that they are in poor physical health (Grafova et al.). At the tail-end of the Third Age (ages 75–79) only approximately one in five men and women report difficulty in working because of poor physical health (Sorensen), but at age 85, women report more difficulty in working related to poor physical health. These findings confirm other research suggesting that, although women live longer than men, men who survive into old age manifest fewer health problems than women (Baltes, Freund, & Horgas, 1999).

Overall, the current cohort of Third Agers appear to be in better physical health than were the previous generation (Grafova et al.), a reflection of improved health habits (e.g., decline in smoking) and presumably, improvements in health care. A major source of concern, however, is the marked increase in obesity (Grafova et al.) and the comparatively poorer health among Black Americans (Brown et al.). Alarming, the current generation of Black Americans in Second Age (ages 50–64) appears to be in worse physical health than their Third Age peers. This is the case despite a sharp increase in number of Blacks graduating from college; a trend that goes against the commonly held assumption of a positive association between health and social class. Overall, the available health data indicate that most Third Age individuals are in good enough health to do most things that they want to do, including work if that is their desire.

The findings on mental health in the Third Age are clear. No evidence suggests that Third Agers experience significant psychological turmoil, with only 3% of people age 65–79 reporting severe levels of emotional distress (Grafova et al.). Nonetheless, the fact that self-rated psychological distress increases slightly from middle to old age, though still remains lower than in early adulthood, suggests the same kind of slight downturn as is in the case of physical health. Interestingly, even nonretired Blacks, despite their poor financial status and the need to seek employment in old age, indicate a high degree of life satisfaction. Brown and colleagues suggest that this finding might

reflect the fact that, out of necessity, Black Americans have had to find adaptive strategies for dealing with poverty and adversity. It is equally possible that the high level of life satisfaction among underprivileged individuals reflects the general absence of class consciousness in contemporary America where, after all, the vast majority of individuals self-identify as being middle class. It is perhaps not accidental that the only chapter in this volume that addresses overtly the issue of ageism and prejudice is the one on life in the Third Age among gay men (Cohler & Hostetler), a group that continues to be openly stigmatized by large segments of American society.

The overall high level of life satisfaction and low levels of depression (Wink) among Third Age individuals does not minimize the importance of identifying the social and personal predictors of poor mental health at this stage of the life course. Once again, the findings are clear. In their Panel Study of Income Dynamics, Grafova and colleagues report that nine out of ten individuals with high psychological distress also reported poor physical health. Similarly, using data from the IHD longitudinal study, Wink found a negative relation between physical health and depression (i.e., the better the physical health, the lower the depressive affect). In addition, reflecting the importance of interpersonal relations to functioning in old age, depression was associated with experiencing conflict with the oldest child and living alone, which, given the fact that most IHD participants were married and only a few divorced, can be interpreted as a marker for widowhood. The association between living alone and depression was particularly characteristic of men. This finding fits with other research suggesting that older men find it much more difficult to deal with bereavement than do women. This is the case because men tend to have a less extensive social support network (Antonucci, Ajrouch, & Birditt, this volume), have less experience in dealing with house work, and place a greater emphasis on being in a relationship than on its overall quality (Baltes et al., 1999). As a result, as argued by Cohler and Hostetler, gay men are better prepared to deal with bereavement than are straight men because of better self-care skills and the tendency to have a wider and more diverse social network. Although low income does not appear to detract from life satisfaction (Brown et al.; Wink), Grafova and colleagues found serious psychological distress among over one in ten individuals experiencing severe poverty, as compared to none among the wealthiest individuals.

What about factors that enhance levels of life satisfaction and well-being in the Third Age? As previously discussed, continued employment is one such factor although good health is likely to confound this relation. In their provocative chapter, Vaillant and DiRago argue that the Third Age provides the individual with a new opportunity for a contented life. This claim is based on the

absence among both the Harvard and the Inner City sample of retirees of any relation between life satisfaction and antecedent poor mental health, alcohol abuse, isolation, personal stagnation, and low financial status. In other words, tried and true predictors of life satisfaction in early and middle adulthood do not work when applied to old age, although, as acknowledged by Vaillant and DiRago, their findings may be at least partially due to the disproportionately higher rate of mortality among individuals who abuse alcohol and who are in poor mental health. Instead, life satisfaction among retired Harvard men is associated with a number of concurrent (age 60) factors, including being in a happy marriage, being satisfied with grown children and personal hobbies, and the life-long ability to enjoy vacations. In sum, Vaillant and DiRago suggest that good psychological functioning in the Third Age is strongly associated with positive family relations including with spouse, children and importantly, grandchildren; the latter bring pride and joy and are also a visible reminder of the continuity of life. In addition, highly satisfied men are characterized by the ability to play. As stated by Vaillant and DiRago "play provides a wonderful magic that is especially suited to retirement, for play permits a person to maintain self-esteem while giving up self-importance" (p. 241). This is an important theme that we will come back to when we evaluate the meaning of the concept of the Third Age and the Crown of Life.

Personality, Emotion, and Cognition

Helson and Cate use data from the Mills Longitudinal Study of women to map several important changes in personal functioning that occur during the decade of the 50s. Between the ages of 52 and 60, the Mills women became better at regulating their emotions: They began to experience fewer negative feelings and increased their level of positive feelings toward self and others. The women also "became less achievement-oriented and scheduled, and thus became freer to live their own lives" (p. 98). These changes were accompanied by an increased awareness of aging and death, a realization that was, however, accompanied by a rise in a positive evaluation of life (a sense that life is going well). In support of Helson and Cate, Winter and colleagues found that the most common narrative among men and women approaching retirement was that of Enrichment, characterized by an emphasis on spending more time on activities neglected during the years of work, and taking up new activities.

The changes reported by Helson and Cate in the decade before retirement continue well into the Third Age. As documented by Labouvie-Vief and Medler (2002), the aging process is characterized by an increase in affect optimization (the experience of positive affect) and a decrease in affect complexity (tolerance of ambiguity that peaks in midlife). An increase in positive emotion among

older adults (the positivity effect) has been described by Carstensen (e.g., Carstensen & Mikels, 2005), and fits well with Wink's finding of growth in optimal adjustment across the adult life course. As shown by Wink, people in their 60s and 70s tend to be warmer, and more sympathetic, straightforward, and dependable than when they were in midlife or earlier; this finding is not only a result of growth in their optimal adjustment but is also a function of the higher mortality rate among individuals who, as adolescents, lacked optimal adjustment.

The longitudinal findings from Helson and Cate's, and Wink's studies in conjunction with McCullough and Polak's data on self-reported health offer strong support for the notion that many of the personal changes experienced by Third Age individuals begin well before age 65. They thus constitute a source of continuity and smoothness in the transition to the postretirement period. Indeed, our findings affirm Neugarten's (1974; 1979/1996) contention long ago that the young-old are more similar to those in middle age than they are to the old-old.

Another source of continuity of experience in the Third Age is provided by cognitive functioning. As illustrated by Willis and Schaie, the decline in fluid intelligence (the mechanics of the mind that are associated with speed of processing, ability to memorize new information, and develop new analytic strategies) begins well before the Third Age (see also Schaie, 2005). Thus, although Third Agers experience more difficulties with remembering old facts or acquiring new information, these difficulties begin to be discernible for most individuals already in their late 40s and their 50s. Older adults are able to compensate for the decline in fluid intelligence by the relative stability of crystallized intelligence (the pragmatics of the mind or the stored information about the world, such as general knowledge and the ability to comprehend and deal effectively with life's situations). The fact that crystallized intelligence does not decline precipitously in the 60s and 70s obviously constitutes another source of continuity in personal functioning.

Apart from mapping trajectories of cognitive change, the findings from the Seattle Longitudinal study (Willis and Schaie) are important in documenting the importance of cohort in understanding the aging process. Even though we tend to think of cognitive or brain functioning as relatively invariant across generations, Schaie and Willis's findings challenge this assumption by demonstrating significant improvement in fluid intelligence among more recent generations of older adults who, compared with earlier cohorts of the elderly, are better educated, engage in more complex and intellectually stimulating work, and have better health. All these characteristics buffer against an age-related decline in cognitive abilities. The possibility that future generations of Third

Age individuals may show continued improvements in cognitive functioning suggests that they will be able to adjust to the rapidly changing demands of the modern world.

Broadly speaking, the findings on personality change in later adulthood support Erik Erikson's (1950) conceptualization of this stage of the life cycle as characterized by an acceptance of one's past and future. On the one hand, Third Age individuals appear not to ignore the inevitable losses and threats posed by the aging process but, on the other hand, they approach them with a sense of positive affect. Clearly, this process is aided by the ability and willingness of older adults to optimize and select the opportunities extended to them by the Third Age while simultaneously compensating for any deficits in functioning (Baltes, 1997). If there is wisdom in old age, it clearly does not reside in tolerance of ambiguity or an intellectual appreciation of the relativism or uncertainty of life. Rather, it lies in the ability to preserve meaning and good humor at a time of diminished expectations. Or, to repeat Vaillant and DiRago's phrase, it is reflected in the ability to "maintain self-esteem while giving up self-importance."

Finally, it is important to note that, for most Third Age individuals, the process of positive adaptation to aging is not accompanied by life review. In other words, contrary to the contention of Butler (1963), most older adults are capable of accepting their past and of facing the future with optimism without forging a new sense of identity based on a reevaluation of their past (Wink). Clearly, some individuals take the opportunity of retirement to conduct a life review, but these self-oriented individuals tend to have a long history of interest in personal growth and are likely to have been introspective most of their lives.

Interpersonal Relations

In their recent book on the challenges of the Third Age, Weiss and Bass (2002) acknowledge that the postretirement period is a time of new-found freedom, but they also pose the important question: "What is it a time of freedom for?" This is a critical question because, as the existentialist-humanist tradition has emphasized, freedom can be a source of great opportunities, but it can also confront the individual with angst, anomie, dread, and the challenge of injecting meaning into life (Becker, 1973). As we have already discussed, some Third Age individuals continue to find meaning in paid—mostly part-time—employment. In this and the next section, we consider interpersonal relations and leisure activities, both of which constitute other important sources of meaning for older adults.

Several of the contributors to this volume highlight the importance of interpersonal relations to positive functioning in the Third Age. As already

mentioned, Vaillant and DiRago found good marriage and satisfying relations with children to be important predictors of a highly satisfying retirement, and Wink found that conflict with children and living alone were significant predictors of depression among older adults. Helson and Cate find that marital satisfaction increases among women in their early 60s. This finding may be due to the positivity effect (the tendency among older adults to focus on the positive), but it may also reflect the growing parity among men and women in the ability to express needs and desires (self-investment; Wink). According to Moen and Altobelli, the desire to maintain contact with others is an important reason why retirees consider reemployment. Although the death of parents and retirement clearly creates a void in the social network of Third Aged individuals, Vaillant and DiRago suggest that “grandchildren often work spectacularly well” as a new source of companionship.

Although relations with children and grandchildren constitute an obvious source of joy and pride, elderly individuals tend to be mindful of the need to preserve intergenerational boundaries. Studying a sample of White men and women living in a retirement community, Omoto and Aldrich found that one of the main reasons for making the move was a concern about not being a burden on their children. At the same time, the retirees seemed to want to preserve their own autonomy and be free of interference from children. Clearly, the strong emphasis on individualism and personal autonomy so characteristic of American culture has a bearing on intergenerational relations among White, well-off, Third Aged in a way that is likely to differ from relations among Americans from more tightly-knit ethnic backgrounds.

The importance of intimacy in the Third Age is well illustrated by the case studies presented by Cohler and Hostetler who, for example, describe the devotion of a clearly self-oriented academic man to his dying partner Tom. Although very active and busy in his retirement, John never leaves Tom's side for more than 2 to 3 hours at a time, and, after having lived their entire adult lives together, John cannot imagine how he is going to deal with the impending loss. The case of John and Tom illustrates exceedingly well the plight of many married couples who look forward to retirement as a time of relatively carefree existence only to be confronted by their own or their spouse's or partner's health problems and/or spousal bereavement.

Antonucci and colleagues document important variations in social relations by age, gender, race, and education. Third Aged who, compared to middle-aged individuals, are less busy tend to have more interactions with friends. They also evaluate their relationship with their spouse both more positively (the positivity effect) and more negatively, reflecting the inevitable friction arising from spending more time in each other's company. Women

have larger social networks than do men and, whereas men's networks have a higher proportion of family members, women's have a larger proportion of friends. Men's reliance on support from immediate family adds to their vulnerability in the case of family bereavement. In contrast to Whites, Blacks have more restricted social networks, and their relationships with spouse and children are more negative. Some of these race-based differences, however, likely reflect socioeconomic inequality because size of social network in the Third Age, for example, is positively related to years of education. In sum, Antonucci and colleagues advocate that Third Agers expand and diversify their social relations both as a way of enriching their lives and protecting against adversity.

Living Arrangements, Leisure Activities, and Volunteering

Before providing an overview of leisure and volunteer activities among Third Age individuals, we will comment on their living arrangements, because these clearly have a bearing on the activities of older adults. Contrary to images presented in the media, most Third Age adults do not flock to Florida or other places in the sun. Instead, the majority of individuals between the age of 65 and 79 live in their own homes, and eight out of ten live in the same places they had lived 5 years ago (Sorensen).

Using data from the Ohio Longitudinal Study, Diehl and Berg found a high level of involvement in leisure activities among individuals 65 to 79 years of age, most of whom were retired. The leisure activities fell mostly into two categories: personal interests (e.g., reading, artistic activities, political involvement) and socializing with others (e.g., spending time with friends, going to parties or church functions). These findings agree well with those of Wink, who found reading, visiting relatives and friends, exercising, listening to music, and traveling, along with watching TV (!), to be most frequently endorsed leisure activities among the participants in the IHD study. In support of Atchley's (1999) continuity theory of aging, Diehl and Berg found little evidence of change in involvement in either of the two categories of leisure activities over a 6-year period. In other words, individuals tend to remain committed to the same types of leisure activities throughout the Third Age.

Despite the overall high level of involvement in leisure activities, Diehl and Berg found that individuals high in personal agency or self-efficacy (i.e., a belief that one is in control of daily outcomes) were significantly more engaged in leisure activities than others. This finding points, yet again, to the importance of personality for effective psychosocial functioning in late adulthood. Although Diehl and Berg did not investigate the relation between involvement in leisure activities and life satisfaction, evidence for a positive relation between the two

is provided by Vaillant and DiRago, who demonstrate that highly successful retirement is positively related to having hobbies but also to a lifelong history of making time for vacations and being able to enjoy the time spent away from work. Clearly, the ability to play is an important asset for the Third Age individual.

Unpaid civic engagement or volunteering is another source of psychosocial well-being in the Third Age (Moen & Altobelli). Vivid evidence of the beneficial effect of volunteering for personal well-being is provided by Omoto and Aldrich, who found that residents of retirement communities who actively participated in community activities were happier and healthier than those who were less involved in such activities. However, it is noteworthy that, despite having more free time, the rate of volunteerism does not appear to increase in the Third Age. Rather the percentage of Americans who engage in volunteer work remains stable at just under 30% from middle adulthood onward (Grafova et al.). What does increase with age is the number of hours devoted to volunteering, with individuals 65 years and older spending more than twice as much time than do persons under the age of 50. In sum, demonstrating yet again the importance of lifelong continuities, the best predictor of civic engagement in the Third Age is civic engagement at earlier time periods. In addition, volunteering is strongly affected by physical health status, with over twice as many individuals in excellent health engaging in volunteer work than do persons in fair to poor health (Grafova et al.).

Religion

We end the review of findings from our volume with religion, a social and personal variable that one expects to be important to older adults, yet a characteristic that continues to be marginalized by mainstream researchers in the field of aging and adult development. It is not accidental that the only two chapters to mention religion in the present volume—those by McCullough and Polak and Wink—were written by researchers with specific interest in issues of religion, even though the relevance of religion to psychosocial functioning is well documented (e.g., Koenig, McCullough, & Larson, 2001).

On the positive side, religiousness in early adulthood predicts better health and a slower rate of its decline over the life span, but, perhaps reflecting their high level of religiousness, this finding is true of women only (McCullough & Polak). In addition, religiousness was also positively related to engagement in leisure activities, life satisfaction, and generativity (care for others) for both Third Age men and women (Wink). These associations were present not only in the Third Age but could also be predicted from religiousness in early adulthood, a time interval of close to 40 years. Therefore, although

there are many ways in which to craft a satisfied and purposeful life in older adulthood, it is important to keep in mind that religious involvement is one such pathway (see also Dillon & Wink, in press).

Despite the common assumption that religiousness and belief in an afterlife function as buffers against the fear of death, Wink found these characteristics to be unrelated, at least in a linear fashion. This was the case because fear of death tended to be low among Third Agers who were either high or low in religiousness, as long as these individuals showed a consistency between their religious practices and beliefs (i.e., either regularly attended church and believed in an afterlife or did not attend church and did not believe in life after death). In other words, it is the consistency of one's beliefs and practices (secular or sacred) rather than religiousness per se that appears to buffer against death anxiety.

Another counterintuitive finding concerning fear of death is that it tends to decrease rather than increase with age, with death anxiety being significantly higher among younger than older adults (Wink). This finding is well illustrated by Omoto and Aldrich, who found that although individuals living in a retirement community have to confront terminal illness and frailty on a daily basis, the morale of residents, regardless of overall health, was not affected.

IS THE THIRD AGE A NEW LIFE STAGE?

Having surveyed our findings on life between the ages of 65 and 79, we are now in a position to consider the questions: Is there such a thing as the Third Age? And, if it exists, is it the crown of life? The answer to both these questions is an unqualified "yes" and "no"! As our data suggest, adult life is replete with continuities that make it difficult to draw a sharp demarcation between the pre- and postretirement period or between lives in the early 60s compared to those in the late 60s. As described, although most Americans retire from full-time employment by age 65, many continue to be involved in some paid work, most continue to stay married to the same person and surround themselves with a stable network of family friends, and the majority engage in hobbies and leisure activities that brought them satisfaction in the past. At the same time, as Marris (2002) reminds us "we begin to age almost as soon as we are fully adult (p. 27)." Thus, most adults begin to experience and become personally aware of cognitive declines and deterioration in physical health well before the age of 65, and, as a result, begin to confront the process of aging in a gradual and incremental fashion. The continuities between the decades of the 50s and 60s are further heightened by the fact that most individuals plan for retirement and experience psychological changes, such as increase in positive affect and

decrease in achievement motivation, negative affect, and cognitive complexity, that are greatly facilitative of positive functioning in the postretirement era.

Whereas the presence of continuities between middle and late adulthood helps to explain why the transition to the postretirement is far less traumatic than assumed by many, this nonetheless makes it harder to clearly demarcate between the Second and Third Ages. In other words, it is much easier to define what is meant by the Third Age or the postretirement periods if one believes that work constitutes a master category that is critical to an individual's self-definition. If this were the case, then as pointed out by Gilleard and Higgs (2000), in retirement we would have to contend with the legacy of being an ex-postal employee, an ex-machinist, or an ex-university professor. But at the turn of the twenty-first century, the multiplicity of identities and lifestyles available to people in our expansively globalized and consumer society has made our sense of identity more diffuse and less tied to any single role, activity, or set of relations (see, for example, Giddens, 1991). With social life increasingly disconnected from the "external referents" supplied by family, work, and local communal attachments (Giddens, 1991, pp. 146–148), people in any phase of the life course today are less likely to rely on any one master narrative of identity, instead preferring to draw on multiple and diverse sources of meaning. Although these changes make the transition from work to retirement easier, they also make it more difficult to define the postretirement period which, as pointed out by Moen and Altobelli, is ever more varied. Nonetheless, we believe, and our data support the idea that the Third Age does exist as a separate life stage in that, for most Americans, life experiences in their mid 60s to late 70s are qualitatively different from those of their 50s and their 80s.

As pointed out by Weiss and Bass (2002), what characterizes the Third Age is a new-found sense of freedom. For the majority of Americans, but unfortunately not all, the Third Age brings with it the freedom from the need for paid employment, freedom from the need to prove one's self-worth through achievement and competing with others, freedom from parental responsibilities and worries, and freedom to pursue interests that have been suppressed because of the demands and pressures of work and parenting. Of course, this freedom is not absolute, because the shackles of economic, racial, and gender inequality, and habit, keep people constrained. Clearly, retirement does not bring with it a complete metamorphosis of people's habits, desires, preferences, or insecurities. It also does not put an abrupt end to concerns about the future of one's children and grandchildren, nor does it wipe out competitive urges or the striving for achievement. Yet, we have to agree with Vaillant and DiRago, who say that there is something liberating in the knowledge that one is no longer contributing to the GNP! We, of course, take such statements as metaphors.

After all, there is no doubt that Third Age adults do have a valuable role in our society, many as paid employees and others as volunteers, mentors, and role models. Our point is rather that, for the majority of Americans, the Third Age brings with it a decreased concern about performance as an employee, parent, or partner, about contributing to the bottom line of a corporation, and about personal advancement. This leads to a change in attitude that is well captured by Erikson's (1950) notion of the acceptance of the inevitability of one's life as the only life one could have lived. This change in self-perception is liberating, and results in a modicum of wisdom that cannot but help to inspire and enhance confidence about things to come among Second Age individuals.

Although the demarcation lines between the Third and Fourth Ages are as murky as those between the Second and Third Ages, we believe that quantitative differences exist between these two periods. Our findings indicate that the 80s brings with them an escalation of health problems, difficulties with activities of daily life, and bereavement. For the present generation of octogenarians, it is hard to escape the aura of survivorship, given the relatively short average life expectancy for men who reach the age of 80, and the fact that, at age 85, more than two-thirds of women are widowed and experiencing physical difficulties. This picture may change for the current generation of baby boomers, but at present the age of 80 seems to offer an appropriate demarcation between the young-old and the old-old.

Although we have argued that the Third Age is a time of high life satisfaction and self-realization, we nonetheless disagree with Laslett's (1991) depiction of this stage in the life course as a time when personal self-realization and fulfillment is at its peak. In our view, each stage of the life course brings with it fulfillment as well as strains and disappointments, and it is pointless to argue which phase is more conducive to self-realization than another; unless of course one accepts Laslett's contention that there is something inherently self-alienating about work—an assumption that we do not accept.

On the other hand, we fully agree with Laslett's depiction of the Third Age as the crown of life. In our view, the crowning that occurs is one that acknowledges work well done. It is bestowed by a culture that acknowledges and supports retirement as a normative life transition. The metaphorical crowning is an act that gives permission to the Third Age individual to partake of the newly emerged freedom and lead a full life largely unaffected by the proximity of death. In doing so, Third Agers serve as role models for the younger generations and provide them with confidence in the life ahead. The Third Age clearly represents an opportunity for a contented phase of life from many different avenues and pathways. After all, as claimed by Hegel, the owl of Minerva (the Roman goddess of wisdom) flies at dusk.

BROADER IMPLICATIONS

We conclude this chapter by noting the broader implications of our findings and the areas in which further research is needed. The data presented in this volume provide incontrovertible evidence for the importance of the health-wealth nexus for positive functioning in the Third Age. Neither health nor wealth guarantee happiness, but poor health or the untimely death of a partner can subvert the most meticulously laid-out plans for an enjoyable, stimulating, and productive retirement. Just as wealth can contribute to the maintenance of good health, serious health problems can easily lead to financial hardship, a combination of factors that is almost certain to result in plummeting life satisfaction. It is essential therefore to promote good health practices and habits and encourage saving and investment among the current generations of young and middle-aged adults. This injunction gains in urgency in view of the current crisis in health care financing and threats to pension plans in the private sector of the economy. Both health care and pension benefits are two critical issues in current debates about life the Third Age. We must also keep in mind the reality that Social Security Insurance constitutes the main source of income for most retired Americans and is a bulwark against poverty in old age. Although poverty in America is remarkably stubborn (Glasmeier, 2005), we should be proud of the fact that its rates among the elderly are lower than they are for any other age category. As Sorensen points out in this volume, low poverty among the elderly is largely due to the Social Security program. The next challenge is to find ways of exporting this safety net to other age periods, childhood in particular, rather than importing poverty into the postretirement period.

Consideration of the Third Age highlights race and gender inequalities that are made more visible by truncated opportunities for new beginnings faced by many older Americans. It is good to note the sharp increase in the number of college graduates among middle-aged and older Black Americans, but this does not obscure the poverty and hardship faced in particular by current generations of Black women. Forced to work well into their 70s, many Black women and men experience a very different Third Age than do their White peers. They do not have the luxury of enjoying or even thinking about new-found freedoms. We need to know more about life in the postretirement period among other ethnic and racial minorities. There is a danger, however, in imposing the White middle-class template of personal choice and personal projects onto other Americans.

Although it is important to keep in mind that, for the first time in American history, married couples have to negotiate “his” and “her” retirement, it is, nonetheless, noteworthy that in most instances it is still “her” and not “him” who ends up accommodating retirement plans to fit those of the partner: a fact

that highlights the continuing gender inequality in income, work status, and social role expectations. It may be the case that wives adapt their retirement plans to those of their husbands in view of men's shorter life span. Of course, this highlights the inequality, if not paradox, in the prevailing tendency of men to marry younger women. We also cannot ignore the irony in the fact that, although Third Age men tend to experience fewer health problems and less physical pain, it is women who continue to do the bulk of the housework and the caregiving. In other words, only a small minority of retired men use their newly found free time to engage in daily chores such as cooking and house cleaning. This not only perpetuates gender inequality, but it also means that men find themselves less prepared for widowhood than do women. Perhaps it is time to begin educating men about the long-term benefits of daily housework? Although it is encouraging to know that, compared to straight men, older gay men profit from their better survival skills and stronger social networks, the debate as to whether Third Age gays and lesbians benefit from "crisis competence" or suffer "minority stress" forcefully reminds us of the continued prejudice against homosexuality in American society.

A question that was hard to answer from the findings presented in this volume is the extent of prejudice and stigma confronting Third Age individuals and its impact on the self-concept of the elderly. We know that slim, young, and wrinkle-free bodies pervade the media and the consciousness of many Americans (although *Something's Got to Give*, a movie starring Diane Keaton and Jack Nicholson, signals perhaps a new awareness of the beauty and romance of older adulthood). Are older age individuals immune to this strong cultural message and, if so, what are the buffering mechanisms? More important, the fact that old age raises the specter of stigma begs the question of whether, by drawing a sharp distinction between Second and Third Age, we might inadvertently contribute to age-based social inequality. We know from research on gender, race, and sexuality that binary categories encourage invidious comparisons (Epstein, 1988; James, 1997). In other words, drawing a sharp line between "us" and "them" frequently results in a negative evaluation of "them." From this perspective, we see value in Moen's concept of a "midcourse" that spans age 50 to 75 and, in doing so, gives clear recognition to the increasingly incomplete nature of retirement and the growing fuzziness of its boundaries. While recognizing the emancipatory potential in Moen's suggestion to group together the middle-aged and the young-old, we are not convinced that drawing a boundary around age 50 to 75 does justice to the psychological experiences and social changes that characterize the aging process in contemporary America. Yet, we should not lose sight of the fact that, as argued by Habermas (1971), the aim of the social sciences is not only to understand and explain, but also to

emancipate. An emphasis on an emancipatory agenda for the elderly is more characteristic of British social gerontologists than it is of American scholars, who tend to stress the positive aspects of aging (see for example, Gilleard & Higgs, 2000).

Emancipation leads us to the concluding issue of the relative balance between “freedom from” and “freedom to” in the Third Age. The thrust of our concluding chapter has been that the postretirement period brings a freedom from pressures and responsibilities associated with the role of worker and, to some extent, parent that occupy a central place in the life of many Second Age individuals. We have also argued that being freed from these responsibilities, Third Agers tend to engage in activities that by and large reflect, to use Robert Atchley’s (1999) phrase, the continuity of adaptation throughout the adult life course. In other words, the findings from this volume suggest that individuals who, for example, volunteered prior to retirement will continue to do so after they retire and, equally, persons who are characterized by a self- or other-directed mode of functioning in middle-adulthood will continue this emphasis into old age. But what about the possibility of new scripts for the Third Agers? Laslett clearly thought that retirement brought with it the possibility of “self-realization” and “self-fulfillment” that did not exist before. These new opportunities not only made the Third Age an attractive period for persons living through it but, in Laslett’s mind, it was also meant to promote a new sense of dignity and respect for the elderly among younger individuals. Although sympathizing with Laslett’s aim, we see it as overly romanticizing life in the postretirement period and underappreciating the quality of life beforehand. Even so, researchers and social policy makers should continue to seriously consider new roles and opportunities for older-age individuals whose numbers are going to grow quite dramatically with the retirement of the baby boomers. The key challenge for all of us is how to best unlock the stock of human, social, and cultural capital among the increasing population of healthy, capable, and vital Third Age Americans.

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