**EXPERIENCES OF AGE AND GENDER:
NARRATIVES OF PROGRESS AND DECLINE***

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ABSTRACT

This article examines experiences of chronological age. Using data from the British Household Panel Survey, we analyze both qualitatively and quantitatively verbatim responses from 8177 respondents aged 16 and over concerning the (dis)advantages of their age. Two main questions are tested: 1) Is the cultural narrative of age decline supported by the experiences of our respondents? 2) Are age experiences differentiated by gender? We find people's age experiences are multidimensional and multidirectional, incorporating narratives of progress and decline. Our data show marked gender differences in age experiences, but give little support to claims of a double standard concerning the aging body. More generally, we find that people contrast current experiences with their younger and older selves. We argue that future conceptual developments need to take seriously both a synchronic and diachronic understanding of age, highlighting not just the present but also the distinctive historical development of individuals across time.

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Age lies at the center of much of the theory and research on human development, regardless of discipline. It is also a key factor in shaping people's perception of themselves, as well as their interactions with others (Settersten, 1999). Age is much more than a chronological measure linked to an individual's position in their lifecourse. It is also intrinsically interconnected with cultural beliefs about aging. We are as Gullette (2004) notes, "aged by culture" and, in most Western industrial societies, there is a dominant narrative of decline. In our youth-obsessed societies, the expectation is that with increasing age, the experience associated with age and aging will become less positive and more negative (Steverink, Westerhoff, Bode, & Dittmann-Kohli, 2001). This matters at a number of levels. On the individual level there is clear evidence to suggest that those who feel more positive about their age and aging process are likely to have enhanced well being and increased longevity (Westerhoff & Barrett, 2005; Levy, Slade, Kunkel, & Kasl, 2002). On the societal level, there is increasing concern about how negative age stereotypes with respect to both self and others, particularly regarding employment, can damage the economy and prevent older people fulfilling their potential.

Since the 1960s there has been a lively tradition of research on subjective age identification, examining how old a person feels, into which age group an individual categorizes her or himself, or how old one would like to be regardless of actual age. Subjective age is seen as different from chronological age. Indeed there have been consistent findings, albeit with some variation by culture, that both men and women in mid life and beyond view themselves as "younger" than their chronological age (Westerhoff, Barrett, & Steverink, 2003), whereas younger people (those under 25) may have a subjective age somewhat older than their chronological age (Rubin & Berntsen, 2006).

Connidis (1989) made an important early contribution to this body of research, when she explored what older people liked or disliked about being the age they are and their concerns about aging as they looked ahead. Connidis (1989) asks, "At each stage of life there are usually some things which people like about being the age they are. What do you like about being your age?" (p. 10). She also explored what older people disliked about their age or stage of life, as well as exploring their concerns about growing older. This study, like most of the research on subjective age, was based on adults at middle age and older. The age restriction is unfortunate because it implicitly reinforces the idea that the experience of age and aging is qualitatively different for the young. But is it? Are the positives and negatives of subjective experiences of age really so different at different stages? Is it only older people who begin to feel trepidation about the aging process ahead?

In fact, very little is known about how people experience each different stage and one aim of this study is to fill the gap for Great Britain, at the start of the 21st century. In line with life span theoretical perspectives which emphasizes both the multidimensionality and multidirectionality of development and aging, we would expect that personal experience of age would reflect different dimensions, such as health, work, family, and so on, and that it would be multidirectional

involving both positive and negative experiences (Steeverink et al., 2001). For example, with increased age, some experiences such as health can become more negative, whereas others such as psychological maturity and wisdom can become more positive.

Another aim is to contribute to the debate discussed by Biggs (2005) about "how far age-related differences are an important part of contemporary life-course categorisation" (p. 119). This debate concerns whether adults are essentially similar regardless of age, or whether different stages of life confer different life priorities. According to Biggs, the "cultural turn" in gerontology (e.g., Featherstone & Wernick, 1995; Gilleard & Higgs, 2000) could be considered "uniformist" because, at least when it comes to agency and life priorities, age itself ceases to distinguish one group from another. One problem of course with depicting this as "uniformist" is that the claims tend to evoke only a pseudo similarity, with older people's experience being one of a younger self trapped in an aging body (the "mask" or "masquerade" of aging). The alternative "distinctivist" position (e.g., Dittman-Kohli, 1991) argues that discernible differences between different age-stages of the lifecourse remain in place.

Biggs suggests that the debate is far from trivial, for if adult age differences are becoming less distinct then studying later life separately from the rest of adulthood makes little sense. While Biggs' conceptual analysis goes beyond what our data allow us to empirically test, we are able to examine whether people's experiences of the advantages and disadvantages of bodily aging are as distinctive as many assume. This has potentially important ramifications. There is likely to be more empathy between different life stages, if different age groups identify common advantages and concerns, than if their contemporary experiences of age are completely different.

What most researchers agree about is that age experiences are likely to be very different for men and women. Although a number of factors affect perceptions of aging (including race, ethnicity, socioeconomic status, and health), gender is perhaps one of the most pertinent aspects in terms of age-related experiences (McConatha, Schnell, Volkwein, Riley, & Leach, 2003). In her essay on the "double standard," critic Susan Sontag (1978) wrote that, although the prestige of youth in American society affects both men and women, the aging process is less "wounding to men." This is evidenced perhaps most starkly in judgments about the physical signs of aging, with older bodies deemed less attractive because of the "gaze of youth" (Twigg, 2004, p. 7). The suggestion is that people in a youth-obsessed culture read physical signs of aging as the equivalent to personal failure, and such judgments occur more swiftly and with more harsh consequences for women (Calasanti, 2004). If aging undermines women's traditional source of power emanating from sexual attractiveness, then male power, by contrast, resides more in money, status, and social dominance so that early signs of aging such as grey hair are read as marks of maturity and authority. Yet Öberg and Tornstam (1999) suggest that, at least in their Swedish sample, their findings contradict the

gerontophobic messages from consumer culture and challenge the belief that women grow more discontent with their bodies as they age. Instead they found that women's satisfaction with their body (albeit less than that of men) increased with age.

The problem with using measures of satisfaction is that they don't tell us anything about the salience of the issue. But what the double standard hypothesis suggests is that women may be more conscious of their aging bodies than are men. To investigate this, it is necessary to abandon traditional pre-coded survey questions and explore in an open-ended way how men and women perceive the (dis)advantages of their age. People's perceptions are also potentially relevant to the more complex questions of age identity. Much of the existing quantitative research on subjective age and age identity rely on pre-coded questions that ask people what age they feel (as opposed to their chronological age) or what age group they identify with (young, middle aged, etc.). For example, in a fascinating study of gendered experiences in midlife, Barrett (2005) shows how women report significantly more youthful identities than men. Her measure of age-identity is the difference between people's subjective age ("what age do you feel most of the time") and chronological age. Similarly, in their note on "Revisiting age identity," Kaufmann and Elder (2002) ask people what age they feel like most of the time (subjective age), what age others think you are (other age), what age you want to be right now (desired age), what age do you hope to live to (desired longevity), and at what age does the average man or woman become old (perceived old age). Such measures of "age identity" are associated with wellbeing (see also, Steverink et al., 2001; Westerhoff & Barrett, 2005; Westerhoff et al., 2003). Yet it seems odd to assume that we can understand age identity without first understanding how people experience the age they are.

QA: —
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or
Kaufman?

One reason that research has stalled in the attempt to understand people's experiences of age is that conventional survey questions are better at tapping single dimensions (e.g., the age you feel you are, or the age you would prefer to be) than at exploring meaning. No wonder many have advocated abandoning the acknowledged strengths of the survey method (such as representativeness and generalizability) for more qualitative investigations that allow the data "to speak" (Biggs, 2005). Anthropologist Clifford Geertz makes a useful and relevant distinction between "experience distant" and "experience near" concepts (Geertz, 1983). An experience near concept is roughly one that respondents might naturally and effortlessly use to describe what they readily understand. An experience distant concept is one that specialists use. "Age" is an experience near concept that has meanings for people that may differ from those that specialists impose when they pre-define what is meant by "subjective age" or "age identity."

In this article we seek to understand what age means to respondents in different age groups. Our article uses a unique set of data that asks a representative sample of adults in Great Britain (aged 16 and above) to tell us in their own words the advantages and disadvantages of being the age they are. One strength of using an

open-ended question is that it allows us to investigate what are the most salient age-related experiences for British men and women. We can then explore how this varies not only by age, but also by personal and material resources such as health, education, and income. Of course, by using responses to a single open-ended survey question we cannot aspire to the contextual richness that one would obtain through in-depth narrative interviews. However, our data are rich enough to glean some unexpected insights into the different domains people mention, as well as to test specific hypotheses derived from the existing literature.

A primary goal of this article is to analyze both qualitatively and quantitatively the different dimensions that people mention when contemplating the (dis)advantages of their chronological age. One particular aspect of the analysis will be to examine whether people's concerns are very different at different ages or whether different age groups experience similar concerns. Related to this is how far people of different ages relate experiences to their younger and older selves. A second set of issues concerns how far age experiences are differentiated by gender. Our expectation is that gender matters, both in terms of the general domains people talk about, and in terms of particular experiences concerning the aging body.

Of course gender is not the only ascribed characteristic likely to affect people's experiences of age, but it is the only one that we can adequately address with our survey data because, even with a sample size of over 8,000, numbers are too small to support a robust analysis of race or ethnicity. However, we are able to examine how far personal and material resources (specifically health, education, and income) are associated with people's experiences of age-related advantages and disadvantages.

DATA AND METHODS

Sample

The analysis uses data from the eleventh annual wave, carried out in 2001, of the British Household Panel Study (BHPS), a representative sample of British households that was launched in 1991. The BHPS initially consisted of a representative sample of 5,500 households and over 10,000 individuals, aged 16 and over. These same individuals are re-interviewed each year. The original sample was drawn using a two-stage stratified clustered design of 250 postcode sectors from the small users Postcode Address File (PAF). Details of sample characteristics, together with subsequent attrition and weighting, can be found in Taylor, Brice, Buck, and Prentice-Lane (2006). The cross-sectional weight is applied to adjust for within-household non-response, giving a sample *N* of 8,518. The quality profile for the BHPS provides extensive statistics concerning sample representativeness across time (Lynn, 2006). When it comes to examining the factors that influence people's perceptions of age, we confine our analysis to the

subset who gave a substantive answer to the questions described below. This yields an *N* of 8,177 (4% of respondents—i.e., 341 out of 8,518—are excluded because they either refused to answer or did not answer the questions tapping perceptions of age).

Measures

Dependent Variables

Our dependent variables come at the end of the individual questionnaire in the BHPS. Respondents were first asked: “Our final question is about your view of yourself at this stage of your life. Would you say that for you being aged (insert respondent’s age) has mostly advantages or disadvantages?” Respondents were recorded as perceiving their age as having mostly advantages, mostly disadvantages or (if volunteered) both advantages and disadvantages (this is the question used for Table 1). A follow-up question was then asked of all: “What are the main advantages or disadvantages of being aged (insert respondent’s age) as far as you are concerned?” It is this question which provides us with our dependent variables (see Figures 1 and 2 and Tables 2 and 3). The respondents’ answers were recorded verbatim and interviewers were instructed to prompt once for “Any other?”

Independent Variables

Our independent variables, in addition to age and gender, consist of health limitations, highest educational qualifications, and total household income in the year before interview, with measures taken from Wave 11 so that the reports are contemporary with our measures of age advantages. Health limitations is based on a single item asking “Does your health in any way limit your daily activities, compared to most people of your age?” Highest educational qualification is a composite variable constructed from people’s qualifications, which are updated on an annual basis. Here we recode to an ordinal scale consisting of six categories (1 = University degrees, 2 = Higher tertiary qualifications, 3 = “A” levels or equivalent, 4 = “O” levels or equivalent, 5 = lower qualifications, 6 = no qualifications). Annual household income is a derived variable from all the individual income reports of adults in the household. We use household income because it better approximates the standard of living of household members than individual income alone, although we fully recognize that intra-household financial allocation is often far from equal. Following official income statistics, we use the McClements scale (1977) to compute a household equivalized income that is adjusted for household size and structure and takes a couple with no dependent children as the benchmark equivalence scale of one. Households are then adjusted according to the set scale, which assigns a weight for each household adult and child. For example, a single person living alone needs a smaller income to reach

Table 1. Public Perceptions of Advantages and Disadvantages of Age

Advantages or disadvantages of being your age	%1st Mention	%1st Mention of age having mostly advantages	%1st Mention of age having mostly disadvantages	%1st Mention of undecided (both/ don't know)	% of respondents mentioning (N)
Health (includes aging body)	20.1	8.9	48.9	15.5	36.1 (2467)
Freedom	14.9	20.9	4.3	11.9	30.2 (2467)
Experience	16.7	22.9	2.4	17.6	23.6 (1932)
Money	7.5	8.8	3.8	8.4	17.7 (1450)
Work	8.5	7.9	12.3	5.9	17.3 (1413)
Family	4.6	5.5	2.6	4.5	14.2 (1163)
Future good/bad	2.7	4.2	0.8	1.4	6.9 (562)
Generally happy	1.8	2.3	0.4	2.3	6.4 (520)
Respect	2.7	3.0	2.1	2.8	5.6 (459)
Stability	1.7	2.7	0.2	0.9	4.2 (341)
Age not important	2.0	0.5	0.2	7.7	2.3 (191)
Other ^a	13.6	10.6	21	12.9	28.3 (2314)
Don't know	3.0	1.6	8.3	1.2	3.0 (245)
Total % (Base N)	100% (8177)	100% (4365)	100% (1821)	100% (1991)	— (8177)

^aThe category "other" is rather large, but includes responses which fail to provide theoretically meaningful material. Frequent responses in this category include statements such as "I like being this age" or conversely, "I don't like it."

the same standard of living as a couple with dependent children and thus her household income is divided by 0.61 rather than the benchmark 1.0. The equivalized income scale is then divided into deciles.

Narrative Analysis

To ask a layperson about their "personal experience of age" would not be readily understood. As such, our main dependent variable is phrased in such a way

Figure 1. Mentions of health and aging body by age group.

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for Figures 1 and 2. They
will not reproduce well.

Figure 2. Mentions of freedom and experience by age group.

Table 2. The Advantages and Disadvantages of Being Your Age
(by Age Group)

	16-19 N:	20-29 1136	30-39 1467	40-49 1364	50-59 1346	60-69 987	70-79 864	80+ 548	Total 8177
Health									
<i>Disadvantages % mentioning</i>									
Concerns of aging body	0	1	8	17	22	20	34	34	16
Complaints about physical health	0	1	4	13	20	20	33	35	15
Problems with memory and depression	0	0	0	1	1	2	3	3	1
<i>Advantages % mentioning</i>									
Positive body fitness	4.5	8	5	3	3	2	4	5	4
Good physical health	3	13	7	4	5	5	6	6	7
Good psychological health	0	0	0	0	0	1	1	2	0.5
Freedom									
<i>Advantages % mentioning</i>									
Greater freedom	27	19	9	9	12	26	19	9	15
Fewer responsibilities	13	9	3	4	10	8	4	3	6
More leisure time	2	1	1	4	8	19	10	5	6
Reached legal drinking age	9	2	0	0	0	0	0	0	1
Other mentions of leisure	21	7	3	2	3	6	7	5	5
<i>Disadvantages % mentioning</i>									
Less freedom	7	1	1	0	1	1	1	3	2
More responsibilities	6	3	4	2	5	1	1	0	2
Pressures on leisure time (all less than 1%)									
Experience									
<i>Advantages % mentioning</i>									
More mature/experienced	1	14	41	41	30	11	6	6	24

Table 3. Predictors of Most Frequently Mentioned Domains Concerning (Dis)Advantages of Age

	Health			Freedom			Experience			Money			Work			Family		
	Beta (SE)	Odds ratio		Beta (SE)	Odds ratio		Beta (SE)	Odds ratio		Beta (SE)	Odds ratio		Beta (SE)	Odds ratio		Beta (SE)	Odds ratio	
Gender	.136** (.052)	1.15		-.278*** (*,050)	.76		0.006 ns (0.056)	1.01		.265*** (0.059)	1.30		.330*** (0.060)	1.39		-.78*** (.069)	.46	
Health limitations	-.743*** (.065)	.48		.307*** (.070)	1.36		.349*** (.087)	1.42		.308** (.090)	1.36		.200* (.091)	1.22		.181 ns (.093)	1.19	
Income	.027 ns (.010)	1.03		0.028** (.010)	1.03		0.24* (0.011)	1.02		.073*** (0.012)	1.08		-.012 ns (.012)	.99		.007 ns (.013)	1.01	
Education	-.026 ns (.016)	1.03		.000 ns (.016)	1.00		.158*** (.018)	1.17		.065** (.019)	1.07		.104*** (.020)	1.11		.036 ns (.021)	1.04	
Age	.033*** (.07)	1.03		-.051*** (.006)	.95		.252*** (.012)	1.28		0.020* (0.008)	1.02		.048*** (.009)	1.05		.112*** (.011)	1.12	
Age squared	.000 ns (.000)	1.00		.001*** (.000)	1.00		-.003*** (.000)	.99		0.000* (.000)	1.00		-.001*** (.000)	.99		-.001*** (.000)	.99	
Constant	-2.09*** (.201)	.12		-.073 ns (.173)	.93		-7.24*** (.279)	.001		-3.07*** (.221)	.046		-.001*** (.000)	.14		-4.11*** (.271)	.02	
R ² (Cox & Snell)	0.133			0.014			0.128			0.018			0.29			0.036		
N	8042			8042			8042			8042			8042			8042		

* $p < .05$; ** $p < .01$; *** $p < .001$; ns = not significant.

so as to elicit a range of information (both positive and negative) about an individual's temporal experience of chronological age. As will be seen from the results, the responses to this question yielded rich insight into age experiences but, as we were manipulating over 8,000 responses, some initial coding of themes was necessary in order to aid the development of our qualitative analysis.

First, a detailed descriptive coding scheme was developed which captured the full range of mentions across different domains such as work, finances, education, family, friends, leisure, time pressures, health, experience, stability, freedom, age-related responsibilities, aging body, and respect (see Appendix 1). In all, the coding frame lists over 50 substantive codes. Coding was done by the NOP (National Opinion Polls) who were also responsible for the field work. The reliability of the coding was checked by independent supervisors for approximately a random tenth of responses. Each domain often had several sub-codes; for example, work is subdivided into four—happy with work, unhappy with work, ageism with respect to work, and more job opportunities. Coding allowed for up to four mentions, and the average number of codable mentions was just over two, with women having a slightly higher average than men ($p < .05$). There is a curvilinear relationship of age and codable mentions, with people in their fifties giving more mentions than younger or older respondents, but the differences, though statistically significant, are quite slight. Because the open-ended question was asked at the end of a structured interview lasting approximately 40 minutes, responses tend to be succinct. For example a woman aged 40 said "People especially men look at you as old. (There's) difficulty in attracting a suitable partner. Half way through your life and still dissatisfied" (coded as mentioning aging body (59), disliking current age (74), problems with partner (21), and life slipping by (51)). A more optimistic male aged 45 responded "Have achieved some wisdom, you reflect and consider past and future aspects of your life. I am financially more stable and feel in the prime of my life and I'm more mature" (coded as mature/experienced (50), financially secure (10), and liking current age (73)). The authors carried out extensive new qualitative analysis, using both the original verbatim responses and re-grouping the pre-coded material to better reflect the main themes that people mentioned.

RESULTS

The first stage in our analysis of the experiences of age was to unpack precisely *what* domains were most salient to our participants when we asked them about the advantages or disadvantages associated with their age. The results of this first stage of coding are shown in Table 1. The first column shows the responses people cite first, with percentages adding to 100%. Thus, one in five people mention health as the first (or the only thing) they cite. Our concept of "health" is very broad and we follow the definition of the World Health Organization (WHO, 1948), which states that health is a "state of complete physical, mental and

social well-being and not merely the absence of disease and infirmity" (p. 100). Therefore, we include all mentions of perceived physical health, psychological well-being, and body image. In later analysis, we separate out body image in order to explore more fully the gendered nuances in this aspect of health mentions.

The next three columns show this percentage of first mentions broken down according to whether people responded that being their age had mostly advantages, mostly disadvantages, or were undecided (responding either both advantages and disadvantages or don't know). Thus, almost half of the people (48.9%) who saw their age as having mostly disadvantages gave health as their first reason; whereas less than one-tenth (8.9%) mentioned health if they viewed their age as having mainly advantages. Health and work responses figure prominently in what is most salient to those who view their age negatively, while freedom and experience are by far the most common first responses of those who view their age positively. The final column (on which the rank order of the table is based) shows the percentage of the sample who mention a particular response at all. Thus, 36% of our sample mention health (the most frequently mentioned concern), whereas 64% (not shown) do not. As up to four mentions were coded, this column does not add to 100%. Three domains are mentioned by more than one in five of the sample: health (36%), freedom (30%), and experience (24%). The next most frequent responses are money (18%), work (17%), and family (14%). Each of these domains are analyzed in more detail below, but we focus particularly on the three most frequently mentioned themes: health, freedom, and experience.

There are theoretically important differences in the way participants discussed our three main categories. At the aggregate level, the narrative of health is overwhelmingly a negative one. Largely based on her research into images of aging in fiction and media, Gullette (2004) argues that there is an over-emphasis on biomedical decline in public consciousness which has contributed to a broader cultural "decline narrative." To some extent we find evidence of this in our own data. On the other hand, the narratives of experience and freedom draw our attention to the more complex processes that are at play when different age groups discuss their "aging" experiences. Here we find more positive, progressive narratives which peak and trough in different age groups in a non-linear way. Because it seems so peculiar to discuss "aging" for younger people, Gullette suggests the use of qualifiers like "aging-into-adulthood" and "aging-into-the-middle-years" as a way of developing a fuller understanding of "age identity" across the lifecourse. Such terms are too imprecise for unpacking the diversity of our qualitative data, so we explore what people in different age-group decades (teens, twenties, thirties, forties, etc.), see as the advantages and disadvantages of being their age.

As can be seen from Table 2, the different age groups show very different patterns of mention of the three main categories (health, freedom, and experience). Health and freedom both consist of a number of distinct, though related properties,

that are discussed in either positive or negative ways. Under health, for example, we can see “concerns of aging body” (mentioned by the over forties) verses “good physical health” (mentioned particularly by those in their twenties). Of course, what is also clear from this particular example is the way in which good health is often taken for granted, being mentioned much less frequently than its opposite. In the analysis which follows, however, we show that what Gullette calls the master cultural discourse of “peak-and-(early)-decline,” while prevalent in our health narrative, cannot be extended to the other domains our participants mentioned. Indeed, we can see from Table 2 that “greater freedom” (which is the most frequently mentioned component in mentions of freedom) is predominantly given by people in their teens and early twenties and by those in their sixties and seventies. By contrast, experience (which consists of only one code) is mentioned most by those in their thirties and forties.

We will also show, as we unpack further the verbatim responses associated with these three categories, that individual perceptions of age are often made in terms of *comparisons with self*, either self at an earlier age, or an imagined future self. A number of aging theorists have argued that we possess multiple selves, but much of this work has focused on the existence of “simultaneous selves” (Baltes & Baltes, 1993; Chapman, 2006; Posner, 1995). But, as we will discuss, “multiple selves” need not be thought of simply in terms of their *synchronic* manifestations, but, and this is crucial in terms of the study of aging, in terms of their *diachronic* form (Gullette, 2004; Korsgaard, 1989; Shoemaker, 1988; Wilkes, 1988), which reflect and map the historical development of the individual and, as such, hint at the continuing utility of “distinctivist” perspectives in the study of age.

Health: A Sense of Loss and the Narrative of Decline

There is a large body of research which examines the way in which people in later life come to define themselves as “old” (Holahan, 2003; Logan, Ward, & Spitze, 1992). Much of this research finds, unsurprisingly, that chronological age and associated declines in functional health are linked to an older subjective age identity. Like other studies, as can be seen from Table 2, we also found that poor physical health was articulated as a marked disadvantage of being over 50, but what was interesting in our qualitative data was the way in which participants discuss this functional decline in contrast to an earlier, more energized youthful self. In this regard, there was little to differentiate women and men: a fairly typical remark would be: “Reduced mobility and energy, irritation at not being able to do as much as I could” (male, aged 77).

Karp (1988) notes that changes in health may also mark the transition into “mid-life,” not necessarily in terms of experiencing *ill-health* per se, but in relation to a more general “slowing down.” An important finding from our qualitative data is that perceptions of physical slowing down can be a marker of shifts in age

experiences from a much earlier chronological age than might be expected from research that focuses solely on older age groups. For example, men in the 30-39 age range articulated their growing awareness of a decline in their sporting prowess. If one's "youth identity" has been based on the pursuit of stereotypically male sports, then a comparison with an earlier more energetic self may lead to a negative internal assessment of one's current age. Common complaints of men in their thirties included: "I can't play football like I used to I'm getting too slow" (aged 33); "I can't run like when I was 25" (aged 30); "[it's] harder to maintain one's sporting fitness, at twenty you could do more" (aged 39). So in younger groups, too, there is an awareness of the increasing limits of their physical capabilities. Logan, Ward, and Spitze (1992) note that changes in age identity can occur when one loses the ability to engage in certain activities and that this in itself may alter self-perceptions of aging. Health, then, is the often painful answer to the question: "how do I know I'm getting old?" But "old" need not refer just to later life, it can also be an indicator of the transition from youth to middle age, and even, as we shall explore in more detail below, to a sense of diminishing masculinity.

A Gendered Double Standard of Aging?

Turning first to our quantitative data, it is apparent that there is a strong linear age trend, with all health mentions increasing with age, as Figure 1 shows. The "all health" mentions in Figure 1 show the percentage by age group who mention any of the six components of health listed in Table 2. This is the same overall proportion as is shown in the last column of Table 1. Because of our interest in exploring evidence for a gender double-standard of aging, Figure 1 also separates out the subset who explicitly focus on the aging body. The pattern is the same: concerns with the aging body increase steadily by age and there is no discernible gender difference ($\chi^2 = 0.03$ $df = 1$ ns).

Although it is apparent that "health" mainly concerns physical health, issues of aging in relation to the body are not purely about awareness of functional decline. The category "aging body" also includes mentions of appearance. We are unable to separate appearance and functional decline, as the two tend to be conflated in the way people respond. What might be considered as specific appearance mentions, such as wrinkles, hair loss, etc., are often subsumed in more general statements about bodily aging and physical deterioration. These can include, explicitly or implicitly, reference to more specific concerns such as increasing aches and pains or loss of physical fitness or loss of looks.

A number of authors have suggested that other people's assessment of our physical attractiveness can influence our subjective age identity. Sontag's (1978) idea of the "double standard of aging" argues that in youth-orientated cultures, women are perceived to be "old" at an earlier age than men. McConatha et al.'s (2003) survey of 254 young people showed that women in both the United States

and Germany were more concerned with changes in their appearance which were related to age than were men. Indeed, a study by Secombe and Masako Ishii-Kuntz (1991) found that women are perceived as "old" between 55-59, approximately 5 years earlier than men. Secombe and Masako Ishii-Kuntz explain their findings by arguing that this is "because they [women] are primarily valued for their physical attractiveness and sexuality, and are perceived to age at a much faster rate than men" (p. 533). The example of the woman whose response is cited in full in the methodology section above is far from atypical in describing the aging body in relation to the "male gaze": "People, especially men, look at you as old. [There's] difficulty in attracting a suitable partner" (aged 40).

QA:
Secombe
or
Seccombe?

But what was also interesting in our research was the way in which men too were aware of being judged by women. From the forties onwards, common themes were: "Young girls don't fancy me anymore, not as fit as I was, sex not so good" (aged 43); "[I'm] losing my hair and lack a relationship" (aged 41); "[I'm] bald, fat, hearing going, eyesight going" (aged 45); "I can't pull the birds no more" (aged 76). As argued by Connell (1995) and Hearn (1995), images of masculinity often emphasize the importance of physical strength and "toughness" which become increasingly difficult either to maintain or even to aspire to as a man ages. It could be argued that the much discussed "male gaze" is being returned by a "female gaze," and both men and women are subject to a "gaze of youth" (Twigg, 2004). One interpretation of these findings, therefore, could be that midlife men are no longer buffeted from the double standard of aging and that they must also learn to live with a narrative of decline (Barrett, 2005; Karp, 1988). Yet if we accept Connell's definition of patriarchy as a system where power relationships exist not just between genders but within them (Demetriou, 2001), then these findings may indicate that the male experience of aging can also be understood in terms of loss of dominance over other men. Our male participants articulated a decline in their competitive edge in relation to their sporting ability and sexual attractiveness. Thus while they may indeed be experiencing a sense of unease over the judgmental "gaze of youth," this in itself could still be seen as a form of the male gaze, one which seeks to maintain dominance not just over women, but over subordinate forms of masculinity, such as those associated with the aging male body.

Freedom and Experience: The Narratives of Progress

In contrast to the sense of decline which dominated participants' discussions of health and the aging body, freedom and experience were overwhelmingly positive narratives based on acquiring new and valued liberties or a growing sense of confidence and self-assurance. Figure 2 shows markedly different age patterns in mentions of freedom and experience. Freedom is enjoyed particularly among the under-thirties and those in their sixties: it is mentioned much less frequently by those in midlife or over 70. Freedom is also more salient to women than men

between ages 30 and 59, whereas there is no apparent gender difference in mentions of experience. Experience peaks during the thirties and forties, which perhaps helps compensate somewhat for the apparent decline in freedom during those years. As we will show in our qualitative analysis, the narrative of “progress” is not necessarily something which must be strictly classified as an upward, unbroken linear movement. Rather, progress can be punctuated and is defined here by the way in which different groups mark out positive aspects about their age in relation not just to their previous experiences, but also to experiences anticipated in the future. While it could be argued that it is not possible to talk about “progress” in relation to anticipated events, another way of thinking about this is that an individual can perceive a current event as a high point from which they expect to decline somewhat in the future: “three steps forward and two steps back” might be an appropriate analogy. Further discussion of our key themes here, freedom and experience, will help to elaborate this point.

Freedom

There are quite important age differences in the way people discuss what freedom means to them. Those aged 16-19, for example, were most likely to mention an awareness of becoming free of the legal and social constraints imposed on their behavior in childhood and early youth. To return to Gullette’s (2004) distinction, we hear a clear narrative of “aging-into-adulthood”: “I can do whatever I want: I could join the army, drink, smoke, whatever” (male, aged 19); “I can buy lottery [tickets], I can smoke, I can have sex, I can get married, I can ride a moped” (female, aged 16).

But as well as freedom to *do* things, the under thirties generally were aware that they had fewer responsibilities than older people, and, particularly, that they had few or no responsibilities, either financially or emotionally, to other people: “Don’t have responsibility of home ownership and children” (male, aged 19); “Not having responsibilities; mum pays all the bills” (female, aged 17); “Not responsible for myself yet because I still rely on my mum and dad” (female, aged 17). Researchers who adopt a role theory perspective note that transitions to early adulthood are based on role acquisition which are often viewed positively (Bush & Simmons, 1981; Jackson & Berkowitz, 2005; MacMillan & Copher, 2005; Steffensmeier, 1982). Here, however, we have examples of current age being viewed positively in contrast to an imagined future self-constrained by both financial commitments and obligations to other people. Thus, the notion of diachronic “multiple selves” becomes useful to understanding the age experiences of younger people who are aware of future changes involving greater constraint (Gullette, 2004; Korsgaard, 1989).

For older age groups, on the other hand, there is an awareness that family and work responsibilities are a *thing of the past*, and that they are once more “free” to enjoy leisure time or a more relaxed pace of life: [I have the] “Freedom

of being able to go anywhere I want and having the family off my hands" (female, aged 58); [I can] "do what I want when I want, no governors to tell you what to do, no-one to answer to" (male, aged 74). Unsurprisingly, women are more likely to mention freedom from caring responsibilities, whereas men are more likely to mention freedom from breadwinning responsibilities. Clearly gender is key to understanding differences in the experience of freedom in mid and later life. There is much literature on gendered time use patterns in households and we know not just that women spend more time than men on domestic work (including both housework and childcare) across the lifecourse, but that the birth of a child can significantly increase the amount of time women spend on these tasks (Gershuny, 2000). It is not startling, therefore, to find that when children leave home, women find that they have more time and a new level of freedom. Of course, we must also acknowledge that age identities are often associated with roles such as mother, grandmother, worker, provider, and so-on, and that role theory research often emphasizes the "problematic" of role loss in later life. Yet what we find in our data is, perhaps, a sometimes overlooked narrative of gain in later midlife, where the comparator is an earlier midlife self-constrained by obligations and commitments to others.

Experience

A similar narrative of progress is found in our final major category: experience. Again, the comparator is an earlier self but one which, this time, is not tinted with nostalgia. Broadly, participants discuss the way in which their age has brought them increases in confidence, feelings of being more at ease with themselves, and of having learned from experience: "Becoming older I have matured and feel more secure in myself" (female, aged 41); "Confidence that comes with a wealth of experience" (male, aged 45); "More comfortable with myself" (male, aged 45).

Unlike our other categories (see Table 2), no "opposite" emerged here. Interestingly, an awareness that one lacks confidence, and that this is a property of age, was not mentioned by participants which, in itself, seems to indicate the blind spot of immaturity. Another feature of this code was how the over forties expressed ways in which they were now much less concerned with the opinions of others and had acquired a tendency to speak frankly: "I actually think finally, I don't care what people think of me" (female aged 41); "Feel a bit more worldly wise I feel I can speak my mind not bothered what people think" (female, aged 45). There is little of note in terms of gender difference in this category, but respondents reported differences in the way experience appeared to have changed them. Some people mention being more patient and less confrontational than when they were younger; while others feel their confidence leads to an increased assertiveness: "I've become patient and wiser I handle stress better" (male, aged 43); "the older you get, you don't suffer fools gladly" (female, aged 47).

Gove, Ortega, and Briggs Style (1989) note that maturational perspectives on the lifecourse often view later life positively, as a time of introspection and acceptance of self and others and a period when emotional uneasiness usually declines. The maturational perspective, has, however, tended to focus on this internal change in relation to older people (Erickson, 1986; Levinson, 1986). But, as shown above, we find that in our study, "experience" is a feature most common to those in their thirties and forties, demonstrating again the need to study the subjectivity of age among all different age groups, not just those in later life. While others have also noted that midlife can be experienced as a time of culmination, wisdom, and self-awareness (Holahan, 2003; Karp, 1988; Logan et al., 1992), it is important to keep in mind that the outcomes of age experiences in midlife are multiple, and, as our study shows, can also be perceived as a time of declining physical attractiveness and loss of freedom. However, while our emphasis has been on delineating the multiple experiences of different age groups, it should be noted that the literature on age inequality reminds us that those in "middle age" are also generally those with the greatest power (Laws, 1995; Quadagno, 2008). Thus, that "experience" comes to the fore in this particular group could be seen as an indicator of their power (in the workplace, in their personal development, and in their control of their family) relative to both younger and older age groups. Of course, it would be useful to explore such findings further through in-depth interviews which would allow these themes to be explored in much more detail with each participant. Nevertheless, our survey findings, based on a nationally representative sample, do offer new and interesting insights, which can contribute much to our understanding of the experiences of age and gender.

Other Domains

The other main domains mentioned in terms of the advantages and disadvantages associated with being at a particular life stage are money, work, and family. As we saw in Table 1, work tends to be cited more by those who view their age as having mostly disadvantages; whereas money and family are associated more strongly with advantages. The largest single category mentioned in work concerns ageism (4.7%), which, interestingly, is cited by both younger and older respondents, who see employers viewing people as too young or too old to be ideal for a job. Money is more often cited by those who see it as an advantage, with mentions including high disposable income, owning a house and secure pension. There is a surprising absence of negative age-related concerns about money. Family is most often mentioned in terms of the effect of children on people's lives. One of the most consistent themes refers to the enjoyment of "watching children grow." As we have seen, however, for women in particular, this is sometimes paired with the constraints children impose on freedom.

Older respondents tend to talk positively of the role adult children and grandchildren play in their lives.

Access to Resources:

The Role of Education and Income

In order to understand whether people's perceptions of age experiences are conditioned primarily by demographics (age and gender) or personal and material resources (health, education and income), we turn back to our quantitative data and present logistic regression models for each of the six most frequently cited domains. We include age squared in order to capture the curvilinear age patterns. Gender matters in five out of the six domains (the one exception being "experience"). Men are more likely than women to mention money, health, and work, whereas women are more likely than men to mention family and freedom. Not having health limitations (people's report of whether health limits their daily activities compared to people of a similar age) reduces mentions of health, even when age is controlled. However, lack of health limitations are positively associated with mentions of freedom, experience, money, and work. Higher education is positively associated with mentions of experience, work, and money. Higher income, like education, increases the odds of mentioning experience and money, but not work. It also increases mentions of freedom. For the most part, the findings come as little surprise, for example it makes sense that healthy, well-off, and highly-educated men are most likely to mention advantages of money. What is more surprising is that chronological age remains significant in all our models, even when personal and material resources are controlled. Thus, while resources do matter in terms of how people perceive the benefits of being in a specific age group, chronological age, with all that it implies in terms of aging bodies, social expectations, and cumulative life course, remains crucial in shaping people's experiences.

DISCUSSION

One of the aims of this article has been to analyze both qualitatively and quantitatively the different dimensions that people mention when contemplating the advantages and disadvantages of their chronological age. We found that the three most salient concerns, mentioned by more than one in five of the sample, were health (mostly negative, mentioned by 36%) and freedom (mostly positive, mentioned by 30%) and experience (mostly positive, mentioned by 24%). The next most frequent concerns are money, work, and family (mentioned by 18%, 17%, and 14% respectively). A related concern was to consider people's experience of age in the light of recent debates about the "uniformity" or "distinctiveness" of aging processes. One of the more unexpected findings from our data is the strong affinity between the way our younger and older respondents value their relative freedom to do as they please. This is partly bound up with life

course stage, in that the young are aware that the obligations of family and work are still to come, whereas older respondents appreciate that such demands no longer constrain what they do. Of course, while the *value* placed on freedom itself may indicate a blurring of age experience, the activities selected by the individual when using that independence varies from generation to generation. Moreover, it is likely that particular age-related lifestyle or consumer choices will continue to be structured by access to other resources such as health, income, and education (Barrett, 2003; Jolanki, Jylha, & Hervonen, 2000; McMullin & Greene, 2000). The results of our logistic regression model in Table 3 indicate that good health and higher income significantly increase the odds of mentions of freedom, highlighting the importance of considering a person's resources in understanding this aspect of age-related experience. Moreover, it is possible that the focus on freedom is partly due to a cohort effect, with people who came of age in the permissive 1960s era being especially likely to value individual autonomy. Unfortunately, our data do not allow us to distinguish between period, cohort, and aging effects. In the longer term, longitudinal data can help illuminate how different cohorts perceive age differently and hopefully our study will serve as a benchmark for future research. But for now at least, there are more affinities between the outlooks of the young and old than those who emphasize generational gulfs may acknowledge, and this offers at least some support for the uniformist position adopted by some cultural sociologists (Blaikie, 1999; Featherstone & Wernick, 1995; Gilleard & Higgs, 2000).

However, our data also shows that narratives of age experiences are multi-directional both in synchronic and diachronic terms. For example, our participants aged 30 to 60 experienced simultaneous loss of freedom and increasing concerns about aging bodies, but they also gained in confidence and maturity. Each of these perceptions were formed in relation to comparators of self at a younger age, when they were certainly freer and fitter, but were also perhaps more insecure and fearful. Of course, caution is required in interpretation and one of the difficulties encountered by those who talk about distinctive "stages" of the life course, particularly when reduced down to individual psychological development, is that the importance of resources tend to be overlooked. Our regression model shows, for example, that good health, higher education and higher income increase the likelihood of mentions of experience suggesting the importance of privilege in structuring what on the face of it seems like a "stage" of psychological development.

A second main objective for this article was to explore whether people's experiences of age differ by gender. Certainly gender is strongly related to the domains that were salient to our respondents, with women more likely than men to mention family and freedom; whereas men are more likely to mention money, work, and health. As the earlier literature indicates, and as Figure 1 shows, most people, women and men, view the physical aging process somewhat negatively, and health is a far greater concern among older, rather than younger age

groups. Yet in our study, once age and material resources are controlled in a logistic regression, it is men not women who are most prone to mention physical health concerns. This is somewhat surprising in the light of well documented findings from the health literature that, although women live longer than men, women experience more ill health (Bartley, 2004). However, subjective reports of aging may tap a somewhat different gendered dimension in terms of people's expectations and aspirations about health and age. It is possible that the macho emphasis on physical prowess makes health decline particularly salient for men. Yet, interestingly, we found little evidence of a gender double standard in people's concerns about aging bodies.

We have seen that the decline discourse in relation to aging bodies starts early but, while the social construction of female decline is well-documented, our work shows that the narrative of male decline is also a forceful one. Bodily decline does not begin at a fixed chronological age, but emerges in the context of social and cultural pressures where comparison with an earlier, youthful self becomes ever more intense. Statistically, men's and women's responses in relation to their experience of the aging body were similar, with both men's and women's concerns increasing with age.

Qualitatively, however, men's concerns over declines in their sporting ability and sexual attractiveness (to young women) hint at the ways in which patriarchy, if defined as the complex relationships of domination both of men over women and of men over other, subordinate groups of men, offers a degree of explanatory power in relation to our data. While some women described the loss of their sexual power over men as they aged, men describe their loss of a competitive edge, both in the dating and sporting "games," a kind of physical decline which could be interpreted as a weakening of their power and authority in relation to younger men.

Unfortunately, what cannot be addressed with these data that reflect only one time-point is whether a gender double-standard is being eroded as societal gender roles change or whether, as some socio-cultural researchers claim, gender differences in this domain are actually somewhat exaggerated (Jaggar, 2005). Yet it is important to keep this issue in proportion—less than one in five of our sample mentioned the aging body as a disadvantage of being their age.

In sum, our findings show that whether experiences of aging are relatively similar in various age groups or whether they differ markedly depends on the specific domain under investigation and the resources available to any given individual. Moreover, to understand the gendered nature of aging requires that we learn not just about women, but about women, men, and their relationships with each other and with their culture and society at large. Finally, therefore, we would argue that to fully capture the nuances of people's experiences of age not only must researchers shift away solely from the study of later life, but they need also to understand multiple narratives of decline and progress as they are experienced across the life course.

REFERENCES

- Baltes, P. B., & Baltes, M. M. (1993). *Successful aging: Perspectives from the behavioural sciences*. Cambridge: Cambridge University Press.
- Barrett, A. (2003). Socioeconomic status and age identity: The role of dimensions of health in the subjective construction of age. *The Journal of Gerontology: Psychological and Social Sciences*, 55, 101-109.
- Barrett, A. (2005). Gendered experiences in midlife: Implications for age identity. *Journal of Aging Studies*, 19, 163-183.
- Bartley, M. (2004). *Health inequality: An introduction to theories, concepts and methods*. Cambridge: Polity.
- Biggs, S. (2005). Beyond appearances: Perspectives on identity in later life and some implications for method. *Journal of Gerontology: Social Sciences*, 60B(3), S118-S128.
- Blaikie, A. (1999). *Ageing and popular culture*. Cambridge: Cambridge University Press.
- Bush, D. M., & Simmons, R. G. (1981). Socialization process over the life course. In M. Rosenberg & R. Turner (Eds.), *Social psychology: Sociological perspectives* (pp. 133-64). New York: Basic.
- Calasanti, T. (2004). Feminist gerontology and old men. *The Journal of Gerontology: Social Sciences*, 59B(6), S305-S314.
- Chapman, S. A. (2006). Theorizing about aging well: Constructing a narrative. *Canadian Journal on Aging*, 24, 9-18.
- Connell, R. (1995). *Masculinities*. Cambridge: Polity.
- Connidis, I. (1989). The subjective experience of aging: Correlates of divergent views. *Canadian Journal on Aging*, 8, 7-18.
- Demetriou, D. (2001). Connell's concept of hegemonic masculinity: A critique. *Theory and Society*, 30, 337-361.
- Dittmann-Kohli, F. (1991). Meaning and personality change from early to late adulthood. *European Journal of Gerontology*, 1, 98-103.
- Erickson, E. H. (1986). *The life cycle completed*. New York: Norton.
- Featherstone, M., & Wernick, A. (Eds.). (1995). *Images of ageing: Cultural representations of later life*. London: Routledge.
- Geertz, C. (1983). *Local knowledge: Further essays in interpretive anthropology*. Basic Books: New York.
- Gershuny, J. (2000). *Changing times: Work and leisure in post-industrial societies*. Oxford: Oxford University Press.
- Gilleard, C., & Higgs, P. (2000). *Cultures of ageing: Self, citizen and the body*. Malaysia: Pearson Education.
- Gove, W. R., Ortega, S. T., & Briggs Style, C. (1989). The maturational and role perspectives on aging and self through the adult years: An empirical evaluation. *American Journal of Sociology*, 94, 1117-1145.
- Gullette, M. (2004). *Aged by culture*. Chicago: University of Chicago Press.
- Hearn, J. (1995). Imaging the aging of men. In M. Featherstone & A. Wernick (Eds.), *Images of aging* (pp. 97-115). London: Routledge.
- Holahan, C. K. (2003). Stability and change in positive self-appraisal from midlife to later aging. *The International Journal of Aging and Human Development*, 56, 247-267.
- Jagger, E. (2005). Is thirty the new sixty? Dating, age and gender in a postmodern, consumer society. *Sociology*, 39, 89-106.

- Jackson, P. B., & Berkowitz, A. (2005). The structure of the life course: Gender and racioethnic variation in the occurrence and sequencing of role transitions. In R. Macmillan (Ed.), *Advances in life course research: The structure of the life course: Individualized? Standardized? Differentiated?* (pp. 55-91). New York: Elsevier.
- Jolanki, O., Jylha, M., & Hervonen, A. (2000). Old age as a choice and as a necessity. *Journal of Aging Studies, 14*, 359-372.
- Karp, D. (1988). A decade of reminders: Changing age consciousness between fifty and sixty years old. *The Gerontologist, 28*, 727-738.
- Kaufman, G., & Elder, G. H. (2002). Revisiting age identity: A research note. *Journal of Aging Studies, 16*, 169-176.
- Korsgaard, C. M. (1989). Personal identity and the unity of agency: A Kantian response to Parfit. *Philosophy and Public Affairs, 18*, 101-132.
- Laws, G. (1995). Understanding ageism: Lessons from feminism and postmodernism. *The Gerontologist, 35*(1), 112-118.
- Levinson, D. J. (1986). A conception of adult development. *American Psychologist, 41*, 3-13.
- Levy, B., Slade, M., Kunkel, S., & Kasl, S. (2002). Longevity increased by positive self-perceptions of age. *Journal of Personality and Social Psychology, 83*, 261-270.
- Logan, J. R., Ward, R., & Spitze, G. (1992). As old as you feel: Age identity in middle and later life. *Social Forces, 71*, 451-467.
- Lynn, P. (Ed.) (2006). *Quality profile: British Household Panel Survey (Version 2)*. Retrieved from: <http://userwww.essex.ac.uk/ulsc/bhps/quality-profiles/BHPS-QP-01-03-06-v2.pdf>
- MacMillan, R., & Copher, R. (2005). Families in the life course: Interdependency of roles, role configurations, and pathways. *Journal of Marriage and the Family, 67*, 858-879.
- McClements, L. D. (1977). Equivalence scales for children. *Journal of Public Economics, 8*, 191-210.
- McConatha, J. T., Schnell, F., Volkwein, K., Riley, L., & Leach, E. (2003). Attitudes toward aging: A comparative analysis of young adults from the United States and Germany. *International Journal of Aging and Human Development, 57*, 203-215.
- McMullin, J. A., & Greene, V. L. (2000). Diversity and the state of sociological aging theory. *The Gerontologist, 40*, 517-530.
- Öberg, P., & Tornstam, L. (1999). Body images among men and women of different ages. *Aging and Society, 19*, 629-644.
- Posner, R. (1995). *Aging and old age*. Chicago: University of Chicago Press.
- Quadagno, J. (2008). *Aging and the life course: An introduction to social gerontology* (4th ed.). New York: McGraw-Hill.
- Rubin, D. C., & Berntsen, D. (2006). People over forty feel 20% younger than their age: Subjective age across the life span. *Psychonomic Bulletin and Review, 13*, 776-780.
- Seccombe, K., & Masako Ishii-Kuntz, M. (1991). Perceptions of problems associated with ageing: Comparisons among four older cohorts. *The Gerontologist, 31*, 527-533.
- Settersten, R. (1999). *Lives in time and place: The problems and promises of developmental science*. Amityville, NY: Baywood.
- Shoemaker, S. (1988). On knowing one's own mind. *Philosophical Perspectives, 2*, 183-209.
- Sontag, S. (1978). The double standard of ageing. In V. Carver & P. Liddiard (Eds.), *An ageing population* (pp. 72-80). Milton Keynes: Open University Press.

- Steffensmeier, R. H. (1982). A role model of the transition to parenthood. *Journal of Marriage and the Family*, 441, 319-334.
- Steverink, H., Westerhoff, G. J., Bode, C., & Dittmann-Kohli, D. (2001). The personal experience of aging, individual resources, and subjective well-being. *Journals of Gerontology: Psychological Sciences and Social Sciences*, 56, 364-373.
- Taylor, M. (Ed.), with Brice, J., Buck, N., & Prentice-Lane, E. (2006). *British Household Panel Survey user manual volume a: Introduction, technical report and appendices*. Colchester: University of Essex.
- Twigg, J. (2004). The body, gender and age: Feminist insights in social gerontology. *Journal of Aging Studies*, 18, 59-73.
- Westerhoff, G. J., & Barrett, A. E., & Steverink, E. (2003). Forever young? A comparison of age identities in the United States and Germany. *Research on Aging*, 25, 366-283.
- Westerhoff, G. J., & Barrett, A. E. (2005). Age identity and subjective well-being: A comparison of the United States and Germany. *The Journals of Gerontology: Psychological Sciences and Social Sciences*, 60, 129-136.
- Wilkes, K. (1988). *Real people*. Oxford: Clarendon Press.
- World Health Organization. (1948). Preamble to the constitution of the World Health Organization. *Official Records of the World Health Organization*, No. 2. Geneva: World Health Organization.

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