

Forever Young?

A Comparison of Age Identities in the United States and Germany

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This study compares age identities of middle-aged and older adults in the United States and Germany. Differences between countries in social systems and cultural meanings of old age are expected to produce different age identities. Data are from respondents between ages 40 and 74 in the United States (MIDUS; $n = 2,006$) and Germany (German Aging Survey; $n = 3,331$). Americans and Germans tend to feel younger than their actual age, but the discrepancy is larger among Americans. The bias toward youthful identities is stronger at older ages, particularly among Americans. In both countries, persons with better health have younger identities and role losses are not related to age identities. The study shows that different social and cultural systems produce different subjective experiences of aging. As these differences exist within Western culture, the study makes clear that one should be careful in generalizing findings from aging research across countries.

Keywords: *age identity; subjective age; cross-cultural comparison; United States; Germany*

American studies on age identity have consistently found that adults tend to feel younger than their actual age (Barak and Stern 1986; Goldsmith and Heiens 1992; Montepare and Lachman 1989; Montepare and Zebrowitz 1998). This discrepancy between one's actual and felt age is larger in older than in younger adults (Barak and Stern 1986; Goldsmith and Heiens 1992; Montepare and Lachman 1989; Pinquart 1997). These findings are most often explained by the American cultural pattern that celebrates youth and spurns old age.

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366

The higher valuation of youth poses a threat to the aging individual's self-concept. Identifying with younger ages can be considered a self-enhancing or self-optimization strategy that deals with negative stereotypes and ageism (Filipp and Ferring 1989; Montepare and Lachman 1989; Staats 1996). The effectiveness of this strategy is shown by studies finding that persons who feel younger than they actually are report higher levels of self-esteem and well-being (Barak and Stern 1986; Filipp and Ferring 1989; Steverink and Timmer 2001). A recent study even found that more positive self-perceptions of aging contribute to longevity (Levy et al. 2002).

However, one might question whether the identification with younger ages also occurs in other cultures. Because few systematic cross-cultural studies on aging and life-span development exist, little is known about cultural variations in aging and its subjective experience (Dasen and Mishra 2000; Fry 1996). Two studies that compared the United States to Finland (Uotinen 1998) and to Japan (Ota et al. 2000) found that the gap between subjective and objective age is larger among Americans than among Fins and Japanese. Although these findings suggest that the incentive to maintain a youthful identity may be especially strong in the United States, the studies did not make use of nationally representative samples nor did they examine whether the correlates of youthful subjective ages vary across cultures. Our study investigates potential differences in age identities of middle-aged and older Germans and Americans in two nationally representative samples. In this work, American and German social and cultural systems that are relevant to the experience of aging are discussed as possible explanations for any similarities and differences in age identities in these two groups.

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*A COMPARISON OF THE SOCIAL AND CULTURAL SYSTEMS
OF GERMANY AND THE UNITED STATES*

In modernization theories, the American cultural pattern that celebrates youth and devalues old age has been linked to the decline of the social status of the elderly (Cowgill and Holmes 1972; Fry 1996). The position of elderly persons in industrialized societies became less unique and more competitive with other age groups as improvements in hygiene, medicine, and life conditions increased life expectancy and the size of the elderly population. The status of the elderly also declined as a result of increases in literacy and the dissemination of information through formal educational systems and the mass media, which deprived the elderly of their traditional advantage in knowledge. Further weakening the position of the elderly, migration to cities resulted in a decay of intergenerational solidarity within the family. In short, according to modernization theories, a series of social, economic, and cultural shifts stemming from industrialization led to youth becoming a more valued status than old age.

Following this line of reasoning, countries with a similar course of development also have a cultural pattern that values younger over older adulthood. One might expect that German modernization is similar to American modernization at least on a worldwide scale and that old age has negative meanings in Germany as well. As a result of the devaluation of adults in later life, this theory would predict that an incentive to maintain a youthful identity as one ages exists in American as well as German culture. Research in Germany indeed finds that individuals feel younger than they actually are (Filipp and Ferring 1989; Kohli 2000; Pinqart 1992; Smith and Baltes 1999; Steverink and Timmer 2001).

Research has shown, however, that modernization theories wrongly assume that modernization is linearly related to a decline in social status of the aged (Fry 1996). Devaluation of the elderly has been found in modern as well as premodern societies (Borscheid 1992). One should therefore look at the more specific conditions within a country that might be related to the different valuations of youth and old age. The work of Uotinen (1998) provides an illustration; the author suggests that Finns exaggerate their youthfulness to a lesser degree because they associate their later years with more financial security and better social and health provisions than do their

American peers. This argument points out how differences in the nature of the welfare state between the countries, in particular the provisions for adults in later life, may influence the set of values placed on different stages of life. How do American and German welfare states compare?

Esping-Andersen (1990) described the United States as a liberal and Germany as a corporatist welfare state regime. The liberal system of the United States is related to higher income inequality and greater individual responsibility for social welfare (e.g., health care and employment). The German system is more collective, and health care and social security are more a concern of the state than the individual.

This general difference is also found in provisions for elderly persons (Gelfand 1988). Social insurance transfers account for 86% of the income of older couples in Germany, compared with only 51% in the United States (Shaver 1998). Because the German welfare system exhibits lower levels of inequality, smaller differences in resources that elderly persons have accumulated over their lives are found in Germany compared with the United States (O'Rand and Henretta 1999). Older Germans expect provisions to be given by the state, whereas older Americans are much more self-organized in planning for their later years (Gelfand 1988). Because the American system places greater responsibility on individuals to plan for their later years and remain economically productive, it might stimulate a higher value for youth. The individualistic American culture might also lead to a greater tendency to express self-enhancement (Markus and Kitayama 1991; Westerhof, Dittmann-Kohli, and Katzko 2000). In the case of age identities, this might lead to a stronger tendency to exaggerate one's youthfulness.

Meanings of age also may differ in Germany and the United States as a result of variation in the extent to which chronological age is used as a characteristic for categorizing individuals and assigning status. Age grading may be more salient in Germany, because the corporatist system often uses chronological age as a criterion for provisions. For example, Germany has a mandatory age of retirement (65 years), whereas there is no mandatory retirement in the United States anymore. In Germany, retirement is basically a single transition that is closely tied to chronological age; for Americans, it is often a blurred transition influenced by one's health and financial need (Kohli 1994). Given the weaker connection between chronological age and

retirement, the American system might make it easier to disregard one's actual age. Furthermore, the individualistically oriented, liberal system of the United States appears to generate less solidarity among older adults, which may weaken the status of the elderly.

The social and cultural systems of Germany and the United States may also differentially shape the meanings of life events and role transitions that influence individuals' perceptions of their age. As adults experience events or transitions that bear the cultural meaning of old age, such as retirement and health declines, they might develop older identities. For example, a person who experiences an illness, particularly a chronic one that tends to be associated with older age, might use a cultural meaning such as "old age doesn't come alone" and attribute the illness to his or her age (Coupland and Coupland 1994). Similarly, with retirement, one might begin to identify with the category "older persons" or "elderly" in his or her society and feel older than before this transition. American research consistently indicates that worse health is related to having an older identity (Barak and Stern 1986; Barrett 2003; Logan, Ward, and Spitze 1992; Steitz and McClary 1988). With regard to social transitions, the research to date gives some support to the expectation that role losses are related to older identities (Barak and Stern 1986; Steitz and McClary 1988).

It is not clear from previous research whether the pattern of findings reported in work conducted in the United States also holds for Germany. Research has shown that the salience of physical and social functioning as markers of old age varies cross-culturally (Ikels et al. 1992; Shweder 1998; Westerhof et al. 2000, 2001). Meanings of aging in the American culture rely much more on physical functioning and less on social functioning than meanings of aging in other cultures, such as Asian cultures (Shweder 1998). Because the liberal American welfare system strongly emphasizes individual responsibility and economic productivity, good health might be especially important in keeping a youthful identity. The German corporatist welfare system stresses ties between generations and one's embeddedness in a more collective system. Continuing to occupy social roles might, therefore, be particularly important in maintaining a youthful identity in Germany.

To summarize, American and German adults in the second half of life are expected to feel younger than they actually are as a result of similarities in the modernization process. However, given the

differences in welfare systems outlined above, the discrepancy between felt age and actual age is expected to be smaller in Germany than in the United States. It is also hypothesized that the more youthful identities among those in later life, compared with those in middle age, will be especially marked in the United States. Health status is expected to be more strongly related to age identity in the United States, and role losses are hypothesized to be more strongly associated with age identity in Germany.

Method

SAMPLES

United States. American data are drawn from the National Survey of Midlife Development in the United States (MIDUS; Brim et al. 2000) collected in 1995 and 1996 by the MacArthur Foundation's Network on Successful Midlife Development. This survey was a random-digit-dialing sample of noninstitutionalized English-speaking adults ages 25 to 74, living in the 48 contiguous states, whose household included at least one telephone. In the first stage of the multistage sampling design, investigators selected households with equal probability via telephone numbers. At the second stage, they used disproportionate stratified sampling to select respondents. The sample was stratified by age and sex; males between ages 65 and 74 were oversampled. Respondents took part in a computer-assisted telephone interview lasting 30 minutes on average. Respondents also were mailed two questionnaires requiring 1.5 hours, on average, to complete. The response rate was estimated to be 70% for the telephone interview and 87% for the self-administered questionnaire, yielding an overall response rate of 61% ($.70 \times .87 = .61$). In both the telephone and questionnaire phase of the study, 3,032 people participated.

Germany. In the German Aging Survey, independently living persons between ages 40 and 85 were interviewed in 1996 (Dittmann-Kohli, Bode, and Westerhof 2001). The sample consisted of randomly chosen individuals from the population registers of 290 cities in the Federal Republic of Germany (FRG). It was stratified by age group

(40-54, 55-69, and 70-85 years), sex, and residence in the former FRG/German Democratic Republic (GDR). Fifty percent of those contacted ($n = 9,613$) were willing to participate ($n = 4,838$). The response rates were 63%, 56%, and 40% in the respective age groups. A face-to-face-interview of about 1.5 hours was held with questions concerning life circumstances in different domains (family and social relations, work and activities, living arrangements, health, and income) as well as respondents' evaluations of them. A paper-and-pencil questionnaire, including several psychological scales and attitudinal questions as well as questions on chronic conditions, was left with respondents. They filled out the questionnaire on their own, and it was collected later by the interviewer; 4,034 respondents returned the questionnaire (a return rate of 83%). Respondents who returned the questionnaire did not significantly differ from respondents who did not. The total response rate was 42% ($.50 \times .83 = .42$).

The MIDUS sample covers an age range of 25 to 74 years, and the German Aging Survey covers 40 to 85 years. In this study, respondents are included in the overlapping age range of 40 to 74 years ($n_{\text{USA}} = 2,006$; $n_{\text{FRG}} = 3,331$).

MEASURES

Age identity. Subjective age has been measured in the two countries with slightly different questions. In the American sample, the following question was asked in the self-administered questionnaire: "Many people feel older or younger than they actually are. What age do you feel most of the time?" In the German sample, the following question was used: "Aside from your actual age, when you should express it in the number of years, how old do you feel?" The difference between one's actual and subjective ages is used as a measure of age identity: When a respondent's subjective age is younger than his or her actual age, a positive value is obtained; and when the subjective age is older, age identity has a negative value. To avoid the influence of extreme scores in the regression analyses, the top and bottom 1% of the scores were declared missing. Age identity ranges from -10 (10 years older than one's actual age) to 35 (35 years younger than one's actual age).

Sociodemographic variables. Nationality is represented by a dichotomous variable: Germans are coded 1, and Americans are coded 0.

Chronological age is measured in years. We also control on socioeconomic status and gender because they have been shown to be related to age identity in other studies (for a review, see Barak and Stern 1986). Gender is coded 1 for females and 0 for males. Socioeconomic status was assessed by educational level and income. Education is coded in the American sample using four categories: did not graduate from high school, graduated from high school, some college (no degree), and graduated from college. In Germany, three categories were used: lower education (*Hauptschul-abschluß ohne Ausbildungs-abschluß*), middle (*Hauptschul-abschluß mit Ausbildungs-abschluß oder Realschul-abschluß*), and higher education (*Realschul-abschluß/ Abitur mit Ausbildungs-abschluß oder Hochschul-abschluss*). The *Ausbildungsabschluss* (vocational training) was included in this variable because many older individuals received their training only later in life as a result of the Second World War. These categories correspond roughly to less than 10 years education, between 10 and 12 years, and more than 12 years.

Income was assessed as the total household income. In the MIDUS study, total household income was measured as the sum of five separate gross yearly income sources: self, spouse, social security, government assistance, and all other income sources. In the German Aging Survey, respondents were asked for their actual total monthly household income (after an explanation of the different income sources that should be summed). Respondents who refused to answer were explained the importance of the question and then asked to indicate which of 14 income categories applied to them. These respondents were assigned the middle value of the category they chose. The income was transformed to U.S. dollars and multiplied by 12 to get an estimate of the annual household income. In both samples, missing values were imputed according to age group, gender, and educational level and, in the German sample, also according to place of residence (i.e., former FRG/GDR). This was done for 18.7% of the American sample and 15.5% of the German sample. The education and income variables were *z* standardized within each country. The mean of these *z* scores was computed as an indicator of socioeconomic status (see Staudinger, Fleeson, and Baltes 1999 for this procedure).

Health. Two measures of health are used: number of chronic conditions and self-rated health. Because the checklists of chronic

conditions differed in the two studies, only those 11 conditions that were asked in both were included: cancer; heart condition; diabetes; headache/migraine; anxiety; and vascular, pulmonary, orthopedic, urinary, sleep, or digestive problems. Self-rated health in the United States is represented by the answer to the question "In general, would you say your physical health is . . . poor, fair, good, very good, or excellent?" In Germany, the following question was asked: "How would you rate your present health situation?" with response categories of *very poor*, *poor*, *average*, *good*, and *very good*. Both variables were recoded into four categories, indicating (very) poor, fair/average, good, and very good/excellent. Higher values represent better health.

Role losses. Three role losses were examined: being retired or widowed or having an empty nest. One's legal retirement status is asked directly in each study. Respondents who answered that they are working yet are retired are coded as "not retired." Respondents were also asked whether they are widowed at present. Respondents who are widowed but who also indicated that they have a steady, marriagelike relationship were coded as "not widowed." Respondents who have adult children (18 years and older) who are not living at home were coded for experiencing an "empty nest." A count of these three role losses was used in the analyses. The distributions of the variables by nationality are presented in Table 1.

ANALYSES

Ordinary least squares regression is used to assess the relationship of age identity with nationality, chronological age, chronic conditions, self-rated health, and role losses within the two pooled samples. Several regression models are run. Nationality and chronological age, as the main foci of our study, are entered in the first model together with the controls (gender and socioeconomic status). In the second and third models, the health measures are added; the count of chronic conditions is entered before self-rated health because self-rated health is likely to be influenced by the more objective measure of health. Because the likelihood of experiencing role losses is partially determined by age and retirement is influenced by one's health, the count of role losses is entered in the last model.

TABLE 1
Variables and Their Distribution by Nationality

Variable		United States		Germany		$t_{4,635}$
		M	SD	M	SD	
Age identity	Chronological– subjective age	9.639	7.551	6.366	6.097	16.135*
Age (in years)	40 to 74	53.861	9.403	56.688	10.028	–9.487*
Gender	0 = male, 1 = female	0.493	0.500	0.482	0.500	0.755
Socioeconomic status	mean of standardized education and income	0.053	0.818	0.012	0.815	1.632
Chronic conditions	Number of conditions (0-11)	2.008	1.873	2.521	1.894	–8.951*
Self-rated health	0 = (very) poor, 1 = fair/average, 2 = good, 3 = very good/excellent	2.289	0.807	1.558	0.781	30.373*
Role losses	Number of losses (0-3)	0.732	0.809	0.909	0.902	–6.715*

* $p < .001$.

Interaction effects are computed to assess potential differences between the United States and Germany in the relationship of age identity with age, gender, socioeconomic status, chronic conditions, self-rated health, and role losses. To reduce multicollinearity in the analyses with the interaction terms, the following variables were centered at the mean: age, chronic conditions, self-rated health, and role losses (Aiken and West 1991). The interaction terms of country with the six other independent variables were entered together into the regression equation. In a next step, the regression equations were estimated in the United States and Germany separately. To assess the significance of the difference between the regression coefficients, t tests were carried out (Hardy 1993).

Missing values were imputed only for income. Persons who had missing values on one or more of the other variables were excluded from the analyses. Most missing values were obtained on age identity ($n = 331$), chronic conditions ($n = 276$), and role losses ($n = 109$). Included in the analyses were 1,719 American and 2,918 German respondents. Owing to the large sample sizes, only results at a significance level of $p < .001$ will be reported.

TABLE 2
 Ordinary Least Squares Regression of Age Identity^a on Nationality,
 Gender, Socioeconomic Status, Age, Health, and Role Losses
 (standardized coefficients)

<i>Variable</i>	<i>Model 1</i>	<i>Model 2</i>	<i>Model 3</i>	<i>Model 4</i>
Socioeconomic status	0.097*	0.078*	0.045	0.042
Female	0.075*	0.093*	0.079*	0.082*
German	-0.250*	-0.234*	-0.161*	-0.161*
Age	0.166*	0.202*	0.209*	0.240*
Chronic conditions		-0.169*	-0.088*	-0.087*
Self-rated health			0.208*	0.209*
Role losses				-0.042
Adjusted R^2	0.081	0.107 ^b	0.134 ^b	0.134

a. Higher values = younger identity.

b. Significant increase in explained variance (ΔF with $p < .001$).

* $p < .001$.

Results

We expected that Americans and Germans feel younger than they actually are and that the discrepancy between felt and actual age is smaller in Germany than in the United States. Table 1 shows that Americans feel about 10 years younger and Germans about 6.5 years younger than their chronological age. Table 2 (Model 1) shows that this difference is also significant when controlling for gender, age, and socioeconomic status. The results presented in Table 2 indicate that older persons report larger discrepancies between felt and actual age than do younger persons. Persons with better health, as indicated by number of chronic conditions and subjective health, feel significantly younger than those with worse health (Models 2 and 3). Role losses do not have a significant effect on age identity (Model 4).

The analysis also shows that self-rated health attenuates the relationship between nationality and age identity. In particular, the effect of being American on age identity declines by about 30% when self-rated health is added to the model. Hence, Germans more negative perceptions of their health might provide a partial explanation for their older identities compared with Americans.

To test possible differences in the regression equations between the United States and Germany, interactions terms between country and the other six independent variables were added in the analysis. This

TABLE 3
 Ordinary Least Squares Regression of Age Identity^a on Gender,
 Socioeconomic Status, Age, Health, and Role Losses in
 the United States and Germany

Variable	United States			Germany		
	B	SE (B)	Beta	B	SE (B)	Beta
Socioeconomic status	-0.053	0.222	-0.006	0.472	0.153	0.063
Female	0.658	0.351	0.044	1.318*	0.224	0.108
Age	0.247*	0.025	0.308	0.112*	0.018	0.184
Chronic conditions	-0.427*	0.104	-0.106	-0.232*	0.067	-0.072
Self-rated health	1.780*	0.243	0.190	1.552*	0.161	0.199
Role losses	-0.311	0.289	-0.033	-0.192	0.193	-0.028
Adjusted R^2	0.121			0.071		

a. Higher values = younger identity.

* $p < .001$.

resulted in a significant increase in explained variance ($\Delta F_{6, 4,623} = 8.487; p < .001$). To assess the differences in the regression equations, separate models were estimated for the American and German samples. Table 3 presents the findings of these analyses. The only regression weight that differs significantly is the regression of age identity on age ($t_{4,635} = 4,598; p < .001$). Chronological age is more strongly associated with age identity in the United States. Figure 1 draws the regression lines of age identity on age for each country, imputing the means by nationality for all other variables. Germans and Americans in middle and later life tend to feel younger than their actual age. Among those in midlife, Americans hold age identities that are almost two years younger, on average, than those of Germans. However, among adults in their 70s, the difference in the age identities of Americans and Germans is more than six years.

Tests of the hypothesized interaction between nationality and health indicate that the effect of health, as measured by chronic conditions as well as subjective health, does not differ in the United States and Germany. Hence, poor health is related to older identities in both countries equally strongly. The hypothesized difference in the strength of the relationship between age identity and role losses also was not supported. To explore this finding in more depth, we examined the impact of each role loss separately. The regression weights for each of the role losses, being retired or widowed and having an empty

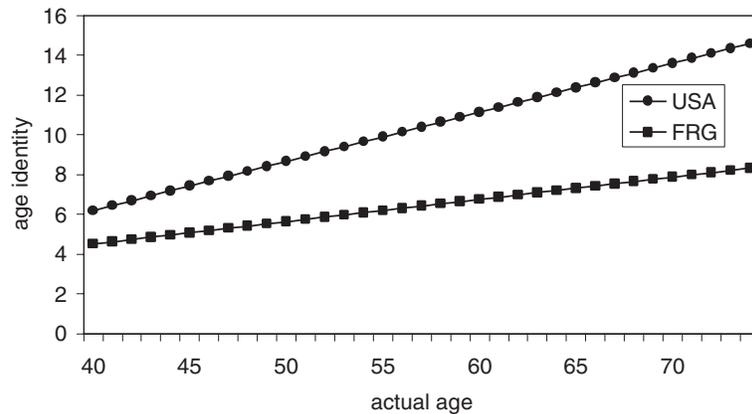


Figure 1: The Regression Solution for Age Identity by Age in the United States and Germany

NOTE: FRG = Federal Republic of Germany. Higher values = younger identity. Means by nationality are imputed for gender, socioeconomic status, chronic conditions, self-rated health, and role losses.

nest, are not significant in either the United States or Germany and do not differ between the countries.

Discussion

In this study, we examined the age identities of Americans and Germans in middle and later life. We found that Americans and Germans tend to feel younger than their actual ages, and older adults from both countries report more youthful identities than middle-aged adults. However, the discrepancy is not so large that middle aged and older adults still feel as though they are young adults; even the Americans do not feel forever young. Although it can be disputed that the social status of the aged really declined over time, as argued in modernization theories (Borscheid 1992; Fry 1996), the underestimation of one's age and the increasing underestimation at older ages suggest the presence of negative cultural meanings of old age in both countries.

The results also reveal that Americans report younger identities than Germans and that the relationship with age is stronger in the United States than in Germany. This pattern suggests that the possibilities to disregard one's chronological age are greater and that the need

to identify with younger ages is more strongly felt in American than German culture. Our representative samples confirm the particularly strong youth-centeredness of American culture that was reported in more limited cross-cultural comparisons of American with Japanese and Finnish adults (Ota et al. 2000; Uotinen 1998). In the beginning of this article, it was argued that these cultural differences may be related to differences between a liberal system, which stresses competitive individualism and therefore values youth, and a corporatist social welfare system, which provides more widespread collective arrangements, including those for elderly persons. This remains a theoretical interpretation of the findings, because no measures of these macro social conditions were available in the data. The rather small explained variance (R^2 values) suggests that other variables should also be included in further cross-national comparisons.

It is furthermore found that fewer chronic conditions and better self-rated health are associated with more youthful identities in both countries. Although persons with better health have younger identities, the expected interaction with nationality is not found. Americans rated their health better than Germans, and this more positive rating attenuated the relationship between nationality and age identity. Because the response scale of the subjective health variable differed between the American and German studies, one might argue that the better subjective health of the Americans is a methodological artifact. However, more Americans rated their health in the best category (*excellent*, 15.3%) than did Germans (*very good*, 8.3%). Comparing an 11-point subjective health item from the MIDUS to an 11-point item from another German study (Sozio-Ökonomisches Panel; SBA 1997) reveals that Americans between ages 40 and 59 rate their health on average as 7.3, whereas the same German age group rates it as 6.2. Hence, we believe that the better rating of subjective health among the Americans and the attenuation of the relationship between nationality and age identity can be theoretically interpreted.

Because being healthy is strongly valued in American culture, it might be more important for Americans to maintain a healthful identity in the face of the chronic conditions and illnesses accompanying older ages (Shweder 1998). Self-enhancement may also be a more basic aspect of American individualistic culture (Markus and Kitayama 1991; see Westerhof et al. 2000 on older adults). This might not only apply to evaluations of oneself in general but also to more

specific aspects of the self that are valued in American culture, such as being young and healthy. Following this line of reasoning, one might also expect that in the United States, age identity is more strongly linked to indicators of successful aging, such as well-being and self-esteem, than in Germany.

In contrast with the findings for health, number of role losses was not related to age identity in the United States or Germany. The results do not provide support for the argument that the German corporatist welfare system may increase the salience of social roles in self-perceptions of age by emphasizing one's embeddedness in a more collective system. Although exits from three social roles (i.e., parent to a dependent child, worker, and spouse) were examined in this study, it is noted that other role transitions that may be associated with older identities could not be examined using these data. In particular, role entrances, such as grandparenthood, were not explored in this study. In addition, temporal features of roles were not examined but may be related to age identities, such as the recency of transitions and their timing in the life course.

Other limitations of our study should be noted. Because the data are cross-sectional, it is not possible to conclude whether the age differences observed are a result of social psychological processes occurring as individuals age or reflect cohort differences. Longitudinal analyses of age identities are required to address this question but are still very scarce. Another limitation is introduced by the use of studies that were not designed to be compared. Because the measures were not always identical in the MIDUS and German Aging Survey, this might have influenced the results. However, we believe that there is no basis for predicting that the American question on subjective age resulted in younger identities than did the German question. Our study also is limited by the use of a measure of age identity that is rather general; research has shown that people hold multidimensional age identities—for example, biological, social, and psychological age identities (Montepare and Zebrowitz 1998; Steverink et al. 2001) and feel-age, look-age, do-age, and interests-age (Barak and Stern 1986). Despite these limitations, the use of two nationally representative samples compares favorably to the ad hoc methods of data collection (Dasen and Mishra 2000) on which cross-cultural studies on later life have tended to rely.

To summarize, the study reveals differences in age identities between two countries that are often said to belong to the same Western cultural region. It suggests that one should be careful in generalizing findings in aging research, even within Western culture. It thereby shows the necessity of further cross-national comparisons on aging. These should be carried out in an interdisciplinary framework, paying attention to differences in societal structures, cultural systems of meaning, individual health status, and personal styles of attributing meaning.

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