



**A STUDY ON THE DIFFERENCES BETWEEN MEN AND WOMEN
WITH REGARD TO SELF-CONCEPT AND PSYCHOLOGICAL
WELL-BEING**

Suprava Sahoo¹ & Dr. Shabana Anjum²

¹Ph.D. Research Scholar, Department of Nursing, Shri JJTU, Rajasthan, India

²Professor & Research Guide, Department of Nursing, Shri JJTU, Rajasthan, India

Corresponding Author – Suprava Sahoo

DOI - 10.5281/zenodo.7895040

Abstract:

One could anticipate women to have a more pessimistic view of themselves and a lower level of subjective well-being due to the fact that they have a larger likelihood of being widowed, having health issues, and requiring care than males do (SWB). On the other hand, women may have easier access to sources of SWB (such their relationships with their adult children) and may be more likely to participate in behaviours that safeguard the self (e.g., lowered aspirations). The results of more than three hundred empirical research on gender differences in life satisfaction, happiness, self-esteem, loneliness, subjective health, and subjective age in late adulthood were compiled into a meta-analysis and then summarised. In spite of the fact that gender accounted for less than one percent of the variation in both well-being and self-concept, older women reported considerably worse subjective well-being and a less positive self-concept than men on all measures, with the exception of subjective age. When comparing younger people to elderly people, researchers discovered less gender differences in SWB. The gender gap in SWB was reduced when statistical controls were used to account for variations in widowhood, health, and socioeconomic level between the sexes. Additionally presented are changes in SWB based on cohort.

Keywords: Gender Differences, Self-Concept, Psychological Well-Being

Introduction:

In the discipline of social gerontology, one of the most common research subfields focuses on investigating gender variations in self-concept and subjective well-being (SWB). Three research topics have been the primary focus of previous study. The first inquiry investigates whether or not middle-aged

males and females have different perspectives on self-worth and parts of their identity (e.g., self-esteem, subjective age). Previous research has unearthed a lot of data indicating that people have gendered self-descriptions. For instance, as comparison to women, males are more likely to self-describe as being autonomous, achievement-focused,

financially minded, and competitive [1]. On the other hand, women are more likely to characterise themselves as friendly, moral, reliant, and less aggressive [2]. On the other hand, as our findings demonstrate, gender disparities in global aspects of self-descriptions and self-evaluations (such as life satisfaction) are ambiguous at best.

The second topic that people often ask is whether or whether disparities in SWB and self-concept are dependent on gender-associated disadvantages, such as having a greater incidence of being widowed, having poor physical health, and having a low socioeconomic level (SES). The third question, which has not been answered to this point by the research that has been done, is whether gender differences in SWB and self-concept change with the age of the participants and whether they are influenced by differences in cohorts. This question has not been answered to this point.

We use a method called meta-analysis to answer these issues in the current research that we've conducted. First, we investigate whether or not older men and women have different senses of self-worth and concepts of themselves. In the second part of our study, we evaluate whether or whether gender disparities in health, competence, and socioeconomic status are responsible for gender

differences in SWB. In the final half of this research, we investigate whether age and cohort effects play a role in the gender disparities in SWB.

Gender Differences in SWB and Self-Concept:

A favourable judgement of one's life that is coupled with happy sentiments is one definition of self-worthiness (SWB). Measures of a person's level of life satisfaction, pleasure, and self-esteem have been used extensively in the field of gerontology as indicators of general SWB. Happiness often symbolises the emotional component, as opposed to self-esteem and life satisfaction, which evaluate cognitive evaluations of an individual's perceptions of themselves and their lives [3]. Despite the fact that all three components of SWB have a positive correlation with one another [4,] they often evaluate separate facets of well-being.

Reasons for Gender Differences in SWB and Self-Concept:

There are five possible explanations for why older women's self-worth may be lower and their self-concept may be more pessimistic than that of males. The first three explanations all have to do with the difficulties that are faced by women in relation to the many causes of SWB. Previous studies have indicated that

factors such as social integration, excellent health, competence, and a high socioeconomic status are major determinants of subjective well-being and self-concept in older adults [5].

To begin, women are at a disadvantage in terms of the resources available for their health due to the fact that their mortality rates are greater [6] and that, on average, women need more medical attention in their later years than males [7]. Despite the substantial disparity in lifespan between the sexes, a significant portion of the extra years that women experience are spent dealing with disease and disability. According to estimates provided by Katz and colleagues (1983), women may anticipate an extra 6.9 years of living with a disability beyond the age of 65 when compared with males.

Second, the likelihood of a woman in their later years being a widow is higher than it is for an older man. For instance, approximately half of all women aged 65 and older are widowed, but only about a third of all males in this age group are widowed. This statistic is almost three times as high for men as it is for women (Hobbs & Damon, 2020). There are about three and a half times as many elderly women as there are elderly males who live alone in the United States [8].

Third, because of the inequality they faced at a younger age, older women,

on average, have less material resources than younger women. Women have a lower probability of being covered by pensions [9], mostly due to the fact that the job market is gendered and that women's work histories tend to be less secure. Their pensions are, on average, smaller than those of males (Moen, 2020), and women are more likely to live in poverty than older men, particularly when they reach very old ages. This is especially true for very old ages. For instance, in the United States, older women are nearly twice as likely as older men to have an income that is below the level for poverty [10]. Elder women also have a worse standard of living than older males. Some writers have proposed that women may report lower SWB than men because they are more inclined to divulge negative sentiments [11]. This might explain why women report lower SWB than males. Regarding old age, on the other hand, there is almost no research on gender variations in self-disclosure that may put this notion to the test. Sontag (1972) proposed the fifth possible explanation for why women's SWB could be lower than that of men: As women become older, society tends to see them as having fewer beautiful features and, as a result, place less value on them. On the other hand, males often acquire social prestige as they get older. As a consequence, this may result in older

women having a decreased SWB. However, despite the findings of several empirical research suggesting older women are ranked lower on the attractiveness scale than younger women [12], there is not a great deal of evidence to suggest that older women are appraised more adversely than older males. In a few areas, women even received higher marks than their male age-peers did for similar or even comparable qualities. In addition, it seems that negative stereotypes have a very little impact on the self-concepts of older people [13]. As a result, we come to the conclusion that the "double standard of ageing" is probably not the primary source of negative self-concepts and poorer SWB in older women in comparison to males.

Reasons against Gender Differences in SWB and Self-Concept:

There are two potential explanations for why women may not have a lower SWB or a more pessimistic view of themselves than males do. To begin, studies on how to maintain a healthy self-image in older persons have revealed that the ageing self is very resilient, despite the challenges that come with the process. Wills (1992), for instance, proposed that social comparisons serve as a mediator between the objective conditions of one's existence and SWB. Gender disparities in health issues, disability, socioeconomic

status, and widowhood are unimportant for the psychological results of social comparisons when older individuals are compared with persons of the same sex. In addition, the gap that exists between one's objectives and their level of achievement has been proposed as a significant cause of SWB [14]. As a result, the gender gap in SWB may be reduced due to older women's lower goals compared to those of older males.

It's possible that men and women get their sense of who they are and their notion of themselves from different places, which is a second reason why they may not vary in this regard. In contrast, men's identities may be more closely related to their occupations [15], and women's identities may likely to be more strongly tied to the social network activities in which they participate. Because women's self-worth is primarily based on other sources, such as having close relations to other people, one might deduce from this that older women are less likely to have lower SWB and a more pessimistic view of themselves than older men, despite the fact that older women tend to have less previous success in their careers, lower educational attainment, and lower incomes, among other disadvantages. For instance, French, Gekoski, and Knox (1995) shown that unfavourable occurrences had a negative association

with SWB for women, but not for males (life satisfaction, positive affect). On the other hand, it's possible that women are more receptive to good things. For instance, French and colleagues (2019) found some evidence to suggest that the effect of bad life events is mitigated or cancelled out by the presence of good life events more often in women than in males.

Gender Differences in Domain-Specific Measures:

It is reasonable to anticipate gender variations not only in the general aspects of self-evaluation but also in the characteristics that are unique to the area. In this piece, we concentrate on three different measures: loneliness, self-assessments of one's health (also known as subjective health), and subjective age.

- **Loneliness:** When compared with males of the same age, Arber and Ginn (2020) found that older women who had a higher probability of being widowed and living alone had a greater degree of loneliness than men of the same age. Actual deficits in contact may be more likely to lead to higher levels of subjective loneliness in women than in men because women's socialisation is focused more strongly on the investment in the maintenance of social ties. This

is because women's socialisation places a greater emphasis on the importance of maintaining social ties. In point of fact, Tornstam (2020) shown that women have greater expectations than men do about the degree to which they have access to physical closeness. This leads us to believe that it may be more challenging to satisfy the intimacy demands of older women than it is the needs of older males.

- **Subjective health:** We anticipated that women would report lower levels of subjective health compared to males due to the greater rates of chronic disease and disability that are seen in older women [16], as well as the larger number of older women who need assistance with caregiving and chores around the home. One may make the case that deteriorating subjective health in older women is less probable because males have a greater chance of developing severe and potentially fatal diseases than women do [17]. This difference in risk could have an impact on how individuals perceive their own state of health. However, those who are diagnosed with diseases that are ultimately fatal may be underrepresented in the

majority of gerontological research. This would mean that the effect of these diseases on gender differences in subjective health would be reduced.

- **Subjective age:** Many people, both women and men, believe that "old age" begins for women at an earlier age than it does for males. However, in order for women to have a favourable self-image, it may be more vital for them to keep up the appearance that they are younger than they really are. Women do this by fabricating subjective illusions of a young look (for instance, by using anti-wrinkle creams, dying their hair, or undergoing facelifts) and by making negative comparisons to other people whose lives are more challenging than their own. Therefore, in an effort to avoid the negative connotations associated with old age, women may be more prone to see themselves as being younger. We did not have any explicit hypothesis about gender differences in subjective age. This is because it is possible that keeping a younger subjective age is more essential for women than it is for males, but it is also more difficult to attain.

Conclusion:

In spite of these restrictions, the research does allow for the inference of a few different findings. First, despite the fact that women are subjected to a greater number of disadvantages than men are, and despite the fact that prevalent prejudices imply that self-worth is lower in older women (Formanek, 1986), the gender gap in self-worth and self-concept is rather minor. Therefore, the protection of older women's SWB may be possible via the use of gender-specific sources of SWB and selective processing of material that refers to themselves. Because studies comparing how men and women react differently to unfavourable information about themselves have been conducted very seldom, this would be a fruitful area for the study of the future. In addition, given there is not a great deal of study on gender variations in the origins of SWB and self-concept, we believe that there should be more research conducted in this area. Second, we come to the conclusion that the gender disparities in SWB are caused by the disadvantages that older women experience in comparison to older males in terms of health, daily competence, social status, and widowhood. Because there are not enough studies on gender differences in the self-disclosure of negative feelings and on the influence of societal evaluations on older women's and

men's subjective well-being (SWB), it is recommended that more research be conducted on the contribution of those factors to gender differences in SWB. Changes in society have an effect on the disparities that exist between men and women in terms of resources in old age. In more recent research, the gender gap in self-esteem and loneliness seems to have narrowed, according to the data that we uncovered. Changes in society in the future might further narrow the gap between men and women in terms of SWB, or they could even lead to women having a greater SWB than males. However, cultural shifts may also raise women's goals, which may result in a sense of dissatisfaction with the ways in which they actually live their lives. As a result, it is challenging to make accurate projections on the nature of gender differences in SWB for future cohorts.

References:

- [1]. Adams, P. F., Hendershot, G. E., & Marano, M. A. (2020). Current estimates from the national Health Interview Survey, 2020 (NCHS Series 10[200]). Hyattsville, MD: National Center for Health Statistics.
- [2]. Adelman, P. (2016). Multiple roles and psychological well-being in a national sample of older adults.

Journal of Gerontology: Social Sciences, 49, S277–S285.

- [3]. Adkins, G., Martin, P., & Poon, L. W. (2020). Personality traits and states as predictors of subjective well-being in centenarians, octogenarians, and sexagenarians. *Psychology and Aging*, 11, 408–416.
- [4]. Alaphilippe, D. (1997). Place de l'estime de soi et de l'internalité dans la définition identitaire chez les personnes âgées [Internality in the definition of identity in elderly people]. *Bulletin de Psychologie*, 50, 173–180.
- [5]. Alston, J. P., & Dudley, C. (1973). Age, occupation, and life satisfaction. *The Gerontologist*, 13, 58–61.
- [6]. Andrews, J. W., Lyons, B., & Rowland, D. (1992). Life satisfaction and peace of mind: A comparative analysis of elderly Hispanic and other elderly Americans. *Clinical Gerontologist*, 11, 21–42.
- [7]. Angel, J., & Angel, R. (1992). Age at migration, social connections, and well-being among elderly Hispanics. *Journal of Aging and Health*, 4, 480–499. Angeleitner, A. (1978). Health, sociometric status and self perception in the

- elderly: An application of the interpersonal checklist. *International Journal of Aging and Human Development*, 8, 293–299.
- Antonucci, T. C. (1990). Social support and social relationships. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (3rd ed., pp. 205–225). Orlando, FL: Academic Press.
- [8]. Antonucci, T. C., Fuhrer, R., & Jackson, J. (1990). Social support and reciprocity: A cross-ethnic and cross-national perspective. *Journal of Social and Personal Relationships*, 7, 519–530.
- [9]. Aquino, J., Russell, D., Cutrona, C., & Altmaier, E. (2020). Employment status, social support, and life satisfaction among the elderly. *Journal of Counseling Psychology*, 43, 480–489.
- Arber, S., & Ginn, J. (2015). *Gender and later life*. London: Sage.
- Arber, S., & Ginn, J. (2016). Women and aging. *Reviews in Clinical Gerontology*, 4, 349–358.
- [10]. Arbuckle, N. W., & deVries, B. (1995). The long-term effect of later life spousal and parental bereavement on personal functioning. *The Gerontologist*, 35, 637–647.
- [11]. Arens, D. A. (1982). Widowhood and well-being: An examination of sex differences within a causal model. *International Journal of Aging and Human Development*, 15, 27–40.
- [12]. Atchley, R. C. (1976). Selected social and psychological differences between men and women. *Journal of Gerontology*, 31, 204–211.
- Atchley, R. C. (2015). The influence of aging and frailty on perception and expression of the self: Theoretical and methodological issues. In J. E. Birren, J. Lubben, J. Rowe, & D. Deutchman (Eds.), *The concept and measurement of quality of life in the frail elderly* (pp. 207–225). San Diego, CA: Academic Press.
- [13]. LaRue, A., Bank, L., Jarvik, L., & Hetland, M. (1979). Health in old age: How do physicians' ratings and self-ratings compare? *Journal of Gerontology*, 34, 687–691.
- Lawton, M. P. (1975). The Philadelphia Geriatric Center Morale Scale: A revision. *Journal of Gerontology*, 15, 85–89.
- [14]. Lawton, M. P., Moss, M., & Moles, E. (1984). The subpersonal neighborhood context of older people: Age heterogeneity and

- well-being. *Environment and Behavior*, 16, 89–109.
- [15]. Lawton, M. P., & Nahemow, L. (1979). Social areas and the well-being of tenants in housing for the elderly. *Multivariate Behavioral Research*, 14, 463–484.
- [16]. Nathwat, S. S., & Rathore, S. (2020). Influence of hardiness and social support on well-being in elderly men and women. *Indian Journal of Clinical Psychology*, 23, 92–101.
- [17]. Nehrke, M. F., Belucci, G., & Gabriel, S. J. (1978). Death anxiety, locus of control and life satisfaction in the elderly: Toward a definition of ego-integrity. *Omega*, 8, 359–368.
- Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (2015). The measurement of life satisfaction. *Journal of Gerontology*, 16, 135–143.
- [18]. Noelker, L. S., & Harel, Z. (1982). Residential choice and the well-being of aged and disabled public housing residents. *Journal of Gerontological Social Work*, 4, 17–29.
- [19]. Uotinen, V. (1998). Age identification: A comparison between Finnish and North-American cultures. *International Journal of Aging and Human Development*, 46, 109–124.
- [20]. Venkatraman, M. (1995). A cross-cultural study of subjective well-being of married elderly persons in the United States and India. *Journal of Gerontology: Social Sciences*, 50B, S35–S44.
- Verbrugge, L. M. (1990). The twain meet: Empirical explanations of sex differences in health and mortality. In M. G. Ory & H. R. Warner (Eds.), *Gender, health, and longevity: Multidisciplinary perspectives* (pp. 159–199). New York: Springer.