ESTABLISHING A PRODUCTIVE ACTIVITY TYPOLOGY: INTERSECTING FORMS AND TIME COMMITMENTS

J. Burr, J. Mutchler, F. Caro, University of Massachusetts Boston, Boston, MA.

This study examines relationships among a number of different types of activity to develop a productive activity typology. Most researchers evaluate the different forms of productive activity as independent behaviors. Our approach captures the reality that most persons engage in more than one activity and commit varying degrees of time to these activities. The data for this study are taken from the Americans’ Changing Lives survey and the activities include formal volunteer work, informal help, unpaid domestic work, caregiving, and paid work. We analyze the complex clusters of activities and the time commitment to those activities descriptively and with latent class analysis for samples of young, middle-aged and older adults. Our research demonstrates that a productive activities typology exists in these data. Specifically, the findings show that adults may be grouped according to those who (1) engage in little or no productive activity, (2) focus on a few activities with minimum commitment, (3) focus on a few activities with high commitment, (4) focus on many activities with low commitment, and (5) focus on many activities with high commitment. We also show how personal characteristics like health, education level, family status and gender are associated with which category or productive activity type a person falls into. These findings are important because they provide the needed measures and baseline analyses for future research that will evaluate how a productive activity scale may be employed to predict well-being among persons across the life course.

QUALITY OF LIFE: A CONCEPTUAL MODEL

J. Sellers, Northern Arizona University, Department of Nursing, Flagstaff, AZ.

The sphere of interest in quality of life originates in philosophy and encompasses all areas of human experience. It is a perception formulated from an individual’s current and past life experiences and is multidimensional with subjective and objective components. To date, although generating a huge amount of research, no model has been proposed to systematically examine the multiple factors found related to quality of life. Additionally, while considered subjective, few researchers measure quality of life using individual perception. The purpose of this poster is to present a comprehensive conceptual model of the construct quality of life that can be used for future research. The model consists of quality of life, and two broad constructs that categorize the multiple measurable concepts identified by research as being associated with quality of life. The first broad construct, Personal Comfort, is defined using self-transcendence, spirituality, the confident relationship, and the person’s attitude toward his/her own aging. The second construct, Wellness, is defined by factors associated with health (number of illnesses, medications, level of function), psychological factors (depression, morale) and social factors (number and type of interactions, and activities). It is believed that these factors individually or in combination contribute to a person’s perception and self-rated quality of life. The poster will include the model, proposed relationships, instruments to measure the variables, and examples of research using the model. It is hoped that this presentation will lead to discussion and collaboration among researchers to systematically examine the multidimensionality and individuality of quality of life.

THE ROLE OF ANXIETY IN PROSTATE CANCER: A REVIEW OF THE LITERATURE WITH IMPLICATIONS FOR MEDICAL DECISION-MAKING

W. Dale, D. Meltzer, P. Bilir, University of Chicago, Chicago, IL.

Older men have the largest disease burden from prostate cancer. While the impact of anxiety on patients with other cancer types is recognized, little is known about the role of anxiety in prostate cancer. We developed a conceptual model identifying important points over the clinical history of prostate cancer for assessing anxiety levels, and then we systematically reviewed the literature quantifying anxiety, identifying seventeen relevant articles. Anxiety fluctuates over the clinical course as our model suggests. While baseline levels of anxiety in elderly men are relatively low (10-15%), these levels are substantially higher in those presenting for screening (>50%). In multivariate modeling, “seeking peace of mind” is the most frequently cited motivation for pursuing screening, and studies show a significant decrease in anxiety levels following a normal screening result, although the percent remaining anxious afterwards does not return to baseline. Post-treatment men presenting for PSA monitoring have elevated anxiety levels at the time of testing, so-called “PSAntis.” Compared with other therapies, anxiety levels are lowest in prostatectomy patients many years after therapy. Anxiety may play an important role in prostate cancer decision-making. Two cost-effectiveness studies indirectly assessing its impact found that relatively minor changes in anxiety levels significantly shifted cost-effectiveness ratios in favor of surgery versus watchful waiting, consistent with observed patient behavior. However, no cost-effectiveness studies explicitly assess the utility gain from anxiety relief, and it likely helps explain the dramatic rise in PSA screening rates.

SEXUAL EXPERIENCE ACROSS MIDLIFE: RESULTS FROM THE MIDUS SURVEY

S. Balsis, B. Carpenter, Washington University in St. Louis, St. Louis, MO.

This study tested a comprehensive model to examine physiological, psychological, and sociodemographic factors that may influence subjective and objective sexual experience in midlife. Respondents were 3,690 individuals, age 25 to 74 years, who completed the National Survey of Midlife Development in the United States (MIDUS). All respondents completed a phone interview and lengthy mail survey.
Frequency of sex varied by age and gender, such that among people in their 20s and early 30s, comparable percentages of men and women were having sex at least once a week (58%), while for other age groups women had less frequent sex, a discrepancy that remained constant even into the mid 70s. Regarding sexual satisfaction, we found a significant gender-by-age interaction, F(4) = 3.13, p < .05. Older adults, particularly older women, reported less satisfaction with the sexual aspects of their lives. A parallel interaction was found regarding effort respondents put into their sex life, F(4) = 10.56, p < .001. Only gender and age main effects (no interactions) were found regarding control respondents felt over their sexual experience: control was higher in women and lower with increasing age. Results from structural equation modeling suggest that physiological, psychological, and sociodemographic factors play a complex, interactive role in influencing sexual experience.

BIASES AND NEGATIVE AFFECT IN HEALTHY AGING
D. Johnson, Washington University School of Medicine, St. Louis, MO.

Current hypotheses about how affect changes across the lifespan suggest that as individuals mature they learn to cope better with negative feelings. This project tested whether reporting bias or other variables influence self-reported negative affect in older adults. Using the Positive Affect/Negative Affect Scale – Expanded Form the effects of age, gender, personality, religiosity, optimism and other potential reporting biases were examined in both younger and older adults (N=140). The Negative Affect Subscale showed age effects, but these effects were redundant with the personality trait Neuroticism. Given that lifespan data from the personality literature indicates that Neuroticism decreases throughout young adulthood, the maturational hypotheses of affect incorrectly attribute change in affective processing to aging. Further, clinicians need not be concerned about older adults biasing reported negative affect.

EMOTION REGULATION IN INTERPERSONAL SITUATIONS: THE ROLE OF AFFECT COMPLEXITY AND EXPRESSIVITY
A. Heckman, F. Blanchard-Fields, Georgia Institute of Technology, Atlanta, GA.

Past research has demonstrated that older adults use more emotion-focused strategies to solve interpersonal problems than younger adults do. The present study examined this tendency in the context of regulating specific emotions associated with interpersonal problems. Participants imagined themselves in 8 hypothetical problems with a close friend. Each problem elicited high intensity anger, low intensity anger, high intensity sadness, or low intensity sadness. Participants rated the likelihood that they would use emotion regulation strategies to handle the specific emotion elicited. Factor analyses supported a 4-factor model of emotion regulation strategies, including strategies focused on passivity, solving the problem, expressing emotions, and seeking emotional information or support. This measurement model described emotion regulation strategy use in all 8 vignettes. Participants also completed measures of two affect complexity constructs: Labouvie-Vief’s cognitive-emotional complexity and Carstensen’s poignancy. Older adults demonstrated lower cognitive-emotional complexity and higher poignancy as compared to young adults, but only cognitive-emotional complexity explained age-related variance in strategy use. Emotional expressivity of discrete emotions was also assessed. Older adults reported expressing less anger but more sadness in their everyday life, and emotional expressivity mediated age differences in strategy use. Results are discussed in the context of developmental and cohort-related age differences in self-reported emotion regulation. The importance of investigating discrete emotions instead of global emotionality is highlighted.

CONTEXT SPECIFICITY OF EMOTION REGULATION IN OLDER AND MIDDLE-AGED MARRIED COUPLES

Socio-emotional selectivity theory proposes that older adults have better regulatory control of affective states in relationships with important others compared to middle age adults (Carstensen, 1991). The current study sought to examine whether older adults’ emotional regulation extends across different marital contexts by examining reports of positive and negative emotion in daily spousal interactions as well as in a disagreement and collaborative laboratory task. 120 middle-aged and older married couples completed a hypothetical errand-running task and discussed a disagreement completing mood measures both before and after each task. In addition, couples reported daily mood 12 times across a single day. Repeated measures analyses of variance revealed a significant emotion by age group interaction for daily spousal interactions such that older adults experienced more positive and less negative emotion than middle-aged couples (F= 4.6, p< .05). Analyses of the change in emotional experience during the laboratory tasks demonstrated an interaction (F=5.0, p< .05) such that older adults experienced greater increases in positive and decreases in negative emotion compared to middle-aged adults only during the laboratory disagreement task; however, during the collaborative task older adults showed greater increases in negative emotion and decreases in positive emotion. These results suggest that older adults’ abilities to regulate emotion may be more context-specific than the socio-emotional selectivity theory suggests. Situational factors present in the collaborative task, such as cognitive challenge, may provide insight into what contexts detract from older adult’s ability to regulate emotions during spousal interactions.