THE EFFECT OF MORALE AND EMOTIONAL WELL-BEING ON LONGEVITY

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The purpose of this study was to assess how morale and positive and negative affect impact survivorship in older adulthood. Participants included those from the Georgia Centenarian Study who were confirmed deceased (N = 291). A path model was tested to identify if morale, as measured by attitudes toward aging, lonely-dissatisfaction, and agitation, as well as positive and negative affect, impact survivorship. The results indicate that attitudes toward aging (β = -29, p < .01) and positive affect (β = -.13, p < .05) negatively predict longevity. Attitudes toward aging also predicted greater positive affect (β = .24, p < .01), indicating that positive affect may have a mediating effect between attitudes toward aging and longevity. Additionally, worse attitudes toward aging were related to greater negative affect (β = -.20, p < .01), more lonely-dissatisfaction (β = -.27, p < .01), and greater agitation (β = -.21, p < .01). The path model was computed separately by age groups (i.e., sexagenarians, octogenarians, and centenarians), but the results were not replicated. The intriguing negative relationships between attitudes toward aging with longevity and positive affect with longevity may reflect that reaching advanced age comes with reduced positive emotions and attitudes about aging, rather than predicting a longer life.

THE POSITIVITY RATIO: HOW AFFECT RELATES TO SELF-RATED PHYSICAL HEALTH

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The proportion of positive affect to negative affect, the positivity ratio, predicts subjective wellbeing across adulthood. However, literature examining the positivity ratio and physical health is lacking. Furthermore, the positivity ratio differs by age with older adults reporting higher ratios compared to younger cohorts. Present analyses explore how the positivity ratio relates to self-rated physical health across middle-aged and older adults. The current study is an archival analysis of 482 middle-aged (M = 54.10, SD = 5.52) and 163 older adults (M = 71.69, SD = 5.40) who participated in the Midlife in the United States-II (MIDUS-II) study. The positivity ratio was derived from the MIDUS-II PANAS. Self-rated health was rated on a scale from 1–5, where lower ratings indicated better self-rated health. A one-way ANOVA indicated mean positivity ratio was significantly higher for older adults (M = 7.67, SD = 6.05) compared with middle-aged adults (M = 5.78, SD = 5.61). Hierarchical regression was used to examine the association between the positivity ratio and self-rated physical health. Age, race, and sex were entered as covariates. The addition of the positivity ratio significantly improved the model, R² change = .065, F(1, 640) = 45.49, p < .001. A higher positivity ratio was associated with better self-rated physical health across all age groups (β = .26, p < .001). Findings from the present study extend research on the association between the positivity ratio and health-related outcomes for middle-aged and older adults. Given that higher positivity ratios have been linked to better self-rated physical health, increasing one’s positivity ratio should be explored as a possible protective mechanism across adulthood.

EXPECTED AND ACHIEVED GENERATIVE CONTRIBUTIONS AND COGNITIVE-EMOTIONAL WELL-BEING

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Generativity, or concern with contributing to others’ welfare, is an important aspect of middle and later life. Greater self-perceptions of generativity are associated with more favorable well-being over time. The aim of this study is to examine how perceptions of generativity and realizations of generative contributions are linked to individuals’ cognitive-affective states. Data from Waves 2 and 3 of the National Survey of Midlife Development in the United States (MIDUS) were used to examine how individuals’ predicted and achieved generative contributions, as well as the potential discrepancy between them, relate to their cognitive-affective states, including social connectedness, self-esteem, and positive affect. In demographically-adjusted regression analyses, both perceptions of generative contributions and more positive expectations regarding future generativity, were associated with higher levels of each cognitive-affective well-being state, concurrently and ten years later (generative contributions: positive affect β = .18 &.14; self-esteem β =.18 &.14; social connectedness β =.23 &.17, respectively; generative expectations: positive affect β =.20 &.16; self-esteem β =.19 &.16; social connectedness β =.22 &.17). Examination of the discrepancy between self-reported generativity at follow-up and the level of generativity participants had predicted for themselves ten years prior indicated that more positive discrepancies were associated with better well-being at follow-up (positive affect β = .15; self-esteem β =.13; social connectedness β =.14). Findings suggest that greater feelings of generativity, and more positive expectations for future generative contributions, are associated cross-sectionally and over time with better affective well-being. Results also indicate that being more generative than expected over time is similarly predictive of better well-being.

NEGATIVE EFFECT OF HIDDEN EMOTION: ROLE OF ANGER SUPPRESSION ON SLEEP QUALITY

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Sleep quality (e.g., sleep duration, latency, efficiency and use of sleeping medication) has been linked to both psychological and mental health outcomes. The present study examined emotional experiences related to anger and its association with perceived sleep quality. Adults (N = 1255; 34–84 years-old) from the Midlife Development in the US study (MIDUS II) completed the Spielberger State-Trait Anger Expression Inventory, which includes three different aspects of anger experience and regulation: expression of angry feelings (anger-out), suppressing anger-related feelings (anger-in), and controlling the expression of emotions (anger-control). Adjusting for various sociodemographic factors and health conditions (e.g., chronic illnesses and