Emotion control during later life: The relationship between global perceptions and daily experience

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ABSTRACT

The extent to which individuals generally believe that they can successfully manage their emotions is related to healthy coping and well-being. Nevertheless, it is unclear how this general belief is related to daily affective experiences. In the current study, the relationship between global emotion control beliefs and daily affect reports across 56 days were assessed in a sample of 298 older adults. Results indicate that higher global emotion control beliefs were related to lower mean daily negative affect and higher mean daily positive affect. Additionally, variability analyses investigating multiple potential time scales revealed that global beliefs were related to lower variance in daily negative affect and less variable speeds of daily negative affect change across a range of time scales (from windows of 3 days to windows of approximately 2 weeks). Alternatively, global control beliefs were not significantly related to variance in daily positive affect or variance in speeds of daily positive affect change. Together, results suggest that global emotion control beliefs predict average experience of daily affect and variability in daily negative affect.

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1. Introduction

Individuals are affected by countless significant occurrences in their lifetime, and although events are a normal and expected part of daily life, people differ in how much control they believe they have during these times. Individuals' sense of control has been consistently explored as a beneficial and protective factor for health and well-being. In this literature, two main types of control beliefs have been distinguished (Heckhausen & Schulz, 1995; Rothbaum, Weisz, & Snyder, 1982). These types include *primary* or *central control*, which indicates control over environment, and *secondary control*, which denotes control over one's self, including one's thoughts, appraisals, reactions, and interpretations. Whereas environmental control is characterized by actions directed at attempting to change the world to fit one's needs and desires, emotional control involves processes directed at making the individual adapt to the world. The two types of control are considered complementary, with control over events and control over self to be two important pieces in healthy adjustment (Rothbaum et al., 1982). Although both types of control are important, the present study focuses on secondary control; specifically, emotion control will be assessed in a sample of older adults.

With regard to the literature on emotion control, there is no established consensus concerning its definition or manifestation, and the construct is often measured in distinct ways. One way that emotional control has been assessed is in terms of self-reported perceptions about emotion regulation. Individuals higher in emotion control, according to this view, are those who believe they are successful regulators of their emotional experiences. Individuals' belief in their ability to control their emotions has been associated with a variety of psychological well-being outcomes, including lower levels of perceived stress and greater life satisfaction (Pallant, 2000) and better adjustment in men with HIV (Thompson, Nanni, & Levine, 1994).

A second way that emotion control has been assessed is as the reported experience of affect. Successful emotion regulation has been described as the ability to maintain positive moods and preserve the absence of negative moods, which includes active self-initiated movement away from negative toward positive emotions (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000). This conceptualization of emotion regulation implies that an individual higher in emotion control experiences more positive and fewer negative emotions when compared to individuals lower in emotion control. Relatedly, emotion regulation has been conceptualized in terms of individual differences in how quickly one's mood fluctuates. Studies have shown that moods may oscillate around a certain consistent equilibrium (Headey & Wearing, 1989). It has been theorized that the degree to which people fluctuate around their own equilibrium varies, with some people experiencing large fluctuations

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in mood and other people remaining consistently closer to their set equilibrium (Boker, 2002; Eid & Diener, 1999). Thus, higher emotion control in this view is exhibited by a more stable, less volatile experience of affect.

Although emotion control is theoretically important to coping and well-being, the study of emotion control may be incomplete, because studies utilize these different conceptualizations. Because people may not accurately describe themselves on global measures, global perceptions of emotion regulation may be inconsistent with the daily emotional experience. In fact, research on affective forecasting indicates that individuals are often inaccurate when predicting their own affective responses, intensity, and duration to various events (for review, see Lowenstein, 2007). If individuals incorrectly forecast their own emotions, it may also be that they are unable to accurately judge their ability to manage emotions as well. More generally, the relationship between global control beliefs and actual daily emotional experiences has not been well established. For instance, it is unclear if global emotion control beliefs predict overall daily affective experiences, variability or volatility in daily affect, and whether global beliefs are more predictive of daily, weekly, or monthly variability in affect.

Although an important tool across the lifespan, emotion regulation may be especially important for older adults. Aging is accompanied by a decreasing number of opportunities (Baltes, 1987; Heckhausen, 1999; Heckhausen & Schulz, 1995), and the aging process is often accompanied by normative life events that are unavoidable. In uncontrollable situations, individuals lack the ability to change their external environment, yet they do have the ability to regulate how they react internally to the situation (Thompson et al., 1994). There is an increase in this type of uncontrollable event with older age, for example, the loss of a spouse or physical illness and decline (Schaie & Willis, 2002). These normative losses and uncontrollable stressors may make secondary control more beneficial and important for the elderly (Wrosch, Heckhausen, & Lachman, 2000). Thus, it may be particularly relevant to investigate emotion control in older adults.

In the present study, the relationship between global emotion control beliefs and daily affect was explored in a sample of older adults. Two approaches were utilized in the assessments of daily affective experience. In the first approach, emotion control was considered in terms of mean affect; greater mean positive affect and lower mean negative affect across days was regarded as evidence of successful emotion regulation. In the second approach, reduced variance in daily affect and variance in speed of daily affect change was considered as evidence of emotion control, and affect variability in a range of time windows was explored. Overall, it was investigated how global emotion control beliefs are manifested in older adults, namely, whether global beliefs are associated with overall daily affect, less variable daily affect and speed of change of daily affect, and over what time scales affective variability may be most related to global beliefs.

2. Method

2.1. Participants

Participants included 337 individuals from a five-county region in northern Indiana. Of these participants, 57% were female. The sample was 83.1% Caucasian, 10.7% African American, 3% Hispanic/Latin American, 0.3% Native American, and 0.6% Asian, along with eight individuals who reported "Other" or did not respond to the ethnicity item. Participants ranged in age from 59 to 91 (M = 68.3, SD = 5.26). With regard to marital status, 46.3% were married, 22% were widowed, 22% were divorced, and the remaining individuals were either single or separated.

2.2. Procedure

Participants were sent packets that included a cover letter explaining the study, an invitation to participate, and a consent form. Also included in the packet were the global measures for participants to complete and return if they chose to participate. Those who completed the packet of measures received daily diary questionnaires to complete each day for 56 days. Daily questionnaires were counterbalanced across and within participants so that individuals either received 1 week, 2 weeks, or 3 weeks worth of daily diaries to fill out. Participants were provided with postmarked envelopes to place all of their completed daily questionnaires; after sending those, individuals then received their next packet of 1 week, 2 weeks, or 3 weeks worth of questionnaires. Participants were instructed to fill out the daily diaries each night before going to bed, and to leave any days blank if they could not fill out the questionnaires that day. Daily diaries were completed for 298 (88.43%) of the original participants. Participants were given $20 for completion of the large initial questionnaire and $10 per week of completed daily diaries.

2.3. Global packet measure

2.3.1. Perceived control of internal states

The Perceived Control of Internal States Scale (PCOISS; Pallant, 2000) measures the amount of control people feel that they have over their emotions and reactions. Sample questions include, "I don't have much control over my emotional reactions to stressful situations," and, "I can usually talk myself out of feeling bad." The respondents are asked the extent to which they agree with such statements, on a scale of 1, indicating "strongly agree," to 5, indicating "strongly disagree." Scores range from 18 to 90, with higher scores indicating higher levels of perceived control of internal states. In the current study, the PCOISS had an internal reliability of 0.91.

2.4. Daily diary measure

2.4.1. Daily affect

The Positive and Negative Affect Schedule (PANAS) scale (Watson, Clark, & Tellegen, 1988) measures the presence and intensity of positive and negative affect. It is a 20-item measure with 10 items measuring negative affect and 10 items measuring positive affect. Respondents are presented with an emotion, for example, "distressed," "enthusiastic," or "nervous," and are instructed to indicate the extent to which they felt that emotion today on a five-point scale, with a response of 1 indicating "very slightly or not at all" and 5 indicating "extremely."

3. Results

3.1. Descriptive statistics

Scores on the PCOISS ranged from 29 to 71 (M = 52.3, SD = 5.79) and it was not significantly associated with gender (F = 0.22, p = 0.64), age (r = 0.07, p = 0.24), or race (F = 0.87, p = 0.50) in the current sample.

In the present study, participants' scores on the PANAS were included in the daily assessment if they had no more than 10% missing data on the PANAS on a given day. Specifically, a participant must have completed at least 9 of the 10 items on each of the affect scales on a given day for their data on that day to be included in analyses. Additionally, for the overall mean affect analyses, participants also needed to have at least 50 of the 56 days completed to be included. Of the 298 participants who completed the PCOISS as