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Fewer Ups and Downs: Daily Stressors Mediate Age Differences in Negative Affect

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The current study examined age differences in daily stressors, positive events (uplifts), and their associations with emotional experience among healthy older women. Women (*N* = 101, 63–93 years old) reported their daily experiences across 1 week. Older age was related to fewer stressors and less frequent negative affect. However, the association between negative affect and age was no longer significant after accounting for the occurrence of daily stressors. Older age was not significantly related to positive affect, although positive uplifts were reported less frequently with age. Findings provide a contextual explanation for emotional experience in very late life, where reduced exposure to stressors partially explains age-related reductions in negative affect.

Key Words: Aging—Daily stressors—Daily uplifts—Emotional experiences—Negative affect—Positive affect.

LIFE-SPAN developmental research is replete with studies examining how major life events may predict well-being (Clark & Oswald, 2002; Kessler, 1997; Kunzmann, Little, & Smith, 2000). Rarely do researchers focus on relatively minor daily events that also predict emotional experiences. Age-related decreases in daily stressors have been observed when comparing younger, middle-aged, and young–old adults ranging from 25 to 74 years old (Almeida & Horn, 2004), but it is unclear if these age differences continue into very late life. Even less is known about daily positive experiences and their relationship with age and affective well-being. Although positive emotions buffer the negative emotional effects of stressors (Ong, Bergeman, Bisconti, & Wallace, 2006), it is unclear how daily positive events relate to the emotional experiences reported by older adults. The current study examines daily positive and negative affects and their associations with positive and negative daily events over eight consecutive evenings among a sample of healthy older women ranging from 63 to 93 years old.

Age differences in affective well-being

Studies examining patterns of positive and negative affects reveal age-related improvements throughout young and middle adulthood and into old age for both men and women. The frequency of negative affect declines with age (Charles, Reynolds, & Gatz, 2001), and older adults report negative affect and anxiety less frequently than do younger adults (Basevitz, Pushkar, Chaikelson, Conway, & Dalton, 2008; Carstensen, Pasupathi, Mayr, & Nesselroade, 2000; Mroczek & Kolarz, 1998; Phillips, Henry, Hosie, & Milne, 2006). When examining age differences within the last decades of life, however, the pattern is less clear. Longitudinal studies have found stability or very slight decreases in frequency of negative affect with time among older men and women (Charles et al.; Kunzmann et al., 2000). Results from cross-sectional analyses vary, with one study finding a continued downward trend in frequency of negative affect after controlling for health limitations among men and women ranging from 70 to 103 years old (Kunzmann et al.); another study finding no age differences among people ranging from 60 to 93 years old (Carstensen et al.), and yet another study finding slight increases in frequency of negative affect beginning at age 60 (Diener & Suh, 1998).

Positive affect shows a varied pattern in late life as well. The frequency of positive affect is relatively stable across young and middle-aged adults but decreases slightly among the oldest old (Charles et al., 2001). Some researchers have speculated that positive affect increases from early adulthood to middle age but begins to decline when people reach their mid-70s (e.g., Diener & Suh, 1998; Mroczek, 2001). In a cross-sectional study controlling for functional limitations, however, age was associated with higher positive affect in very old age (Kunzmann et al., 2000), and other studies found little to no relation between frequency of positive affect and age (Carstensen et al., 2000; Lawton, Kleban, & Dean, 1993) or slight decreases (Diener & Suh).

Age and emotions in context: daily stressors

Explanations for why older age is related to less negative affect include theories of intentional action, such as older adults becoming more flexible in adjusting to unmet goals (Brandtstädter, Wentura, & Rothermund, 1999), selectively focusing resources in targeted domains (Freund & Baltes, 2002), or optimizing well-being to compensate for reduced cognitive capacity (Labouvie-Vief & Medler, 2002). Some researchers argue that biological aging aids older adults in that they are less physiologically reactive to negative events (Panksepp & Miller, 1996).

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A further reason is more contextual in nature and suggests that older adults have reached a period in life in which they have more freedom to arrange their daily activities to avoid people and environments that lead to negative distress (Horgas, Wilms, & Baltes, 1998). According to stress researchers, day-to-day stressors such as spousal conflict and home repairs influence daily physical and affective well-being (e.g., Almeida, 2005) and accumulate over a series of days to create persistent irritations, frustrations, and overloads that result in more serious stress reactions, such as anxiety and depression (Almeida; Lazarus, 1999; Pearlin & Schooler, 1978). Age-related reductions in the frequency of daily stressors may partially explain age differences in the ability to avoid these distressing experiences.

Another possible explanation, however, is that decreases in stressor occurrence are not responsible for age differences in negative affect. Instead, older adults may react less negatively to stressors in their lives, and this may underlie age differences in emotional experiences. In support of this position, studies have found that across adulthood, older adults report less reactivity to daily stressors (e.g., Birditt & Fingerman, 2003; Birditt, Fingerman, & Almeida, 2005).

Positive daily events

Research has predominantly focused on stressors and their effects on affect, but uplifts—experiences appraised as pleasant or satisfying—are associated with increased overall positive affect. This positive affect can in turn protect against the consequences of stressors and negative affect (Folkman & Moskowitz, 2000; Ong et al., 2006). These positive experiences may not only regulate the effects of negative experiences but also independently predict affect.

The present study

The present study examined overall daily negative and positive affects and the occurrence of both daily stressors and uplifts among a sample of 101 healthy women ranging in age from 63 to 93 years old. Every evening over eight consecutive days, women reported their daily experiences. Drawing on the growing literature on aging and affect regulation, we hypothesized that the previously observed lifespan trends of affect would continue into very late life in these healthy independent women such that older age would be related to less frequent negative affect (Hypothesis 1) and stable or slightly less frequent positive affect (Hypothesis 2). Guided by stress and health research, we predicted that the oldest women would experience fewer daily stressors, which would partially explain age-related decreases in negative affect (Hypothesis 1A). We also hypothesized, however, that when they did encounter a stressor, older women would experience less negative emotional reactivity than the younger women (Hypothesis 1B). In addition, we examined the role of uplifts in emotional reactions to stressors and their independent contributions predicting both negative and positive affects.

Method

Participants

All respondents ($N = 101$) were part of a larger longitudinal later life resilience study that began by examining how older adults adjust to a major life event (community relocation; see Kwan, Love, Ryff, & Essex, 2003) and continued to study trajectories of healthy aging (see Ryff, Singer, & Love, 2004). Participants were originally recruited through newspaper advertisements and brochures or word-of-mouth at retirement centers and senior center events. To be eligible for participation, individuals had to be at least 55 years old and planning to move from one independent living situation to another within the Milwaukee or Madison, Wisconsin region. In addition, participants had to be cognitively and physically healthy enough to enroll in a longitudinal study requiring multiple interviews. Females were specifically recruited for the original studies because older women are more likely to experience a relocation event than older men due to their greater life expectancy.

All participants who completed the last wave of the later life resilience study were invited to participate in the present study. Of the 115 respondents who participated in the most recent wave of the original study, 101 individuals agreed to participate in the present study, resulting in an 87.8% participation rate from the previous wave to the present wave. At the time of the current study, women were approximately 76 years old ($SD = 7.3$), on average, and ranged from 63 to 93 years old. A little more than half (61.4%) were widowed, with the remainder divorced (14.9%), married (14.9%), or never married (8.8%). Women were primarily Caucasian (98%). Almost half (45.5%) had a high school education or less, with another 18.2% having vocational training or junior college, and a third (34%) having college degrees or higher. The majority (59.2%) had an annual income less than $30,000 a year, with another 33.7% earning between $30,000 and $60,000 a year, and the remainder (7.1%) earning more than $60,000 a year. When asked to rate their health on a 7-point scale, ranging from 1 (*poor*) to 7 (*excellent*), the mean response was 5.19 ($SD = .94$), indicating a relatively healthy sample. Age was not correlated with any key health measures, including self-reported health, $r(99) = .01$, $p = .95$, perceptions of health limitations, $r(99) = .06$, $p = .55$, perceptions of health changes over the past year, $r(99) = -.09$, $p = .39$, and total number of current health conditions, $r(99) = -.07$, $p = .50$. Older age, however, was related to lower levels of education, $r(99) = -.23$, $p < .05$. To control for potential confounds, both self-reported health and education were included as covariates in the models.

Procedure

Participants completed the semi-structured Daily Inventory of Stressful Events (DISE; Almeida, Wethington, & Kessler, 2002) for eight consecutive evenings as close to bedtime as possible. The DISE consists of short telephone interviews, lasting approximately 15–20 min each, and is administered by trained interviewers. Participants were asked about daily experiences that occurred over the past 24 hr, including six negative events (stressors) and five positive events (uplifts). Interviews with the 101 women resulted in 798 days of information that were used in the following analyses. Ninety-two women completed all eight daily interviews. Of the remaining nine women, eight women completed seven interviews and one woman completed six interviews.

Measures

Daily stressor experiences.—Daily stressor and uplift occurrence were assessed with a modified version of the DISE. Participants were asked about the occurrence of six types of stressors including an argument or a disagreement with someone, a time where you could have engaged in a disagreement but decided to let it pass, something happened while working or volunteering that was stressful, something happened at home that was stressful, something happened to a close friend or relative that was upsetting to you, or anything else not previously mentioned. The frequency of stressors included the total number of stressors reported on a given day. If participants answered affirmatively to any of the stem questions regarding the occurrence of a daily stressor (e.g., avoiding a disagreement), they were asked additional probe questions about their stressor experience, such as how stressful the event was for them on a 4-point scale with 1 = *not at all* to 4 = *very*. Thus, stressors had to include an event that occurred in the external environment that caused feelings of stress, or in the words of the study, that "most people would consider stressful." Using this definition, a situation where a participant reported being in a "bad mood" or remembered an event that made them sad was not included because no noxious environmental cause was responsible for these negative feelings.

Daily uplift experiences.—Uplift occurrence was also measured in the interview. Participants were asked about the occurrence of five types of uplifts including: any positive interactions; positive events at work or while volunteering; positive events at home; something positive happening to a close friend or relative; or anything else not previously mentioned. The occurrence of a stressor was coded "1" if participants provided an affirmative to any of the five stem questions and "0" if they did not experience an uplift. The frequency of uplifts included the total number of uplifts reported on a given day. Similar to the assessment of daily stressors, if participants affirmed that an uplift event occurred, they were asked a series of probe questions regarding the experience, such as how positive the event was for them.

Positive and negative affects.—Positive and negative affects were assessed using a modified version of the Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988). Respondents were asked to rate the extent to which they felt each of 20 emotional experiences on a 5-point scale, ranging from 1 (*not at all*) to 5 (*extremely*). The 11 emotional experiences used to measure positive affect included the following: determined, enthusiastic, alert, inspired, happy, content, engaged, joyful, proud, amused, and excited (Cronbach's α = .89). The nine emotional experiences used to measure negative affect included the following: distressed, scared, upset, nervous, afraid, angry, sad, disappointed, and ashamed (Cronbach's α = .85).

Analysis

Multilevel modeling was used to analyze the associations between age, daily events, and affect. Hierarchical models (Raudenbush & Bryk, 2002) allow for an assessment of both intra-individual and interindividual variability. Level 1 represents intra-individual, or within-subject, variability, and Level 2 represents interindividual, or between-subject, variability. The Level 1 model below represents the intra-individual variability in the relationship among the occurrence of stressors, uplifts, and negative affect, and the Level 2 model incorporates age as a predictor of negative affect:

$$\text{Level 1}: NA_{it} = \pi_{0it} + \pi_{1it}(\text{any stressor}) + \pi_{2it}(\text{any uplift}) + r_{it}$$

$$\text{Level 2}: \pi_{0i} = \gamma_{00} + \gamma_{01}(\text{age}) + \zeta_{0i}$$

$$\pi_{1i} = \gamma_{10}(\text{age}) + \zeta_{1i}$$

$$\pi_{2i} = \gamma_{20}(\text{age}) + \zeta_{2i}$$

The Level 1 outcome variable, NA_{it}, represents the negative affect reported by participant i on day t and is a function of the expected level of negative affect for person i on days when no stressors or uplifts are encountered (π_{0it}), the expected change in negative affect for person i on days when stressors are encountered (π_{1it}), the expected change in negative affect for person i on days when uplifts are encountered (π_{2it}), and within-person error (r_{it}). The intercept and slopes of the Level 1 model are outcome variables of the final Level 2 model, where individual differences in age are taken into account. All multilevel models were implemented using SAS PROC MIXED, estimated with parameters from unstructured variance-covariance matrices using restricted maximum likelihood.

Results

Positive and Negative Affects

When comparing averaged levels of positive and negative affects across the week, participants reported experiencing positive affect ($M = 2.93$, $SD = 0.62$) more frequently than negative affect ($M = 1.40$, $SD = 0.28$) consistent with previous research (Diener, Suh, Lucas, & Smith, 1999). We hypothesized that older age would be related to lower levels of negative affect (Hypothesis 1) and stable or slightly lower levels of positive affect (Hypothesis 2). Older age was significantly related to lower levels of negative affect, $r(99) = -.24$, $p < .05$, but did not reach statistical significance for positive affect, $r(99) = -.18$, $p = .08$.

We did not make any hypotheses about the discrete emotional experiences that comprise the positive and negative affect scale, but we report information for each discrete emotion that comprised the scale and its correlation with age in Table 1, in addition to information about overall positive and negative affect, for descriptive purposes.

Stressors and Uplifts

Women reported having at least one stressor on 54% of the days and at least one positive uplift on 79% of the days. Of all the stressor days, 67% were reports of one stressor, 26% were reports of two stressors, 6% were reports of three stressors, and the remaining 1% were days where four stressors were reported. Of all the positive uplift days, 43% were reports of one uplift, 33% were reports of two uplifts, 20% were reports of three uplifts, and the remaining 4% were reports of four uplifts. No participant reported having more than four stressors or uplifts within a given study day. Participants reported experiencing fewer total stressors aggregated across the 8 days ($M = 6.09$, $SD = 4.31$) than total uplifts ($M = 11.81$, $SD = 6.05$). Of note, the fewer questions about uplifts than stressors may contribute to an underestimation of the greater number of uplifts versus stressors. In addition, the total number of stressors reported was related to the total number of uplifts reported, $r(99) = .45$, $p < .01$.

Most of the stressors reported were work or volunteer related (28.6%) or were interpersonal in nature (25.7%). Table 2 presents the types of stressors participants reported and the frequency of stressor occurrence, and positive events, across all stressor days. A large proportion of the uplifts reported involved positive interactions with others (42.9%), followed by positive events in the home (18.2%).

Age, Daily Stressors, and Affect

Across the week, older age was related to fewer daily stressors, $r(99) = -.29$, $p < .01$. Furthermore, multilevel models (including education and self-reported health as covariates) revealed that the occurrence of a stressor was related to higher levels of negative affect, $\gamma_{02} = 2.07$, $SE = .31$, $t(696) = 6.63$, $p < .001$. Similar to the results examining averaged levels of negative affect across the week, another model revealed that daily negative affect was significantly related to age such that the oldest participants reported lower levels of daily negative affect, $\gamma_{02} = -.09$, $SE = .04$, $t(97) = -2.30$, $p < .05$. When both age and stressor occurrence were entered in the same equation, age was no longer significantly related to negative affect, consistent with Hypothesis 1A predicting that stressor occurrence would mediate age differences in negative affect, $\gamma_{02} = -.05$, $SE = .03$, $t(97) = -1.47$, $p = .14$. Stressor occurrence served as a mediator and accounted for 43% of the variance shared between daily negative affect and age. Stated differently, a 69-year-old woman would have to report 37% fewer stressors over the course of a week to report similar levels of

Table 1. Average Frequencies and Correlations of Discrete Emotions With Age

Emotion	*M*	*SD*	Correlation
Negative			
Distressed	1.53	0.53	−.19~
Scared	1.10	0.21	−.14
Upset	1.47	0.51	−.14
Nervous	1.38	0.45	−.07
Afraid	1.08	0.17	−.12
Ashamed	1.08	0.17	−.10
Angry	1.27	0.50	−.15
Sad	1.34	0.47	−.21*
Disappointed	1.43	0.49	−.21*
Positive			
Excited	2.08	0.85	−.21*
Determined	2.67	0.89	−.19~
Enthusiastic	2.79	0.87	−.23*
Alert	3.73	0.56	−.06
Inspired	2.23	0.85	−.20*
Happy	3.35	0.72	−.06
Content	3.47	0.69	−.04
Engaged	3.68	0.65	−.12
Joyful	2.92	0.81	−.07
Pride	2.35	0.89	−.15
Amused	2.39	0.78	−.18~

Note: ~$p < .10$. *$p < .05$.

Table 2. Frequency of Stressors and Uplifts

	Overall	
Variable	Frequency	Percent
Stressors		
Argument	38	6.2
Avoid argument	120	19.5
At work/volunteer	176	28.6
At home	111	18.0
Close friend/relative	78	12.7
Other	92	15.0
Uplifts		
Interactions with others	498	42.9
At work/volunteer	179	15.4
At home	211	18.2
Happen to close friend/relative	82	7.1
Other	192	16.5

Note: The frequencies represent how often participants reported a particular stressor experience across all study days.

negative affect as the average, 85-year-old woman. Contrary to Hypothesis 1B, there was no significant interaction between age and stressor to indicate lower stress reactivity with age, $\gamma_{04} = -.05$, $SE = .04$, $t(695) = -1.19$, $p = .23$.

The presence of a stressor mediated the age differences in daily negative affect. We also examined, however, whether stressor characteristics were associated with age and with negative affect, specifically the number of stressors experienced within a day and the average subjective stressor severity. When number of reported stressors was entered into the model, the variable was significantly related to negative affect, $\gamma_{02} = 1.59$, $SE = .23$, $t(696) = 6.98$, $p < .001$. In a model with age and the number of daily stressors experienced entered simultaneously, age was not significantly associated with negative affect, $\gamma_{02} = -.04$, $SE = .03$, $t(97) = -1.26$, $p = .21$, but number of reported daily stressors remained significantly related to negative affect, $\gamma_{03} = 1.57$, $SE = .23$, $t(696) = 6.89$, $p < .001$. Thus, the number of stressors reported that day was a mediator and explained about 53% of the variance between age and negative affect.

Similarly, when average subjective severity of the stressors was entered into the equation separately, it was significantly associated with negative affect, $\gamma_{02} = 2.02$, $SE = .30$, $t(255) = 6.61$, $p < .001$. When both subjective stressor severity and age are added into the model, age was no longer significantly associated with negative affect, $\gamma_{02} = -.07$, $SE = .05$, $t(87) = -1.54$, $p = .13$. Thus, subjective stressor severity explained about 19% of the variance between age and negative affect, with older women reporting less severe stressors than their younger counterparts. Altogether, these findings suggest that the mere presence of a stressor explains age differences in negative affect, but other aspects of the stressors are also related to negative affect, such as the number of stressors experienced within a given day and the perceived severity of the stressors.

Age, Daily Uplifts, and Affect

We made no specific hypotheses regarding uplifts but explored age differences in their occurrence and relation to affective well-being. Across the week, older age was related to fewer total uplifts, $r(99) = -.28$, $p < .01$. We then used multilevel modeling to assess the role of daily uplifts in potentially attenuating negative reactivity to stressors. To this aim, we included both uplift and stressor occurrence in the model predicting negative affect to examine whether entering uplifts in the model would reduce stressor reactivity. Neither uplifts, $\gamma_{02} = .62$, $SE = .37$, $t(694) = 1.67$, $p = .09$, nor the interaction between stressor and uplift occurrence, $\gamma_{04} = .00$, $SE = .63$, $t(694) = .00$, $p = .99$, were significantly related to negative affect. Furthermore, the relationship between negative affect and stressors remained the same. These findings are inconsistent with the view that uplifts serve as a buffer against negative affect.

We next used multilevel modeling to examine the relationship between daily positive affect and daily uplifts. Uplift occurrence predicted higher levels of positive affect, $\gamma_{02} = 2.85$, $SE = .56$, $t(696) = 5.10$, $p < .001$. When we added stressor occurrence and age into the model of positive affect, the occurrence of uplifts remained significant, $\gamma_{02} = 3.00$, $SE = .55$, $t(695) = 5.41$, $p < .001$. Neither age, $\gamma_{03} = -.12$, $SE = .08$, $t(97) = -1.55$, $p = .13$, nor the experience of stressors, $\gamma_{04} = -.12$, $SE = .45$, $t(695) = -.28$, $p = .78$, was significantly related to daily positive affect. The number of daily uplifts, however, was related to positive affect, $\gamma_{02} = 1.19$, $SE = .21$, $t(696) = 5.64$, $p < .001$. When the number of reported daily uplifts, stressor occurrence, and age were entered into the model predicting positive affect, only the number of uplifts was significantly related to positive affect, $\gamma_{02} = 1.25$, $SE = .20$, $t(695) = 6.12$, $p < .001$. The association between age and positive affect was trending toward significance but failed to meet the .05 criterion, $\gamma_{03} = -.15$, $SE = .08$, $t(97) = -1.96$, $p < .06$, and stressor occurrence was not associated with positive affect, $\gamma_{04} = -.17$, $SE = .44$, $t(695) = -.40$, $p = .69$.

Discussion

Previous research has examined the relationship between age and overall well-being among samples of older adults but rarely does the research include assessments of daily events. The current study extends previous research by offering insight as to how relatively minor stressors and uplifts may predict affective well-being even among the oldest old. Our results indicate less frequent negative affect among the oldest adults and that these age differences were partially accounted for (and were fully mediated) by an age-related decrease in daily stressors.

Age and Daily Experience of Negative Affect

The current study found that age differences in daily negative affect extend across a cross-sectional sample of healthy women in the last few decades of life, consistent with findings from another study examining the oldest old (e.g., Kunzmann et al., 2000). What accounts for these overall patterns of diminished levels of daily negative affect with age could be multiple influences posited by emotion researchers, such as motivational changes (Brandtstädter et al., 1999), wherein older adults become more skilled, insightful, or flexible in dealing with their feelings and related life pursuits. A further possibility stems from ideas proposed by stress researchers (e.g., Almeida, 2005; Lazarus, 1999) who have posited that reduced negative affect is linked to reduced exposure to daily stressors, which was an empirical focus in this study.

Age and the Experience of Daily Stressors

Previous researchers have examined the association between age and daily stressors, but in relatively younger

samples. Almeida and Horn (2004), for example, found that young and middle-aged adults reported a greater number of daily stressors than did older adults. Their sample included adults ranging in age from 25 to 74 years, raising the questions of whether this trend would continue into very late life and whether the younger adults reporting large numbers of stressors were predominantly driving the relationship with age. The present study found, however, the same age-related differences continuing into this notably older sample. Although not examined in this study, older age may be related to various "selectivity" processes (Charles & Carstensen, 2007; Freund & Baltes, 2002), wherein older adults are better able to create surrounding interpersonal environments that are more closely to their liking. Still another possibility is that their subjective perception as to what constitutes daily stress changes such that fewer events and experiences are construed as distressing.

Older adults did not, however, react more or less strongly to the stressor than did their relatively younger counterparts. Contrary to our hypothesis of age-related decreases in stressor reactivity, people reported similar increases in levels of negative affect in response to a stressor. To the extent that reactivity involves physiological processes (Panksepp & Miller, 1996; Rook, Charles, & Heckhausen, 2007), characteristics of the sample may account for the lack of age effects. That is, these respondents were notably healthy, despite their age, and in fact, constituted the survivors of a longitudinal study. Indeed, any study of people in their 80s and 90s examines people who have lived longer than the average life expectancy and, by definition, are a select sample based on their survival alone.

Another possibility not tested in this study is that older adults may be more effective at regulating potentially difficult situations such that the same situation deemed stressful by a younger adult and reported as a stressor would be managed so effectively by an older adult that it would not be reported by him or her. As a result, the decreased number of stressors reported by older adults may actually represent better regulation early in the emotion-eliciting process and not complete avoidance of these situations by the older adults. Because people only reported stressors that, by definition, caused them distress, this potential explanation cannot be tested in this study

Age, Daily Uplifts, and Positive Affect

Paralleling the age-related decrease in reported stressors, the oldest women also experienced fewer daily uplifts compared with their younger counterparts. The occurrence of daily uplifts was predictive of higher levels of daily positive affect, but this effect was not modified by age. Thus, the oldest respondents experienced fewer daily uplifts, but when uplifts occurred, the benefits in positive affect were evident regardless of age.

One interpretation of the age reduction in uplifts is that older adults are engaging in fewer experiences overall. Perhaps older adults are more likely to avoid unpredictable situations. This strategy may reduce exposure to stressors, but it may have the unintended consequence of reducing the experience of positive uplifts as well. In support of this interpretation, we found that stressor and uplift occurrence were related such that decreased stressors were accompanied by decreased uplifts. Because negative events have been shown to have a larger impact on people than positive events (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001), these findings further suggest that older adults may gain overall from foregoing uplifts in the effort to avoid stressors.

Protective Benefits of Uplifts vis-à-vis Daily Stressors

We did not find evidence that positive events attenuate negative reactivity to daily stressors. Such results are at odds with other literature showing that positive events buffer against caregiving stress (Kinney & Stephens, 1989). The discrepancy may reflect the fact that this study examined the links between uplifts and reactivity to more minor daily stressors. Perhaps the protective benefits of uplifts exert a stronger significant influence among individuals experiencing chronic stress rather than relatively healthy independently living older women. Given that the sample consisted of fairly healthy older women, we would not expect our findings to generalize to less healthy individuals. For example, relatively healthy older adults with fewer than four health conditions report greater affective well-being than their younger counterparts. Older adults with four or more health conditions, however, lose their age-related advantage in affective well-being and are as reactive to stressors as younger adults (Piazza, Charles, & Almeida, 2007). If the women in our study had many health problems and limitations, they might have reported greater stress reactivity to negative daily events and possibly more stressors (e.g., health-related problems). Similarly, low socioeconomic status may be related to greater numbers of stressors (Baum, Garofalo, & Yali, 1999). If the study had included men, we would have predicted the same age-related reduction in stressors observed in studies using younger samples (Almeida & Horn, 2004). Future studies will have to test these predictions in a more diverse sample.

Limitations and Future Directions

The current study was limited to a select sample and self-reported stressors. Baltes and Smith (2003) studied successfully aging individuals to understand the limits of human development. Similarly, the present study included a sample of high functioning relatively healthy older women. As such, the present findings inform the literature on the relations between age, daily events, and affect among an optimally aging group and provide a basis for comparison for future research. Future studies would therefore benefit from conducting this kind of inquiry in samples that include both

men and women as well as have greater variability in health status and education. Increasing the diversity of the sample would allow for a test of the generalizability of the findings of the present study. Given the emphasis on emotion and underlying physiology, it would also be valuable to begin including biological assessments in these inquiries, such as measures of neuroendocrine regulation and inflammatory processes (see Ryff et al., 2006). Finally, the study design was cross sectional, making interpretations of age changes in uplift and stressors experiences over time impossible. We interpreted our findings in terms of life-span theories, but longitudinal data are necessary to disentangle life-span processes from cohort effects.

Furthermore, future studies would benefit by including observational assessments to control for possible self-report bias when studying the influences of stressors and uplifts on emotional experience. For example, people of varying ages may view the same situation quite differently, where one person mentions the event as a stressor and the other does not. Future studies could also include both explicit and implicit measures to ascertain reasons why the occurrence of both stressors and uplifts vary by age group. The current study was guided by several theories of emotion and aging but did not test underlying mechanisms that explain why the age differences in stressor or uplifts occurred.

Conclusion

Considering the daily context of emotional experiences provides new insight into explaining age differences in affective well-being in very late life. We replicated previous findings of lower levels of negative affect with age and extended the prior literature by documenting that age-related reductions in negative affect can be partially attributed to fewer daily stressors. On the side of positive experience, increased age was accompanied by a reduction in daily uplifts, but when uplifts did occur, these women, regardless of age, showed related gains in positive affect. Overall, the story of these older women, especially the oldest among them, is one of less negative affect accompanied by reduced daily stress and a capacity to benefit emotionally from uplifts when they occur.

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