

Subjective Well-Being in Middle and Late Adulthood

Subjective well-being is a scientific construct synonymous with happiness (Kern et al., 2015), however, it extends to include hedonic well-being; indicative of short-term satisfaction/pleasure, and eudemonic well-being factors such as autonomy and self-acceptance (Ryan & Deci; 2001). The study of subjective well-being focuses on the self-evaluations people make of their present emotions and their lives retrospectively, this analysis includes their moods, life-satisfaction appraisals, event reactions, and fulfilment in a host of areas such as their relationships and work (Diener, Oishi, & Lucas, 2003; Diener et al., 2017). Thus, subjective well-being entails a particularly stable, persistent happiness. Subjective well-being is not merely the overcoming of negative affect, rather it encompasses flourishing across a host of life domains (Butler & Kern, 2016). As such, subjective well-being is not immediately available for measurement as it is a multi-faceted construct, an amalgam of one's processing in a host of psychosocial functions (Sin & Lyubomirsky, 2009). Kern et al., (2014) highlight how all major models and measures of subjective well-being include positive and negative affect, and high and low states of arousal. High ratings of subjective well-being are defined by low negative affect and high positive affect and life-satisfaction (Frisch, 2013). As a scientific measure of happiness subjective well-being research boasts coherent and plausible findings. The facets of which have consistent associations with other variables and are separable under factor analyses, as such (Diener et al., 2017).

Greater subjective well-being can benefit one's health and has been repeatedly shown to increase longevity as happier individuals suffer from fewer ailments and live longer lives (Diener & Chan, 2011). Converging evidence indicates that the variance of subjective well-being is divisible into three contributing factors. circumstantial factors are responsible for 10% of the variance, e.g., marital status and income level (Diener et al., 2006), 40% of the variance is attributable to volitional activities (Lyubomirsky, Sheldon, & Schkade, 2005), with heritability constituting the remaining 50% of the variance (Lykken and Tellegen 1996). However, the genetic determinants can undergo alteration by the choices of an individual (Roysamb, Nes, & Vitterso, 2014) and by the variability in one's environment (Diener et al., 2017).

Income is a circumstantial factor which has a direct effect on an individual's subjective well-being, with higher incomes indicative of higher outcomes (Fahey, Whelan, & Maitre, 2005). This trend is consistent even within poor regions, e.g., Africa (Cramm, Møller and Nieboer, 2010) and is also evident globally with positive associations between a nation's gross domestic product and subjective well-being (Marks, Abdallah, Simms & Thompson, 2006). Life satisfaction is heavily affected by income at the individual and national level (Diener et al., 2017). However, similar demographic determinants such as education level, and marital status account for a minute amount of

the variance in subjective well-being measures (Diener et al., 2003). Social relationships also have a major impact on one's subjective well-being (Diener & Seligman, 2002), especially on positive affect (Tay & Diener, 2011). Interestingly high levels of positive emotions reciprocally raise one's sociability (Berry and Hansen, 1996), and high subjective well-being improves one's social relationships (Diener et al., 2017). High scores on subjective well-being are thus indicative of supportive family and friend groups, job and life satisfaction, and decreased potential risk of illnesses and premature death (Kern et al., 2014). Perceived control over one's development is another variable which has a profound impact on subjective well-being. Thus, perceiving strong control over one's development serves a variety of functions for the hedonic system over the lifespan (Lang & Heckhausen, 2001). Physical exercise also occupies a contributing role in both the psychological and physical well-being of older adults (Pavot & Diener, 2004). The benefits of exercising include decreased negative mood states such as tension, depression and anxiety (Blumenthal & Gullette, 2002).

Westerhof and Barret (2005) demonstrated that maintaining a youthful identity is positively related to subjective well-being, even when controlled for chronological age, socioeconomic status, relationship and employment status, gender, and health. Age identity also had greater influence on positive affect than did the effect of actual age. Thus, fostering a larger discrepancy between subjective and actual age can greatly improve one's subjective well-being in old age. Steverink et al., (2001) similarly found three resources which had a stronger impact on how individuals experience aspects of the aging process more so than one's actual age in a German sample (N=4034, with an age range of 40-85 years). These factors include subjective health, levels of hope/optimism and loneliness. Thus, feeling less healthy had a greater influence on physical decline than one's actual age. Higher levels of hope were more indicative of perceiving the aging process as continuous growth, more so than did being younger. Finally, experiencing aging as indicative of social loss was more related to loneliness and low levels of hope, than by age. These dimensions of the aging process were related to subjective well-being. Physical decline was found to be related to changes in negative and positive affect, but not life satisfaction. However, experiences of continuous growth and social loss related significantly to life satisfaction. This may be due to the preconception of individuals that physical decline is typical of aging, whereas social loss and growth may not be expected to the same degree.

Brickman and Campbell (1971) developed the hedonic treadmill hypothesis which posits that adaptation is inevitable in all circumstances and that people's subjective well-being will return to baseline levels even after extremely positive or negative life events, such as winning the lottery, or a severe accident (Brickman, Coates, & Janoff-Bulman, 1978). This is not surprising when one considers the evidence that despite age-related declines in psychosocial functioning, physical mobility and the loss of important roles very little age differences are exhibited in subjective well-being (Westerhof & Barret, 2005). Life satisfaction has been demonstrated to exhibit remarkable

consistency across the lifespan and cross-culturally. This trend has been confirmed recently with Inglehart (1990) and Diener & Suh (1998) replicating the finding of life satisfaction stability. Positive affect is the only well-being facet which is consistently demonstrated to be lower in older populations (Diener & Suh, 1998). However, Heo et al., (2010) found that older respondents had a higher likelihood of reporting positive affective states compared to their younger counterparts. Similarly, Continuity theory proposes that individuals tend to maintain earlier lifestyle patterns, including self-esteem and values, across the life span (Kim & Moen, 2001).

However, many events can instigate changes in one's subjective well-being, and these alterations often exhibit some degree of longevity. In a meta-analysis of longitudinal studies Luhmann et al., (2012) illustrate the long-lasting effects of changes in circumstance such as unemployment and marriage on life-satisfaction and positive, and negative affect. However, negative events appear to produce the most salient long-term effects and can result in "scarring" whereby one's subjective well-being struggles to return to its normal level even after an unfortunate circumstance has been resolved or alleviated (Clark, Georgellis, & Sanfey, 2001; Deiner et al., 2017). However, if "scarring" does not occur, individuals typically adapt to their circumstances and rebound after major life-events, as subjective well-being has been shown to exhibit decent stability over time and possesses strong associations with persistent personality traits (Deiner et al., 2003). Retirement is one such event which can greatly alter one's subjective well-being (Kim & Moen, 2001). Adjustment to retirement is largely influenced by health (Shaw, Patterson, Semple, & Grant, 1998) and personality characteristics such as self-efficacy and self-esteem (Mutran, Reitzes, & Fernandez, 1997). Transitions, like retirement, must be viewed within their greater contexts to truly see all factors from a life-course perspective. All exigencies such as health crises, and other life paths such as whether one's spouse is about to retire, or return to school, or one's children have reached adulthood themselves must be considered (Elder, 1995).

Terminal decline is exhibited in the last period of one's life and it is a phase characterized by rapid decline due to mortality related processes compromising typical functioning. Gerstorf et al., (2010) found evidence of this process in well-being with individuals transitioning into a period of terminal, mortality dominated steep decline. Thus, terminal decline is not associated merely with sensory and cognitive functioning (e.g., MacDonald, Hultsch, & Dixon, 2008), but extends to include alterations in one's subjective well-being.

As one of the most salient routine life events in late adulthood; retirement can incite significant alterations in an individual's subjective well-being, particularly if 'scarring' occurs (Deiner et al. 2017). Role theory defines employment as fundamental to one's identity and self-construct, however retirement can work in one of two ways. Individuals may feel distressed and vulnerable if they perceive retirement as the loss of an important role in their lives, as the role-enhancement

perspective postulates that employment can be very beneficial and add to one's self-identity. Alternatively, the role-strain perspective highlights how retirement may be welcomed as a positive change if the individual acknowledges the eradication of the difficulties, stress and conflicts that were associated with their employment. Thus, reducing the role-strain and enhancing one's subjective well-being (Kim and Moen, 2001). If Stan and Lisa possessed a role-enhancement perspective of their occupations than the loss of their positions may have decreased their well-being significantly.

Furthermore, their economic resources, personal resources and social relationships after retirement are also crucial contributors to their subjective well-being. Experiencing financial problems post-retirement and not having an adequate income are both likely to result in poor life-satisfaction and maladjustment to one's life post-retirement (Kim & Moen, 1999). George, Fillenbaum, & Palmore (1984) demonstrated that one's personal resources including sociodemographic status as well as personality and health variables are linked to greater satisfaction after retirement. Finally, social relationships are crucial to successful aging, well-being is impacted greatly by marriage and family after retirement. Being married is linked to positive attitudes toward retirement (Mutran et al., 1997). Kim and Moen (2001) suggest this is due to marriage alleviating some of the uncertainty associated with this transition and highlighted how marriage quality is also related to adjustment to this life stage (Kim & Moen, 1999).

Individuals in middle to late adulthood with better subjective health, higher educational levels and incomes, stronger hope and less loneliness experience the aging process more in terms of continuous growth as opposed to physical and social declines (Steverink et al., 2001). Furthermore, people with fewer children exhibited more negative views of aging than people with more children (Connidis, 1989). Grob (1995) illustrated that individuals can manage one critical life event effectively, but when faced with two or more within a period of five years their subjective well-being experiences significant decreases. Thus, Stan and Lisa may have experienced declines in their subjective well-being due to the rapid degradation in their subjective and objective health. After Stan's death, Lisa's hope inevitably decreased, and her loneliness increased significantly, both of these trends would have also been furthered by her hearing loss and decreased sociability and her need to rely on others for help. Positive affect is greatly influenced by negative life events which represent major life transitions (Veenhoven, 1994). Furthermore, loneliness is a risk factor for functional decline and poor health outcomes (Hawkley & Cacioppo, 2010). Widowhood and similar major events result in long-lasting changes in subjective well-being (Headey, 2008; Lucas, 2007) as these results produce high levels of 'scarring' (Deiner et al., 2017). Gerstorf et al., (2010) found further evidence of terminal decline with steep deteriorations in well-being exhibited in the last three to five years of life. Thus, they posit that impending death is perceived as the final major life event that overwhelms the mechanisms that keep well-being stable.

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