



Anxieties about aging and death and psychological distress: The protective role of emotional complexity



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ABSTRACT

Death and aging anxieties are related to higher psychological distress, but no study has examined whether these relationships are moderated by emotional complexity, an important indicator of adaptive emotional regulation among older adults. Participants ($N = 188$; mean age = 57; range = 29–100) rated their death and aging anxieties, general psychological distress, and reported their emotions on a daily basis over 14 days. Results showed that emotional complexity moderated the relationship between each of the two anxieties and psychological distress (i.e., the positive relationship between the two anxieties and psychological distress existed only among subjects with low emotional complexity). The findings suggest that emotional complexity buffers against psychological distress, and can be further explored as a facilitating mechanism in protecting against the negative mental health effects of aging and death anxieties.

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Emotional complexity is a multifaceted construct, considered as a personal asset and as an important indicator of adaptive emotional regulation among older adults (Bodner, Palgi, & Kaveh, 2012; Grün, Lumley, Diehl, & Labouvie-Vief, 2013). Yet, there is no agreement upon the theoretical or operational definition of emotional complexity. Two common psychometrically valid approaches to emotional complexity are either concerned with the extent to which individuals simultaneously experience different emotions (report of occurrence of positive and negative affect at the same time; Ong & Bergeman, 2004), or to how clearly they differentiate between them (express a varied and nuanced set of emotions; Grün et al., 2013). The current study aims to examine if emotional complexity protects against the effects of existential anxieties on psychological distress throughout life, so that higher levels of emotional complexity can buffer the effect of aging and death anxieties on symptoms of psychological distress.

1. Aging anxiety and psychological distress

Aging anxiety is defined as concern and anticipation of adverse physical, mental, and personal losses during the aging process

(Lasher & Faulkender, 1993). It can relate to symptoms of depression, anxiety and related somatic manifestations, together defined as psychological distress (Derogatis, 2001). Although worries from adverse physical consequences of aging can be associated with somatic concerns, fear of future mental deterioration can be associated with manifestations of anxiety, and worries about future personal losses may lead to depression, only few studies have examined these relationships. These studies suggest that higher aging anxiety is associated with more psychological distress. One study demonstrated a positive correlation between aging anxiety and depression (Kim & Lee, 2007). Another discovered that health anxieties, and in particular anxiety about loss of attractiveness, were strongly associated with greater psychological distress (Barrett & Robbins, 2008). Finally, higher levels of personal distress predicted higher levels of aging anxiety (Allan, Johnson, & Emerson, 2014).

2. Death anxiety and psychological distress

Death anxiety deals with the fear of the end of life and with the fear of the unknown afterlife (Carmel & Mutran, 1997; Lasher & Faulkender, 1993; Yan, Silverstein, & Wilber, 2011). It describes an emotional state of death awareness, in which people experience terror as a response to the knowledge of their mortality, which is not triggered by an immediate life threat (Russac, Gatiloff, Reece,

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& Spottswood, 2007). Several studies have shown the effect of death awareness and death anxiety on psychological distress. In three laboratory studies, induced death awareness, mostly in undergraduate students, increased the intensity of symptoms of anxiety disorders (e.g., Strachan et al., 2007). There are also reports that death anxiety is a central feature of health anxiety that may play a significant role in anxiety disorders and depression (Furer & Walker, 2008). Maxfield, John, and Pyszczynski (2014) argue that death anxiety can also lead to depression, as both are related to existential concerns with the loss of meaning in life. Accordingly, Bachner and his colleagues found that fear of death predicted depressive symptoms among religiously observant caregivers of terminal cancer patients (Bachner, O'Rourke, & Carmel, 2001). Other studies found an association between death anxiety and both depression and suicide risk (Barr & Cacciatore, 2008).

3. Emotional complexity as a moderator

The evidence regarding the direct association between emotional complexity and psychological distress is inconsistent. High emotional complexity was found to be negatively associated with neuroticism (Ready, Anna, Åkerstedt, & Mroczek, 2012), and positively associated with adjustment (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000) and resilience (Ong & Bergeman, 2004). Nevertheless, in a recent lifespan sample, two indices of emotional complexity, emotional co-occurrence and differentiation, were negatively related to measures of well-being (Grühn et al., 2013).

In light of this inconsistency, it is possible that greater emotional complexity contributes to lower psychological distress by interacting with other variables, mainly with stressors. This assumption receives some support from the literature on self-complexity (Linville, 1987). Self-complexity, a more general term than emotional complexity, which focuses on emotions, describes a complex cognitive representation of the self that allows people to mentally distinct their self-knowledge, by separating between thoughts about various traits, behaviors, social roles, or emotions. Linville (1987) found that self-complexity buffers the effect of stress on psychological distress and Koch and Shepperd (2004) suggested a positive, moderating relationship between self-complexity and coping. As emotional complexity is a manifestation of self-complexity, it is possible that it also acts as a buffer of distress. Lately, some researchers found evidence for the role of emotional complexity in moderating the effect of problematic tendencies on various forms of psychological distress. Emotional complexity moderated the effect of rumination tendencies on non-suicidal self-injury acts and self-injury urges in a clinical sample (Zaki, Coifman, Rafaeli, Berenson, & Downey, 2013). It also buffered the effect of direct provocation on aggressive tendencies, and protected people with anger tendencies from potentially harmful conflicts (Pond et al., 2012). However, the abovementioned studies focused on young individuals, and did not examine whether emotional complexity protects against the effects of existential anxieties on psychological distress throughout the adult lifespan.

In line with the previous findings, we suggest that emotional complexity would function as a moderator in the relationship between aging and death anxieties and psychological distress. Therefore, our hypotheses were as follows:

- (1) Aging and death anxieties would be positively related to psychological distress.
- (2) High emotional complexity would act as a buffering mechanism, and moderate the relationship between aging and death anxieties on the one hand and psychological distress on the other hand.

4. Method

4.1. Participants and procedure

The sample (Shrira, Bodner, & Palgi, 2014) included 188 adults (mean age = 57.84, $SD = 17.68$, range = 29–100). Half of the sample included females (50.3%) and most respondents had an above-high-school or academic education (58.5%), were married (66.3%) and reported good to very good health (65.2%).

Research assistants recruited community-dwelling participants who reported being free from severe cognitive impairment. Participants completed booklets of mental health questionnaires at baseline and at the end of the study, and in between completed measures of emotions each day for a consecutive period of 14 days. Overall, participants completed reports in 2576 days (97.8% of the study days). The study received approval by an ethical review committee in Bar-Ilan University. All participants gave their informed consent.

4.2. Measures

Aging anxiety was measured by a shortened version of Aging Anxiety Scale constructed and validated by Yan et al. (2011). This 6-item scale is rated from 1 (*strongly disagree*) to 5 (*strongly agree*). An average score was computed with higher values indicating higher aging anxiety. Cronbach's α was 0.85.

Death anxiety was measured by the Fear of Death subscale taken from the Death Attitude Profile-Revised questionnaire (Wong, Reker, & Gesser, 1994). This 7-item scale was rated from 1 (*completely disagree*) to 7 (*completely agree*). An average score was computed with higher values indicating higher death anxiety. Cronbach's α was 0.85. Three judges agreed upon the Hebrew adaptation of the above-mentioned two measures: the first completed a translation from English into Hebrew, the second made an independent back-translation into English, and the third reviewed both versions.

Psychological distress was measured by the 18-item Brief Symptom Inventory (BSI-18; Derogatis, 2001). The BSI is a widely used questionnaire. Participants were asked to indicate on a scale ranging from 0 (*not at all*) to 4 (*very much*) to what extent they were troubled by symptoms of depression, anxiety, and somatization during the last two weeks. An average score was computed with higher values indicating higher psychological distress. Cronbach's α was .88.

Indices of emotional complexity were based on daily reports of emotions assessed by the Scale of Positive and Negative Experience (SPANE; Diener et al., 2010). Whereas the frequently used Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988) focuses on high arousal emotions, SPANE was devised to include both high and low arousal emotions (Diener et al., 2010), and may therefore better reflect emotional complexity. Participants were instructed to rate the emotions experienced during the day at the end of each day. Each item was scored on a scale ranging from 1 (*not at all or to a very small degree*) to 5 (*to a very large degree*). Internal consistency coefficients estimated on all 14 days suggest good internal consistency (mean $\alpha = .90$, $SD = .02$, range = .86–.92 for PA, and mean $\alpha = .84$, $SD = .03$, range = .79–.88 for NA).

Next, we calculated two indices of emotional complexity. The first, the co-occurrence index, reflected the correlation between each participant's mean scores of positive affect (PA) and mean scores of negative affect (NA) across the 14 days of data (Carstensen et al., 2000; Ong & Bergeman, 2004). A low score refers to negative correlation between PA and NA; a moderate score – to a relative independence between affects (correlations near zero),

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