

# 6

## EMOTIONAL AGING IN DIFFERENT CULTURES: IMPLICATIONS OF AFFECT VALUATION THEORY

JEANNE L. TSAI AND TAMARA SIMS

Demographers report that across the world, people are living longer (World Health Organization, 2014). And yet, even after controlling for economic factors, nations vary significantly in terms of average life expectancy. For instance, the average life expectancy in the United States (79.56 years) is 3 to 4 years lower than that of Japan (84.46 years) and Hong Kong (82.78 years; Central Intelligence Agency, 2013). These differences raise the possibility that cultural factors play some role in human aging. In this chapter, we explore how culture may shape *emotional* aging. We discuss different ways in which age and culture might interact to influence emotion and other affective phenomena, review previous research, describe our own work, and then discuss directions for future research. But first we define our terms.

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## DEFINITIONS

By *emotion and other affective phenomena*, we broadly refer to states (feelings, emotions, moods, traits) that involve changes in physiology, subjective experience, and behavior in response to a meaningful event. By *affect*, we are referring to states that are described in terms of the dimensions of valence (negative–positive) and arousal (low–high; e.g., Barrett & Russell, 1999; Larsen & Diener, 1992; Watson & Tellegen, 1985; see Figure 6.1). The *valence* dimension refers to whether states are associated with gain (positive) or threat/loss (negative), whereas the *arousal* dimension refers to whether states are associated with increased energy and mobilization (high arousal) or decreased energy and rest (low arousal). Thus, states such as excitement and enthusiasm are classified as high arousal positive states (HAP), whereas states such

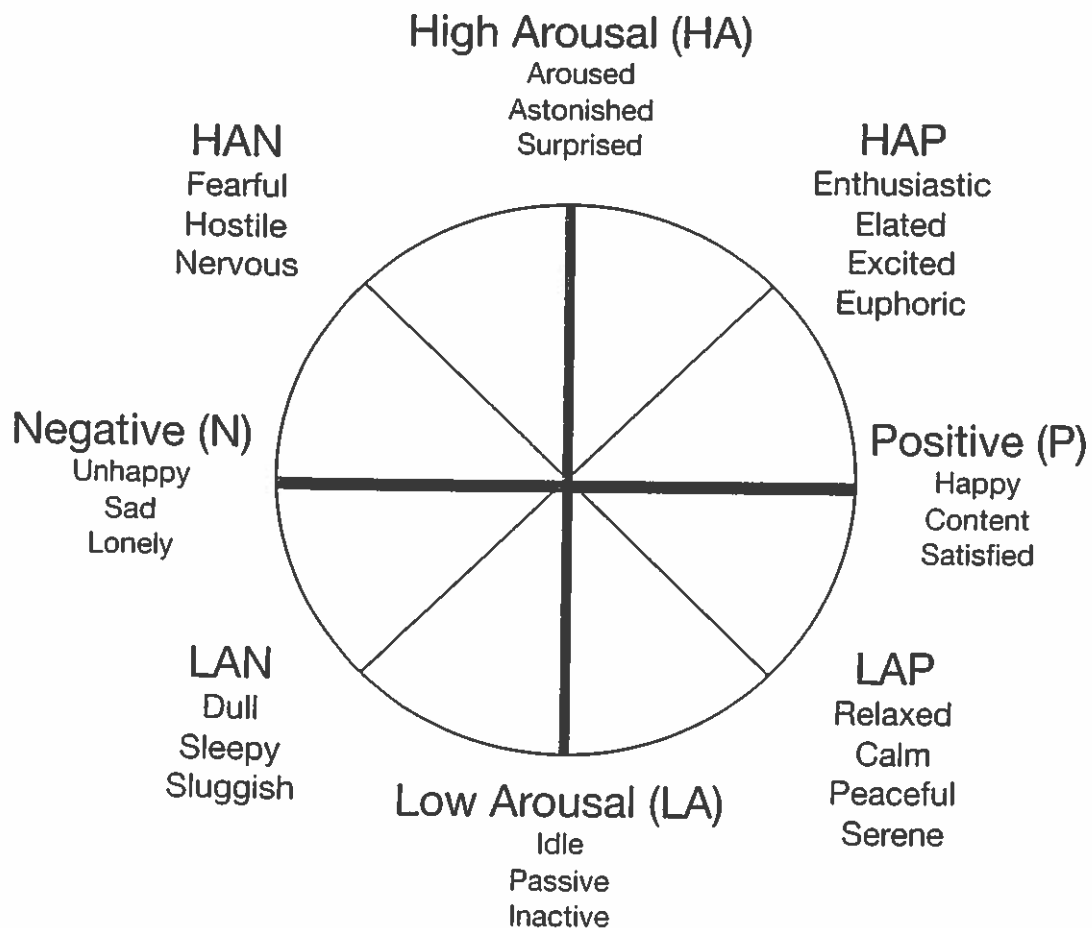


Figure 6.1. Two-dimensional model of affect. From *Handbook of Culture and Consumer Behavior* (p. 70), by S. Ng and A. Y. Lee (Eds.), 2015, New York, NY: Oxford University Press. Copyright 2015 by Oxford University Press. Reprinted with permission.

as calm and relaxation are classified as low arousal positive states (LAP). We focus on affective states because previous studies have demonstrated that these dimensions hold across a variety of cultures and languages, and are therefore comparable across cultures (e.g., Russell, Lewicka, & Nitt, 1989).

By *aging*, we refer to biological, psychological, and social processes that occur over the course of the human lifespan, from birth to death. In this chapter, we focus primarily on adulthood and therefore describe processes that occur from age 18 onward.

By *culture*, we refer to the shared, historically derived, and socially transmitted ideas that are reflected in widely distributed artifacts, practices, and institutions and that are both products of human action (i.e., created by humans) and producers of future human action (i.e., shapers of future human behavior; Adams & Markus, 2004; Kroeber & Kluckhohn, 1952). Cultural ideas exist regarding almost all types of human activity (Shore, 1996), including affect and aging. For instance, in the context of affect, cultures differ in their beliefs about what feelings are desirable to experience as well as appropriate to express, and these beliefs are reflected in advertisements, books, and other forms of media (e.g., Tsai, Louie, Chen, & Uchida, 2007). In the context of aging, cultures differ in their views of older adults as well as in their beliefs about what constitutes a desirable way to age (Liu, Ng, Loong, Gee, & Weatherall, 2003). Because cultural ideas are so pervasive, people often assume they are “natural” and “universal.” For this reason, cross-national comparisons are critical for revealing and understanding how affect and aging are shaped by cultural factors.

## TWO HYPOTHESES REGARDING THE INTERSECTION OF AGE, AFFECT, AND CULTURE

Two main hypotheses regarding the effects of age and culture on emotion and other affective phenomena exist. The first is that age-related changes in emotion are universal, and therefore, are similar across cultural contexts (*universal hypothesis*). For instance, socioemotional selectivity theory predicts that across cultures, as people approach the end of their lives, they become increasingly concerned with emotional versus informational goals (Carstensen, Isaacowitz, & Charles, 1999). As a result, people regulate their emotions and environments in order to optimize their emotional experience. Indeed, in both longitudinal and cross-sectional studies, Carstensen and others have observed that older adults experience similar or greater levels of positive affect and lesser levels of negative affect than younger adults (e.g., Carstensen, Pasupathi, Mayr, & Nesselrode, 2000; Carstensen et al., 2011; Charles, Reynolds, & Gatz, 2001; Mroczek & Kolarz, 1998). These findings

have been replicated in different cultural contexts (for a review, see Diener & Suh, 1998), such as Germany (Riediger, Schmiedek, Wagner, & Lindenberger, 2009) and China (Pehlert & Chen, 2010).

The second hypothesis is that the effects of age on affective processes vary across cultures and are more pronounced in some contexts and less pronounced or even nonexistent in others (*culture-specific hypothesis*). For instance, while older adults reported higher intensity of positive experiences and lower intensity of negative experiences than younger adults in the United States, these age differences were not observed in Japan (Grossmann, Karasawa, Kan, & Kitayama, 2014). Almost by definition, the culture-specific hypothesis is more complex than the universal hypothesis because it highlights the importance of understanding not only cultural ideas about emotion but also cultural ideas about aging and other relevant constructs (see Yoon, Hasher, Feinberg, Rahhal, & Winocur, 2000, for an example on memory).

To examine whether the universal or culture-specific hypothesis is most supported by the existing literature, we reviewed empirical studies that examined at least one aspect of emotional functioning, that included more than one ethnic or cultural group, and that systematically compared age groups in adulthood. These studies are listed by year and summarized in Table 6.1.

As mentioned earlier and illustrated in Table 6.1, surprisingly little research has been conducted on affect and aging across cultures. Despite this, several patterns emerge from the handful of studies that do exist: (a) as most studies on aging, the majority of these studies are cross-sectional; (b) almost all have focused on age differences in people's actual affective experiences (i.e., the feelings they are experiencing or have experienced); and (c) most studies reveal more cultural similarities than differences. For instance, as mentioned earlier, across cultures, actual affective experience has consistently been found to improve (typically characterized as either increases in positive affect, decreases in negative affect, or both) through middle age, eventually plateauing in older adulthood. One reason that previous studies have observed more cultural similarities than differences may be because they focus on how people actually feel (their "actual affect") rather than how people ideally want to feel (their "ideal affect"). As described next, *affect valuation theory* (AVT) predicts that cultural factors may shape ideal affect more than actual affect.

## AFFECT VALUATION THEORY

AVT has three main premises: (a) actual affect differs from ideal affect; (b) cultural factors shape ideal more than actual affect; and (c) how people want to feel has important consequences for a variety of outcomes, including what they do to feel good, how they conceive of health and well-being, what

TABLE 6.1  
Review of Cross-Cultural Studies Comparing the Effects of Age on Affect

Study	Dependent variable	Age range	Cultural groups	Age effect	Universal vs. culture-specific
Carstensen, Pasupathi, Mayr, & Nesselroade (2000)	Experience sampling of positive and negative affect frequency	18-94	European American, African American	None for positive affect; decrease in negative affect until middle age and then plateau in old age	Universal
Tsai, Levenson, & Carstensen (2000)	Online and retrospective reports of positive and negative affect after watching film clips	Young (20-34), Older (70-85)	European American, Chinese American	None for negative affect; decrease in retrospective report of positive affect	Universal
Norris, Kaniasy, Conrad, Inman, & Murphy (2002)	Clinical assessment of PTSD symptoms after disaster	18-88	American (non-Hispanic), Mexico, Poland	Decrease through middle-age and then increase for U.S.; increase for Poland; decrease for Mexico	Culture-specific
Blanchflower & Oswald (2004)	Global single-item reports of happiness	Lifespan sample (age range not reported)	Black and White, American and British	Increase in happiness until 60s and then decline in old age	Universal

(continues)

TABLE 6.1  
Review of Cross-Cultural Studies Comparing the Effects of Age on Affect (Continued)

Study	Dependent variable	Age range	Cultural groups	Age effect	Universal vs. culture-specific
Blanchflower & Oswald (2008)	Global single-item reports of happiness	20–85+	Albania, Argentina, Australia, Azerbaijan, Belarus, Belgium, Bosnia, Brazil, Brunei, Bulgaria, Cambodia, Canada, Chile, China, Colombia, Costa Rica, Croatia, Czech Republic, Denmark, Dominican Republic, Ecuador, El Salvador, Estonia, Finland, France, Germany, Greece, Honduras, Hungary, Iceland, Iraq, Ireland, Israel, Italy, Japan, Kyrgyzstan, Laos, Latvia, Lithuania, Luxembourg, Macedonia, Malta, Mexico, Myanmar, Netherlands, Nicaragua, Nigeria, Norway, Paraguay, Peru, Philippines, Poland, Portugal, Puerto Rico, Romania, Russia, Serbia, Singapore, Slovakia, South Africa, South Korea, Spain, Sweden, Switzerland, Tanzania, Turkey, UK, Ukraine, Uruguay, U.S., Uzbekistan, Zimbabwe	Increase in happiness until 60s and then decline in old age	Universal

You, Fung, & Isacowitz (2009)	Global reports of trait optimism	Young (18–28), Older (52–84)	American, Hong Kong Chinese	Increase for U.S.; decrease for Hong Kong	Culture-specific
Rehmel & Chen (2010)	Global reports of trait positive and negative affect	Young (18–29), Older (60–92)	American, Mainland Chinese	None for positive affect; decrease in negative affect	Universal
Carstensen et al. (2011) <sup>a</sup>	Experience sampling of positive and negative affect frequency	18–94	European American, African American	Increase in positive relative to negative affect through old age and then plateaus	Universal
Yung & You (2011)	Situation sampling of anger responses in a relational context	Young (18–24), Older (57–87)	Hong Kong Chinese, Mainland Chinese	In family situations, decrease in anger among Hong Kong and increase in anger for Mainland	Culture-specific
Karasawa et al. (2011)	Global reports of hedonic well-being (positive and negative affect frequency)	25–74	American, Japanese	Increase in positive affect; decrease in negative affect;	Universal
Grossmann, Karasawa, Kan, & Kitayama (2014)	Situation sampling of recalled emotion intensity in positive and negative experiences	25–79	American, Japanese	Higher intensity in positive experiences and lower intensity in negative experiences for U.S.; no effect for Japan	Culture-specific

Note. We mention only the affective variables for each study. <sup>a</sup>Only study using longitudinal design; all others are cross-sectional.

consumer products they prefer, and even how they judge other people, above and beyond the effects of actual affect (Tsai, 2007). We next discuss each premise of AVT in more detail.

### Actual Affect Differs From Ideal Affect

Most research in psychology has focused on how people actually feel, or what we refer to as their *actual affect*. Actual affect is a response to an immediate event or outcome (momentary actual affect) or a tendency to respond in a particular way to different events or outcomes (global actual affect). In contrast, *ideal affect* is a goal or desired state that people may work—consciously or not—to achieve. Whereas actual affect is a summary of one's state ("How am I feeling?"), ideal affect provides a way of evaluating that state ("Is this feeling good and right?"). Ideal affect also serves as a guide for future behavior ("Is this person, activity, event going to make me feel how I want to feel?").

When we ask participants to rate how much they actually feel the various affective states listed in Figure 6.1, and how much they ideally want to feel them on average, across cultures, participants report wanting to feel more positive than negative, and wanting to feel more positive and less negative than they actually feel (Koopmann-Holm & Tsai, 2014; Sims, Tsai, Jiang, et al., 2015; Tsai, Knutson, & Fung, 2006). This distinction between ideal and actual affect has been observed in several other studies as well (Barrett, 1996; Chow & Berenbaum, 2012; Kämpfe & Mitte, 2009; Ruby, Falk, Heine, Villa, & Silberstein, 2012; Rusting & Larsen, 1995; Scheibe, English, Tsai, & Carstensen, 2013; Scollon, Howard, Caldwell, & Ito, 2009; Västfjäll, Gärling, & Kleiner, 2001). Structural equation modeling also reveals that actual affect and ideal affect are distinct constructs that are weakly to moderately correlated with each other (Koopmann-Holm & Tsai, 2014; Tsai et al., 2006). Moreover, across several studies, we have demonstrated that actual affect and ideal affect exert independent effects on various behaviors (e.g., Sims, Tsai, Koopmann-Holm, Thomas, & Goldstein, 2014; Sims & Tsai, 2015b; Tsai, 2007; Tsai, Miao, et al., 2007).

### Culture Shapes Ideal Affect More Than Actual Affect

The second premise of AVT is that although most people want to feel good, culture shapes the specific positive states they want to feel. Shweder (2003) and Rozin (2003) argued that culture teaches people what is good, moral, and virtuous as well as what is bad, immoral, and sinful. In our work over the last 10 years, we have applied this idea to affect, and we argue that culture teaches people what feelings are good, moral, and virtuous. In recent work, we have also demonstrated that cultures teach people what feelings are



undesirable, or which states people should want to avoid (*avoided affect*; see Koopmann-Holm & Tsai, 2014).

We have primarily tested the notion that cultures differ in their ideal affect by comparing North American and Chinese contexts (Tsai et al., 2006; Tsai, Miao, et al., 2007). One major distinction between North American and Chinese contexts is the degree to which they are individualistic (vs. collectivistic), or the degree to which they emphasize individual vs. group goals. We predicted that differences in individualism–collectivism would shape the affective states that European Americans and Chinese ideally want to feel. North American contexts are more individualistic and promote an independent view of self in which one of people's main goals is to influence others (i.e., express and assert their beliefs, desires, and preferences, and change their environments so that they are consistent with these beliefs, desires, and preferences). In contrast, Chinese and many other East Asian contexts are more collectivistic and promote an interdependent self in which one of people's main goals is to adjust to others (i.e., suppress their beliefs, desires, and preferences in order to accommodate those of the group).

We predicted that because influence requires action, and action involves increases in physiological arousal, the more cultures and individuals value influence, the more they want to feel HAP states such as excitement. Conversely, because adjustment requires suspended action (at least initially) so that individuals can assess the needs of others, and decreases in action involve reduced physiological arousal, the more cultures and individuals value adjustment, the more they want to feel LAP states such as calm (Tsai, Miao, et al., 2007).

As predicted, in several survey studies, European Americans reported wanting to feel HAP states more than Hong Kong Chinese, and Hong Kong Chinese reported wanting to feel LAP states more than European Americans (Tsai et al., 2006; Tsai, Miao, et al., 2007, Study 1). In addition, Chinese Americans and other East Asian Americans (who are oriented to both American and Chinese/East Asian contexts) valued HAP states at similar levels as their European Americans counterparts and more than their Hong Kong Chinese counterparts, but valued LAP states at similar and sometimes greater levels as their Hong Kong Chinese counterparts and more than their European American counterparts. Moreover, these cultural differences were mediated by influence and adjustment goals (Tsai, Miao, et al., 2007), suggesting that ideal affect is not only hedonic but also instrumental.

These cultural differences emerge in widely distributed cultural products such as web-based profiles, American advertisements, and bestselling children's storybooks (Tsai, 2007; Tsai, Louie, et al., 2007). For instance, recently we found that American CEOs and university presidents displayed more excited smiles than Chinese CEOs, government leaders, and university presidents in official photographs posted on their websites (Tsai et al., in press).

These findings suggest that one way in which people learn to value specific affective states is by being exposed to various products that reflect a culture's ideal affect. Indeed, when European American, Asian American, and Taiwanese preschoolers were exposed to stories that emphasized excitement (vs. calm) and were then asked whether an excited or calm face was "more happy," preschoolers across cultural contexts were more likely to choose the excited smile if they had read the "exciting" story and the calm smile if they had read the "calm" story (Tsai, Louie, et al., 2007).

These cultural differences in ideal affect often emerge against a backdrop of cultural similarities in actual affect. In cases in which group differences in actual affect do emerge, the group differences in ideal affect remain significant even after controlling for actual affect (e.g., Tsai et al., 2006). Furthermore, when we control for extraversion and neuroticism, these group differences in actual affect often disappear (e.g., Tsai et al., 2006). These findings support the second part of the second premise of AVT that temperamental factors shape actual more than ideal affect. Consistent with this prediction, survey studies have demonstrated that neuroticism and extraversion (which are associated with temperament) account for greater variance in actual LAP and HAP, respectively, than ideal LAP and ideal HAP, whereas cultural factors such as influence and adjustment goals shape ideal HAP and ideal LAP more than actual HAP and actual LAP (Tsai et al., 2006, 2007). Although many theories of emotion acknowledge the influences of temperamental and cultural factors, AVT is one of the first to specify the ways in which cultural and temperamental factors shape affective functioning.

### **Ideal Affect Predicts Daily Behavior**

The third premise of AVT is that people's ideal affect has various consequences for their behavior. Although most people want to feel good, what they specifically do to feel good should vary depending on how they ideally want to feel. For instance, the more a person wants to feel HAP, the more likely she may be to go to an exciting movie when she feels bad, whereas the more a person wants to feel LAP, the more likely she may be to stay at home and read a book when she feels bad. Indeed, the more people value HAP, the more likely they are to mention many different activities and to mention exciting (vs. calm) activities when describing their ideal vacations (Tsai, 2007). People's ideal affect also predicts their consumer preferences: The more people value HAP states and the less they value LAP states, the more they prefer exciting (vs. calming) lotions, gums, music, and even physicians (Sims & Tsai, 2015b; Sims, Tsai, et al., 2014; Tsai, 2007; Tsai, Chim, & Sims, 2015). People's ideal affect also shapes their conceptions of well-being and depression: The more people value HAP states, the more likely they are

to define well-being in terms of feeling excitement and other HAP states, and the more likely they are to define depression as the opposite of HAP states—i.e., sluggishness, boredom, and other low arousal negative states (Tsai, 2007). Finally, ideal affect even appears to shape how people respond to others—people perceive targets whose affective characteristics match their ideal affect as more trustworthy (Sims et al., 2014).

Thus, because ideal affect has consequences for daily behaviors, and cultures differ in their ideal affect, we predict that there are cultural differences in the degree to which people engage in excited versus calm activities. Indeed, European Americans mention more activities and more excitement compared with Hong Kong Chinese when describing their ideal vacations, and these differences are mediated by ideal affect (Tsai, 2007). European Americans are more likely to choose exciting (vs. calm) consumer products than their Hong Kong Chinese counterparts, and these differences are again due to ideal affect (Tsai, Chim, & Sims, 2015). European American conceptions of happiness and well-being contain more HAP and less LAP than Hong Kong Chinese conceptions of happiness and well-being (Tsai & Hong, 2015). European Americans are also more likely to choose and recall more recommendations from “exciting” vs. “calm” physicians compared to Asian Americans (Sims & Tsai, 2015a). Recent neuroimaging evidence even suggests that European Americans find excited (vs. calm) faces to be more rewarding compared to Chinese (Park, Tsai, Chim, Blevins, & Knutson, 2015). Together, these findings suggest that because cultures differ in their ideal affect, and ideal affect is linked to various behaviors, one source of cultural differences in these behaviors may be ideal affect.

### EFFECTS OF AGE ON ACTUAL AND IDEAL AFFECT

Because most of the work described above has focused on college student samples, we know little about how ideal affect changes with age. Previous work has demonstrated age-related changes in affect regulation goals. For example, in a German sample ranging from 14 to 86 years of age, older participants reported wanting to maintain their current experience of positive affect and wanting to dampen their experience of negative affect more than their younger counterparts (Riediger et al., 2009). Interestingly, adolescents wanted to maintain or enhance the level of negative affect they were experiencing more than middle-aged or older adults. However, this work focused on how people want to change or influence their current affective states rather than what people ultimately want to feel, independent of how they are actually feeling. Moreover, the authors did not distinguish between different types of positive and negative states (Riediger et al., 2009).

Scheibe and colleagues (2013) addressed this gap by assessing in a North American sample how much people wanted to feel different types of positive and negative states. Specifically, Scheibe et al. compared global ratings of actual and ideal HAP and LAP in a primarily European American sample ranging from 18 to 93 years of age. How often people wanted to feel LAP states increased until age 70 and then declined. In contrast, the degree to which people wanted to feel HAP states remained relatively stable until age 70 and then declined. Moreover, with age, there was an increasing emphasis on LAP versus HAP states. In terms of actual affect, actual LAP increased steadily with age and then tapered off at advanced old age, whereas actual HAP remained steady with age. Importantly, the age-related changes in ideal HAP and LAP held after controlling for actual HAP and LAP, suggesting that they were not due to age-related changes in actual affect. However, because this study focused on an American sample, it remains an open question whether these age-related changes in ideal and actual affect hold across cultures.

### **Role of Cultural Ideals of Healthy Aging**

Although there are many ways in which cultures might differ in their views of or attitudes toward aging (Löckenhoff et al., 2009), we have been particularly interested in cultural differences in people's ideals of healthy aging and how they might impact people's ideal affect. Because Americans believe that they exist independently of their circumstances and that they should influence their environments (Morling, Kitayama, & Miyamoto, 2002; Schwartz & Ros, 1995), the ideal way to age in American culture is to actively resist aging as a way of maintaining youth. Indeed, the more European Americans identify with being young, the happier and healthier they are (Barak & Rahtz, 1999; Montepare & Lachman, 1989). Thus, even while their minds and bodies are aging, Americans believe they can fight old age by exercising their minds and bodies, having cosmetic surgery, and keeping active (Bayer, 2005; Rubinstein & Canham, 2008). The American emphasis on maintaining youth may explain why European American contexts "rarely specify in any detail" roles for individuals after they reach 60 years of age (Kitayama, 2001, p. 223) and why many Americans deny the changes that accompany aging (Barak, Mathur, Lee, & Zhang, 2001; Barak & Rahtz, 1999; Öberg & Tornstam, 2001; Westerhof & Barrett, 2005).

In contrast, because Chinese culture emphasizes adjusting to one's circumstances (Morling et al., 2002) and accepting change (vs. stability) as a normal part of life (Ji, 2008), Chinese and people from other East Asian contexts may be more accepting of and even value age-related change compared with Americans (Kitayama, 2001). Indeed, whereas Americans want to be 10 to

20 years younger than they are, Chinese want to be only 3 years younger than they are (Westerhof & Barrett, 2005). Moreover, rates of anti-aging cosmetic surgery are over 10 times lower for Asian Americans than European Americans (American Society of Plastic Surgeons, 2014). Together, these data suggest that Chinese may place more value on their current age than Americans do.

We directly tested this prediction in an unpublished study of 109 European American, 59 Asian American, and 109 Hong Kong Chinese undergraduate college students (58.5% female, average age = 20.26 [SD = 2.10] years). To assess the value placed on accepting the aging process, we asked participants “How important is it to (act/feel/dress/be perceived as) your current age?” on a scale from 1 = *not at all* to 5 = *extremely important*. Our main prediction was that Hong Kong Chinese would endorse “being one’s current age” more than would European Americans, with Asian American falling in the middle. As illustrated in Figure 6.2 (left), our findings supported this prediction. Moreover, when asked how important it was for people in their 20s, 40s, and 60s to “act their current age,” we found a similar pattern across all ages: Hong Kong Chinese and Asian Americans rated that it was more important for people in their 20s, 40s, and 60s to be their current age than did European Americans (Figure 6.2, right). Although these findings are preliminary, they support the idea that Chinese people value being one’s current age more than European Americans do.

It is important to note that although related, we conceptualize ideals of healthy aging as distinct from views of old age. While ideals of healthy aging refer to the desired process of aging (i.e., how people want to age over time), views of old age refer to a perceived outcome of aging (i.e., how people perceive themselves or others during old age). Although the two may be related, they are conceptually independent. For instance, while two people may hold similar negative views of old age (e.g., as undesirable), one person might believe that resisting old age and acting as young as possible is the best way

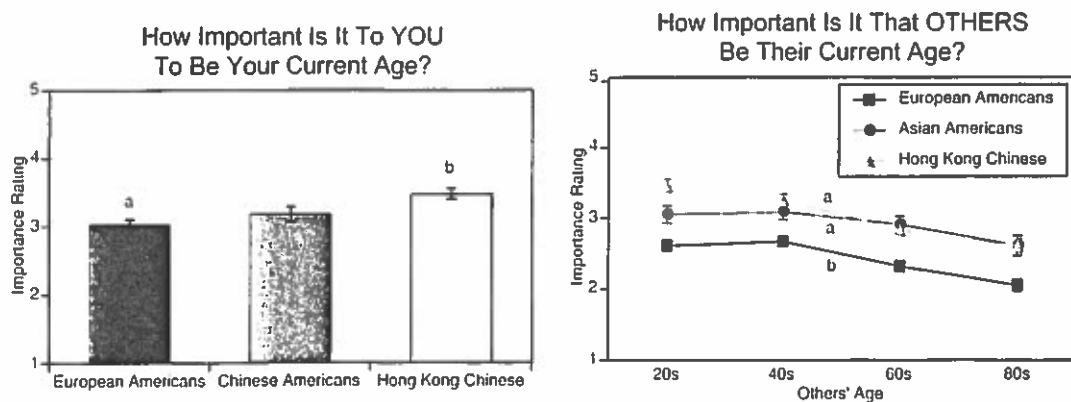


Figure 6.2. Ideals of healthy aging by cultural group.

to age, whereas the other might believe that accepting one's age and acting one's age is the best way to age.

In the cross-cultural literature, previous work has demonstrated that while most cultures associate old age with physical and cognitive decline, American culture holds a more negative societal view of old age than Chinese culture does (Barak et al., 2001; Chang, Chang, & Shen, 1984; Levy & Langer, 1994; Löckenhoff et al., 2009; Streib, 1987). Indeed, Löckenhoff et al. (2015) argued that the previous literature comparing attitudes toward aging in Eastern and Western contexts is mixed because studies differ in which attitudes they are examining (i.e., some examine attitudes toward older adults, whereas others examine attitudes toward one's own aging). In our own work, we are interested in how American and Chinese ideally want to age (i.e., by resisting or accepting changes resulting from the aging process) because we expect this is especially relevant for age-related changes in ideal affect. For example, if European Americans believe they should resist aging, then European older adults should endorse affective ideals that are similar to those of their younger peers, regardless (or even in spite) of how they actually feel. Thus, we would predict few age-related changes in ideal affect among European Americans. However, if Chinese think they should accept aging, then they should adjust their affective ideals to be consistent with how they actually feel.

Both the AVT and the universal hypothesis make similar predictions about actual affect. AVT predicts that culture would shape ideal affect more than actual affect. Therefore, we predicted that age differences in actual affect should hold across cultures in ways that are consistent with socioemotional selectivity theory (Jiang, Fung, Sims, Tsai, & Zhang, 2015; Scheibe et al., 2013). Specifically, across cultures, as people age, they should experience increases in LAP and no changes in HAP.

To begin to test these hypotheses, in collaboration with Helene Fung and her students at the Chinese University of Hong Kong, we conducted a study of actual and ideal affect among 244 European Americans, 253 Chinese Americans, and 321 Hong Kong Chinese adults from 20 to 80 years of age (Tsai, Sims, Jiang, Fung, & Thomas, 2015, Study 1). Participants completed a survey, which included measures of global actual and ideal affect. Specifically, participants were asked to report how often, over the course of a typical week, they actually feel and ideally want to feel the affective states shown in Figure 6.1. Figure 6.3 illustrates the results of global actual and ideal HAP (top) and LAP (bottom) for European Americans (left), Chinese Americans (middle), and Hong Kong Chinese (right). The dotted lines reflect actual affect, and the solid lines reflect ideal affect. Consistent with our hypotheses and findings from Scheibe et al. (2013), across cultural groups, actual HAP remained stable with age, whereas actual LAP steadily increased with age, particularly after age 40. In other words, people's experience of excitement and

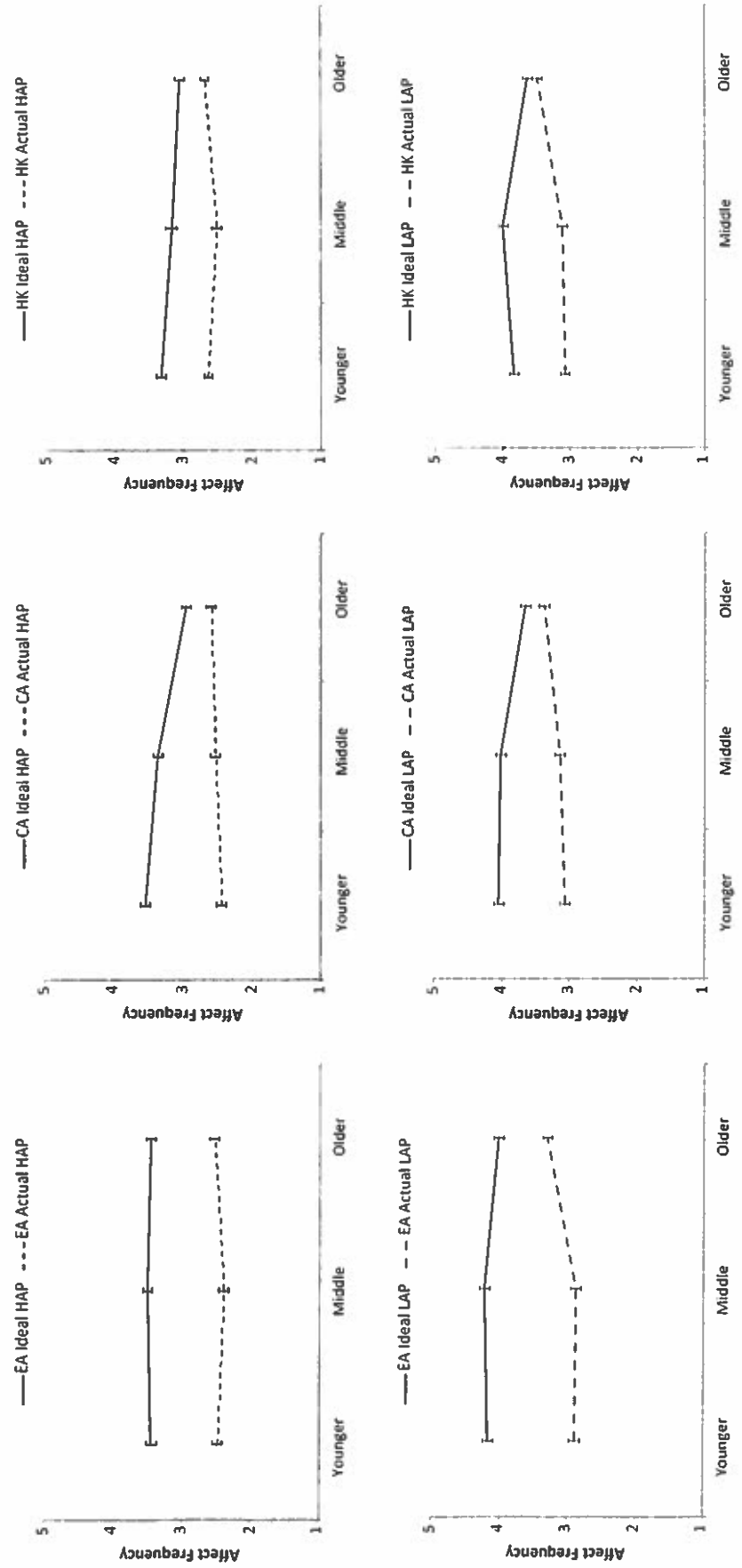


Figure 6.3. Age differences in actual and ideal high arousal positive [HAP] states (top) and actual and ideal low arousal positive states [LAP] (bottom) for European Americans [EA] (left), Chinese Americans [CA] (middle), and Hong Kong Chinese [HK] (right). Error bars refer to standard error.

other HAP states remained stable and their experience of calm and other LAP states increased with age, and this held across European Americans, Chinese Americans, and Hong Kong Chinese.

In contrast, but also consistent with our hypotheses, the effects of age on ideal HAP and LAP varied across cultures. For European Americans, ideal HAP and ideal LAP remained stable with age: Older adults wanted to feel HAP and LAP as much as their younger counterparts did. This pattern is consistent with American ideals of being young and maintaining youthful ideals. However, for Chinese Americans and Hong Kong Chinese, there was a steady decline in wanting to feel HAP states across the lifespan, and a decline in wanting to feel LAP states from middle age to older age. This pattern is consistent with Chinese respondents adjusting their ideals to be more consistent with the aging process (i.e., with age-related change in actual affect).

### **Implications for Well-Being**

We predicted that across cultures, older individuals would show smaller discrepancies between their actual and ideal affect than younger adults. However, we predicted that Hong Kong and Chinese American older adults would show even smaller discrepancies than European Americans because for these groups, age differences in actual affect would be accompanied by age differences in ideal affect. Indeed, as Figure 6.3 illustrates, European American older adults had greater discrepancies in ideal-actual HAP and LAP than did Chinese American and Hong Kong older adults. In other words, because Hong Kong older adults wanted to feel HAP and LAP to a lesser degree than did European American older adults, their actual affect more closely approximated their ideals. This was especially the case for LAP states: Hong Kong Chinese older adults wanted to feel LAP almost as much as they actually felt LAP. Importantly, because European Americans showed no changes in actual or ideal HAP, there were no age differences in the discrepancy between actual-ideal HAP. In other words, older and younger European Americans are equally unlikely to feel the excitement they want to feel. European Americans did show smaller discrepancies with age in ideal-actual LAP, largely due to increases in actual LAP.

Together, these findings suggest that while the effects of age on the affective states that people actually experience appear to be similar across cultural contexts, the effects of age on the affective states that people ideally want to experience vary across cultural contexts. Furthermore, this cultural variation may have consequences for people's emotional health. As demonstrated in previous work (Tsai et al., 2006), larger discrepancies between ideal and actual affect significantly predict worse emotional health outcomes, such as higher levels of depression. Although European American older adults did



show smaller discrepancies than European American younger adults for LAP, they did not differ from their younger counterparts in terms of HAP. However, Chinese American and Hong Kong Chinese older adults showed even smaller discrepancies for both HAP and LAP than did their younger counterparts, suggesting that they may be in better emotional health than their European American peers. Future research is needed to explore this possibility further.

### **Implications for Personal Expectations of Old Age**

What other implications do cultural differences have for the effects of age on ideal affect? Is it healthy for European Americans to not adjust their ideals and for Chinese Americans and Hong Kong Chinese to adjust their ideals as they age? To examine this question, in the same study described above (Tsai, Sims, et al., 2015), we asked participants to answer two questions that assessed their personal expectations of old age: “What are you looking forward to about being 75 and older?” and “What are you dreading about being 75 and older?” We tallied the number of responses to each question and then subtracted the number of responses to the dreading question from the number of responses to the looking forward question to create an overall measure of participants’ personal positive expectations of old age. Hong Kong Chinese and Chinese Americans reported more positive expectations of old age than did European Americans, particularly among older adults. Chinese American older adults had the most positive expectations of old age.

We then examined the relationship between ideal HAP and personal expectations of old age. We predicted that because aging is associated with cognitive and physical decline that limits tolerance of highly arousing states (Charles, 2010), the more that people valued HAP states, the more negative their personal expectations of old age would be. In support of this hypothesis, analyses revealed that the more people valued HAP states, the more negative were their personal expectations of old age. In addition, the cultural differences in personal expectations of old age described above were mediated by ideal HAP. Importantly, the reverse mediation did not hold (i.e., cultural differences in ideal HAP among older adults were not mediated by personal expectations of old age). In other words, one reason Americans may hold more negative expectations of old age compared with Chinese and Chinese Americans—especially among those approaching old age—is that they value HAP states more. Valuing excitement may make people dread the times when they will be unable to be as physically active and cognitively alert as they would like to be.

Finally, in another sample, we manipulated ideal HAP and ideal LAP using a values affirmation instruction. We randomly assigned 26 American, 25 Asian American, and 18 Hong Kong participants to one of two conditions.

In the value HAP condition, participants read a paragraph describing research findings that feeling “stimulated and invigorated” leads to successful life outcomes. They were then asked to write about three personally meaningful experiences that supported these findings. In the value LAP condition, participants read a paragraph about the benefits of feeling “tranquil and well rested” and then wrote about three personally meaningful experiences that supported these findings. Afterward, participants listed what they looked forward to and dreaded about being age 75 and older. Participants in the value HAP condition had less positive expectations of old age (i.e., listed fewer “looking forward” and more “dreading” items) than did those in the value LAP condition (Tsai, Sims, et al., 2015, Study 2). These findings provide some evidence that valuing HAP results in more negative personal expectations of old age.

Given the importance of expectations and other views of old age for health (Levy & Langer, 1994; Levy, Slade, Kunkel, & Kasl, 2002), these findings suggest that the American ideal of excitement may ultimately hurt older adults, and might be one reason for the national differences in life expectancy described at the beginning of this chapter.

## FUTURE RESEARCH DIRECTIONS

This work generates more research questions than answers. First, most of the research, including our own, has employed cross-sectional designs. Only multicohort longitudinal designs can truly demonstrate age-related change. Second, few studies have measured how cultural ideals of healthy aging or other relevant constructs interact with cultural ideals of emotion to shape emotional functioning. Instead, most work simply compares the affect of two cultural groups, without measuring anything about the culture. For instance, in the studies described above (Tsai, Sims, et al., 2015), we did not explicitly assess cultural ideals of healthy aging; therefore, we cannot demonstrate that this was the cause of our findings. Fortunately, cultural psychology has developed methods ranging from self-report measures to experimental manipulations to analyses of cultural products to assess cultural constructs, and these methods can be easily adapted to examine constructs relevant to emotional aging (see Zhang & Tsai, 2014).

Third, we have argued for and demonstrated the importance of studying ideal affect. It would also be important to investigate age differences in avoided affect or the affective states that people want to avoid, which has not yet been investigated in age-diverse samples. While *avoided affect* refers primarily to negative states, it also varies across cultures. For instance, Americans want to avoid negative states more than do Germans, and as a result, Americans

focus on the positive more and the negative less than Germans do when expressing sympathy (Koopmann-Holm & Tsai, 2014). It would be interesting to examine whether the degree to which people want to avoid negative affect decreases with age, whether this is related to increased experience of mixed emotions with age (e.g., Carstensen et al., 2011), and whether these relationships vary across cultures (cf. Williams & Aaker, 2002). In addition, future studies should examine the degree to which ideal and avoided affect moderate affect regulation goals, and whether this varies across cultures.

Finally, in most studies of emotional aging, there is relatively little examination of the lives that participants lead (Sims, Hogan, & Carstensen, 2015). Such studies are needed to understand the degree to which culture shapes emotional aging relative to other factors such as biological change. Such studies would reveal potential accumulative effects of daily emotional experiences on aging, and whether this varies by cultural context. For instance, previous studies have shown cultural differences in the links between emotional experience and health (e.g., Consedine, Magai, & Horton, 2005; Curhan et al., 2014; Diener & Suh, 2000; Mauss & Butler, 2010; Miyamoto et al., 2013; Soto, Perez, Kim, Lee, & Minnick, 2011). However, no studies have examined whether these cultural differences apply to older adults.

## CONCLUSION

Most cross-cultural studies of affect across the lifespan have demonstrated cultural similarities. We argue that this is because they have focused on people's actual affect rather than their ideal affect, or how they ideally want to feel. Here, we described data demonstrating differences in ideal affect among European American, Chinese American, and Hong Kong Chinese older adults, and the implications the data have for well-being and personal expectations of old age. These findings, while only a first step, demonstrate the utility and importance of expanding studies to include other cultural groups, other cultural constructs, and other facets of emotion.

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