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OLDER ADULTS' COPING WITH NEGATIVE LIFE EVENTS: COMMON PROCESSES OF MANAGING HEALTH, INTERPERSONAL, AND FINANCIAL/WORK STRESSORS*

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Abstract

This study examined how older adults cope with negative life events in health, interpersonal, and financial/work domains and whether common stress and coping processes hold across these three domains. On three occasions, older adults identified the most severe negative event they faced in the last year and described how they appraised and coped with that event, their ambient chronic stressors, and event and functioning outcomes. The stress and coping process was largely consistent across the three life domains. Individuals who appraised events as challenging and relied more on approach coping were more likely to report some benefit from those events. Individuals who experienced more chronic stressors and favored avoidance coping were more likely to be depressed and to have late-life drinking problems. Chronic stressors, as well as approach and avoidance coping, were predictably associated with overall outcomes in all three event domains. These findings provide a basis for preventive interventions that may help older adults' address the most prevalent stressors of aging more effectively.

INTRODUCTION

There is considerable interest in how older adults manage severe negative life circumstances, but most of the prior work has focused on individuals' responses to one negative event, has neglected the context in which these events occur and its influence on the coping process, and has considered primarily functioning rather than event outcomes. Accordingly, we know very little about variations in how older adults appraise and cope with events in different life domains, the chronic stressors that form the context for these events, how these contextual and personal factors operate together to influence event outcomes, and the extent to which these stress and coping processes are comparable for events in different life domains.

We focus on these issues here by addressing four questions: 1) Are there differences in how older adults appraise and cope with acute negative events in health, interpersonal, and financial/work domains? For example, do older adults view health-related events as more threatening than other types of events and rely more on avoidance strategies to cope with them? 2) Does an individual's life context, as reflected by chronic stressors, influence appraisal and coping responses? For example, are individuals in more stressful life contexts less likely to appraise an event as challenging and to rely on approach coping? 3) How do individuals' life contexts, and appraisal and coping responses, affect the likelihood of obtaining benefit from an event and broader indices of adaptation, such as depression and drinking problems? 4) Are chronic

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stressors, and approach and avoidance coping responses consistently related to the overall outcomes associated with health, interpersonal, and financial/work events?

Our approach stems from a conceptual model which posits that ongoing environmental factors (specified here as chronic stressors) foreshadow transitory conditions (life events in different domains) and that these two sets of factors shape appraisal and coping responses. In turn, coping responses, along with chronic stressors, influence event and functioning outcomes (Moos, 2002). We use this model as a guide to examine older adults' stress and coping processes in three key life domains.

Appraisal and Coping with Events in Different Life Domains

The most frequent stressful life circumstances that confront older adults involve health, interpersonal, or financial and work-related events (Aldwin, 1990; Holden, Burkhauser, & Myers, 1986; Krause, Gina, & Liang, 1991; Murrell, Norris, & Hutchins, 1984). However, only a few studies have compared older adults' patterns of appraisal and coping with these types of events.

Compared with other stressful events, health-related events are more likely to elicit emotion-focused or avoidance coping strategies (Felton, 1990; Mattlin, Wethington, & Kessler, 1990; Patterson, Smith, & Grant, 1990) and fewer feelings of personal responsibility (Aldwin, 1991). In contrast, interpersonal and work-related problems tend to elicit problem-solving and approach coping responses (Mattlin et al., 1990; O'Brien & DeLongis, 1996). However, interpersonal conflict also may elicit avoidance coping (Harnish, Aseltine, & Gore, 2000).

In these studies, separate groups of individuals reported on each domain of events; thus, variations in coping to different types of events may have been confounded by individual differences in coping preferences. Here, we focus on a group of older adults and examine intra-individual variation in how they appraise and cope with acute health, interpersonal, and financial/work events.

Chronic Stressors, Appraisal, and Coping

There is some information about how the life contexts in which individuals are embedded, such as the ambient, chronic stressors they experience, affect the way they appraise and cope with negative life events. In general, individuals who are experiencing more stressful life circumstances are more likely to rely on avoidance coping responses, such as selective ignoring, escapism, wishful thinking, and resignation (Aldwin & Revenson, 1987; Lohr, Essex, & Klein, 1988; Menaghan, 1982). For example, among patients with cardiac disorders, more family and extra-family interpersonal stressors have been associated with more avoidance coping (Holahan, Moos, Holahan, & Brennan, 1997).

In contrast, individuals in less stressful contexts tend to favor approach coping strategies, such as cognitive restructuring, seeking information, and negotiation (Ducharme, 1994; Holahan et al., 1997; Manne & Zautra, 1989; Taylor & Brown, 1988). To our knowledge, no one has examined whether these relationships hold independent of the type of focal stressor an individual is trying to manage. We focus on this issue here by examining the associations between individuals' life contexts, as measured by chronic stressors, and appraisal and coping responses to negative events in health, interpersonal, and financial/work domains.

Chronic Stressors, Coping, and Event and Functioning Outcomes

Only a few investigators have considered the associations between coping responses and event outcomes, such as efficacy in managing an event and whether it resulted in some benefit. In this vein, individuals who rely more on approach and less on avoidance coping are more likely

to believe that they handled an event well and obtained some benefit from it (Aldwin, Sutton, & Lachman, 1996; Harnish et al., 2000; Heckman, Kochman, Sikkema, & Kalichman, 1999). It is quite common for individuals to experience benefits from having confronted life crises (Affleck & Tennen, 1996; Schaefer & Moos, 1998; Tennen & Affleck, 1999). However, very little is known about whether some types of events are more likely to result in positive outcomes or about the determinants of such outcomes.

With respect to functioning outcomes, most prior studies have focused on distress and/or depression. Middle-aged and older adults who rely more on escapism, distancing, and other aspects of avoidance coping, and less on cognitive restructuring and problem solving, are more likely to experience distress and depression (Felton, 1990; Mattlin et al., 1990; Pruchno, Burant, & Peters, 1997; Smith, Patterson, & Grant, 1990). In a meta-analysis, Penley, Tomaka, and Wiebe (2002) found that problem solving was associated with better health-related outcomes; avoidance, distancing, and wishful thinking were associated with worse outcomes. Avoidance coping also has been associated with drinking problems among representative groups of mixed-age adults (Abbey, Smith, & Scott, 1993; Cooper, Russell, Skinner, Frone, & Mudar, 1992).

Prior work has focused mainly on coping with health-related events; however, a few studies of groups of mixed-age adults have obtained comparable findings for interpersonal and work-related problems. For example, more reliance on avoidance coping and less on approach coping has been associated with more distress and alcohol-related problems in the context of interpersonal and financial and work stressors (Grunberg, Moore, Anderson-Connolly, & Greenberg, 1999; Martin, Blum, & Roman, 1992; Menaghan, 1982; Menaghan & Merves, 1984; Snow, Swan, Raghavan, Connell, & Klein, 2003; Wang & Pattern, 2002). Here, in the context of health, interpersonal, and financial/work domains, we examine the associations between chronic stressors, appraisal and coping, and event and functioning outcomes.

Comparability of Stress and Coping Processes across Life Domains

There is debate about whether stress and coping processes are comparable across life domains, but there is very little empirical evidence on this issue. Some studies have suggested that approach coping in response to controllable and challenging stressors, such as some financial and work-related problems, results in more adaptive outcomes, whereas avoidance coping may be more effective in situations that are more threatening and less controllable, such as health-related crises (O'Rourke & Cappeliez, 2002; Penley et al., 2002; Vitaliano, DeWolfe, Maiuro, Russo, & Katan, 1990).

An alternative view is that almost all stressful situations encompass opportunities for approach coping either with the situation itself or its immediate aftermath. For example, a health crisis raises practical issues that call for approach coping, such as making decisions about treatment, how to be assertive with health care providers, and planning potential life style changes. However, given the sometimes intractable events older adults confront, and their increasingly limited resources, adoption of a consistent approach coping orientation may be maladaptive for them (Isaacowitz & Seligman, 2002; Wrosch, Heckhausen, & Lachman, 2000).

To examine these issues and provide an integrated perspective on the stress and coping process, we develop summary indices of approach and avoidance coping and focus on their associations with overall outcomes in health, interpersonal, and financial/work domains. We consider the extent to which approach and avoidance coping are independently associated with event outcomes. According to our model, we predict that these aspects of the stress and coping processes will be basically comparable across the three life domains.

METHOD

Participants

A sample of late-middle-aged community residents (55-65 years old at baseline) was recruited from a representative group of individuals who had had outpatient contact with a medical health care facility in the last three years. We tried to contact targeted respondents ($N = 2,318$) by telephone and were able to reach 2,217 (95.6%) of them. Of these individuals, 2,125 (91.7%) agreed to participate and 1,884 (88.7% of those who agreed) actually did so. The recruited sample was composed of individuals who were born between 1921 and 1933 and was comparable to similarly aged community samples with regard to such health characteristics as prevalence of chronic illness and hospitalization (Brennan & Moos, 1990; Moos, Brennan, & Moos, 1991). Informed consent was obtained from all participants.

We contacted these individuals again 1 year, 4 years, and 10 years later and obtained better than 90% response rates at all three follow-ups (Moos et al., 1991; Schutte, Brennan, & Moos 1994; Schutte, Byrne, Brennan, & Moos, 2001). Part of the sample participated in a seven-year follow-up as well (Schutte, Brennan, & Moos, 1998). By the 10-year follow-up, 489 individuals had died; of the 1,395 participants who were still alive, 1,291 (93%) completed the follow-up. Surviving participants were demographically comparable to surviving non-participants ($N = 104$), except that they had less income. The baseline and follow-up data were collected by a combination of mail surveys and telephone interviews.

At each wave, participants described the most important problem or stressful situation (the focal event) they had faced in the last year. We focus here on the 297 individuals who participated in at least three waves of data collection and identified their most important problem as a health event at one wave, an interpersonal event at another wave, and a financial or work event at a different wave.

On average, these 297 individuals were 61.3 years of age at baseline ($SD = 3.2$). A total of 67% were men, 68% were married, 92% were Caucasian, 71% had at least a high school education, and 53% were employed. Their average annual income was \$27,100 ($SD = \$18,200$). These 297 individuals were representative of the larger sample of followed project participants, except that they were somewhat more likely to be men (67% versus 59%) and to be employed (53% versus 51%).

Event Severity and Appraisal—Experienced raters used documented decision rules to classify participants' focal events into categories and then to assign the events standard weights derived from Dohrenwend, Krasnoff, Askenasy, and Dohrenwend (1978) and Holmes and Rahe (1967). All ratings were independently cross-checked for agreement. On rare occasions of discrepancy, raters met and used the documented decision rules to reach agreement. For example, a major physical illness or injury is given a weight of 53, interpersonal problems with a spouse or partner is given a weight of 35, and general financial problems are given a weight of 38. In addition to obtaining these "objective" weights, we asked respondents about how they appraised each event. Respondents rated each of the three events on three indices of appraisal on 4-point scales varying from *definitely no* (0) to *definitely yes* (3). These indices focused on whether the problem or stressor was appraised as a *Challenge* or as a *Threat*, and whether the individual had enough *Time to Prepare* for it.

Coping Responses—Coping in relation to each of the three focal events was assessed by four six-item indices drawn from the Coping Responses Inventory (CRI; Moos, 1993). These four indices were used because they are representative of the four major types of coping responses that have been identified in the literature: cognitive and behavioral approach coping and cognitive and behavioral avoidance coping (for overviews, see Moos, 2004; Moos &

Holahan, 2003). *Positive Reappraisal* ($\alpha = .74$) assesses cognitive approach coping; that is, attempts to construe and restructure a problem in a positive way (e.g., “I reminded myself how much worse things could be”). *Problem Solving* ($\alpha = .66$) measures behavioral approach coping; that is, attempts to take action to deal directly with a problem (e.g., “I made a plan of action and followed it”). *Cognitive Avoidance* ($\alpha = .72$) assesses cognitive avoidance coping; that is, attempts to avoid thinking realistically about a problem (e.g., “I tried to forget the whole thing”). *Emotional Discharge* ($\alpha = .61$) measures behavioral avoidance coping; that is, attempts to reduce tension by expressing negative feelings (e.g., “I yelled or shouted to let off steam”). Respondents rated each item on a 4-point scale varying from *not at all* (0) to *fairly often* (3).

Chronic Stressors—Chronic stressors around the time of occurrence of each of the three focal events were assessed with the Life Stressors and Social Resources Inventory (LISRES) (Moos & Moos, 1994). The Chronic Stressors index was composed of three components: a) Health-related stressors were assessed by 26 yes-no items indicating medical conditions diagnosed by a physician and serious physical ailments that began more than a year ago; b) Interpersonal stressors were assessed by problems and conflicts stemming from relationships with a spouse or partner, children, extended family, and friends. Each of these four areas was assessed by five parallel items, such as “Is he or she critical or disapproving of you,” rated on 5-point scales varying from *never* (0) to *often* (4); c) Financial/Work Stressors were assessed by six items reflecting finances, such as “Do you have enough money to afford good medical and dental care when you need it,” rated on 4-point scales varying from *definitely yes* (0) to *definitely no* (3); and five items reflecting work-related stressors, such as “Do you have conflicts with your coworkers,” rated on 5-point scales varying from *never* (0) to *often* (4).

The component indices were standardized and averaged to yield an overall index of chronic stressors. When a component in the stressor or resource indices was not applicable (for example, for individuals who did not have a spouse or partner or were not employed), the composite index was obtained from the other scores in that domain.

Event and Functioning Outcomes—We assessed three outcomes for each of the focal events. *Benefit* was measured by one item (“Did anything good come out of dealing with this problem?”) rated on a 4-point scale varying from *definitely no* (0) to *definitely yes* (3). *Depression* was assessed with 18 items derived from the Research Diagnostic Criteria (Spitzer, Endicott, & Robins, 1978) and drawn from the Health and Daily Living Form (Moos, Cronkite, & Finney, 1992) rated on 5-point scales ranging from *never* (0) to *often* (4) ($\alpha = .94$). An index of *Drinking Problems* was composed of 12 items drawn from the Drinking Problems Index (Finney, Moos, & Brennan, 1991) rated on 5-point scales ranging from *never* to *often*. The items were dichotomized (*yes/no*) and tapped interpersonal problems, such as whether family members or friends had expressed worries about the individual’s drinking, and functioning problems, such as whether the individual had had a fall or accident or neglected daily activities due to drinking.

Analytic Plan

We first conducted repeated measures analyses of variance to examine intra-individual differences in appraisal and coping with the three domains of events. Then, within each life event domain, we conducted multiple regression analyses, in which the predictor was the index of chronic stressors, and the criteria were each of the appraisal and coping indices. These analyses controlled for gender, marital status, age, and the severity of the event.

Next, we conducted multiple regression analyses, separately for each of the three domains of events, in which the predictors were the chronic stressors and the appraisal and coping

responses, and the criteria were the event and functioning outcomes. Again, gender, marital status, age, and event severity were controlled. Finally, we developed overall measures of the event outcomes and conducted multiple regression analyses, controlling for gender, marital status, age, and the severity of the focal event, in which the predictors were summary indices of approach and avoidance coping and the criteria were the overall outcomes in each of the three event domains.

RESULTS

Variations of Appraisal and Coping in Different Event Domains

On average, health and interpersonal events were somewhat more severe ($M = 38.4$ and 43.7 respectively) than were financial/work events ($M = 30.8$). There were a few scattered associations (average $r = .09$) between event severity and appraisal and coping. More severe health events elicited more positive reappraisal coping; more severe interpersonal and financial/work events were more threatening and elicited more problem solving coping.

After controlling for event severity, there were some differences in appraisal and coping responses to the three domains of events (see Table 1). Participants appraised health events as more threatening and relied more on cognitive avoidance to manage them. They were least likely to appraise interpersonal events as a challenge or as a threat, or to use positive reappraisal and problem-solving coping to confront them. Financial/work events were most likely to be appraised as a challenge; they also elicited more reliance on positive reappraisal and problem solving than interpersonal events did.

Chronic Stressors and Appraisal and Coping

There were a few significant associations between gender, marital status, and age and appraisal and coping responses. Compared to men, women were more likely to favor problem solving for health events and emotional discharge for interpersonal events. Married individuals were more likely to have had time to prepare for interpersonal events and used more avoidance coping with them; they were less likely to appraise financial events as threatening and to rely on emotional discharge in response to them. Adults who were older were somewhat less likely to rely on cognitive avoidance and emotional discharge coping.

Accordingly, we controlled for gender, marital status, and age, as well as event severity, and then examined the associations between chronic stressors and appraisal and coping responses within each life event domain. The results were quite consistent across the event domains (see Table 2). In all three domains, individuals who experienced more chronic stressors appraised events as more threatening, felt that they had not had sufficient time to prepare for them, and relied more on cognitive avoidance and emotional discharge coping.

Chronic Stressors, Coping, and Event and Functioning Outcomes

We next conducted multiple regression analyses within each life domain to predict the event outcomes, again controlling for gender, marital status, age, and event severity. Participants were more likely to perceive some benefit from health and financial/work events than from interpersonal events (56.5% and 54.1% versus 44.5% respectively; $F = 4.45$; $p < .05$). They were somewhat more depressed in the context of health ($M_s = 20.6$) than in the context of interpersonal or financial/work events ($M_s = 19.0$ and 19.4 , respectively; $F = 5.15$; $p < .01$). However, there were no significant differences on drinking problem outcomes across the three event domains ($M_s = 1.06$, 0.92 , and 1.03 for health, interpersonal, and financial/work events, respectively).

Across all three domains, individuals who saw events as challenging, had time to prepare, and relied more on positive reappraisal and problem-solving coping were more likely to benefit from these events (see Table 3). Individuals were less likely to benefit from financial/work events they appraised as threatening and from health and financial/work events they tried to manage using cognitive avoidance. More chronic stressors were associated with less likelihood of benefit from negative events in the financial/work domain.

In all three domains, individuals who experienced more chronic stressors were more depressed (see Table 4). Individuals who appraised events as more threatening and relied more on cognitive avoidance and emotional discharge coping also were more likely to be depressed. When individuals appraised financial/work events as more challenging, they reported less depression.

Chronic stressors were also associated with more drinking problems in all three domains (see Table 5). In general, in all domains, individuals who relied more on cognitive avoidance and emotional discharge coping were more likely to have late-life drinking problems.

Comparability of Stress and Coping Processes across Domains

To integrate these findings and further examine cross-domain generality of the stress and coping process, we developed summary outcomes by standardizing and summing the three outcome indices (i.e., perceived benefit, depression, and drinking problems) for each of the three focal events. The score for perceived benefit was reversed so that a high score reflected failure to obtain benefit. The three event and functioning outcomes were only somewhat inter-related (average $r = .14$). We also developed composite indices of approach and avoidance coping by summing the component scores (positive reappraisal and problem solving for approach coping, and cognitive avoidance and emotional discharge for avoidance coping).

Multiple regression analyses showed that men and unmarried individuals experienced worse outcomes of health-related events; in addition, men experienced worse outcomes of interpersonal events. More severe financial/work events were associated with worse outcomes. Independent of these demographic and event characteristics, the presence of more chronic stressors, more reliance on avoidance coping and less reliance on approach coping, was associated with poorer outcomes in the health, interpersonal, and financial/work domains (see Table 6).

DISCUSSION

Guided by a conceptual model of the stress and coping process (Moos, 2002), we focused on how a cohort of older adults appraised and coped with negative events in health, interpersonal, and financial/work domains. Although there were some variations in how older adults managed these events, most aspects of the stress and coping process were comparable across the three domains.

Confronting Events in Different Life Domains

We identified some differences in older adults' appraisal and coping responses to the three domains of events. Compared to interpersonal and financial/work events, older adults appraised health events as more threatening and relied more on cognitive avoidance to manage them. Financial events were more likely to be appraised as challenging and tended to elicit problem-solving coping. Interpersonal events were appraised as least challenging and least threatening; in addition, older adults were least likely to rely on positive reappraisal and problem solving to manage them.

Our findings are largely consistent with those of other investigators who studied separate groups of mixed-age adults and noted that health-related problems tend to elicit avoidance coping, whereas financial/work events tend to elicit problem-focused coping (Felton, 1990; Mattlin et al., 1990; O'Brien & DeLongis, 1996; Patterson et al., 1990). However, the older adults in our sample were as likely to rely on approach coping to manage health-related events as to manage financial/work events. In prior studies, different groups of individuals reported on coping with health and financial/work events; thus, individuals who reported health events may have experienced more impaired functioning or more chronic stressors, which are associated with avoidance coping. In addition, there is an increased tendency now for patients to take a more active stance in relation to decision-making about their health problems (Auerbach, 2000; Benbassat, Pilpel, & Tidhar, 1998).

Contrary to some prior studies of middle-aged and younger adults (Mattlin et al., 1990; O'Brien & De Longis, 1996), older adults in our sample did not rely as heavily on positive reappraisal or problem-solving coping with interpersonal events. The specific interpersonal events older adults confront may be more long-standing and intractable and not as amenable to change as those middle-aged and younger adults experience (Isaacowitz & Seligman, 2001, 2002; Pearlin & Skaff, 1995). In addition, older adults may be somewhat more forgiving and accepting of interpersonal stressors and less direct in managing them (McCrae, 1989; Wrosch et al., 2000).

Chronic Stressors and Appraisal and Coping

According to our findings, chronic stressors play a moderately strong and consistent role in older adults' appraisal and coping with life events, regardless of domain. Individuals who experienced more chronic stressors were more likely to appraise events as threatening, to believe that they had insufficient time to prepare for them, and to rely on cognitive avoidance and emotional discharge coping. These findings are consistent with our model (Moos, 2002) and with prior studies showing that individuals who have more health-related and other life stressors are more likely to rely on avoidance coping (Aldwin & Revenson, 1987; Felton, 1990; Holahan et al., 1997; Lohr et al., 1988).

Our findings also highlight the dual role of chronic stressors in the coping and adaptation process. Chronic stressors contribute to poor outcomes by raising the likelihood that individuals will appraise events as threatening and unexpected and rely on avoidance coping to try and manage them. In addition, chronic stressors are associated with more depression and drinking problems independently of appraisal and coping responses. Thus, chronic stressors are a risk factor for poor outcomes both because they lead to less effective appraisal and coping responses and because they are directly tied to depression and drinking problems.

Determinants of Event and Functioning Outcomes

We also considered whether the relationship between coping responses and event outcomes was consistent across domains. In fact, in all three domains, older adults who appraised events as challenging, had more time to prepare for them, and relied more on positive reappraisal and problem solving were more likely to experience some benefit from those events. These results indicate that, as expected, reminding oneself of the positive aspects of an adverse event (as reflected in positive reappraisal) is associated with benefit-finding (Affleck & Tennen, 1996). The result for problem-solving coping is consistent with prior studies showing that the use of instrumental action is associated with having handled an event well and resolving it effectively (Aldwin, 1991; Aldwin et al., 1996; Harnish et al., 2000).

About 50% of older adults reported some benefit from having confronted serious health, interpersonal, and financial/work problems. Finding benefit is one way in which individuals can re-construct adverse events and imbue meaning and coherence to threatening situations

(Schaefer & Moos, 1998; Tennen & Affleck, 1999). Moreover, since finding benefit in adversity is associated with better long-term health and functioning outcomes (Affleck & Tennen, 1996; Taylor & Brown, 1988), it is important to identify its personal and contextual determinants.

With respect to functioning outcomes, reliance on cognitive avoidance and emotional discharge coping was associated with more depression and drinking problems in all three domains. Several studies of mixed-age and older groups of adults have shown that individuals who favor avoidance coping are more likely to experience depression and distress (Felton, 1990; Holahan et al., 1997; Penley et al., 2002; Pruchno et al., 1997; Smith et al., 1990). These findings hold for financial and interpersonal, as well as for health-related events (Mattlin et al., 1990; Snow et al., 2003; Wang & Patten, 2002). Our results extend this prior work by showing that when the same individuals are assessed with respect to health, interpersonal, and financial/work events, the findings are comparable for all three of these domains.

Comparability of Stress and Coping Processes across Life Domains

Consistent with our model, there were some important commonalities in the associations between life stressors, coping, and outcomes across the three life domains. In all three domains, (a) chronic stressors were associated with reliance on cognitive avoidance and emotional discharge coping, (b) reliance on positive reappraisal and problem solving was associated with finding benefit from an event, and (c) use of cognitive avoidance and emotional discharge coping was associated with more depression and drinking problems. In analyses using composite indices of coping and outcomes, chronic stressors and more reliance on avoidance and less on approach coping were associated with worse overall event outcomes.

These findings do not support the idea that a problem-focused coping orientation may be maladaptive for older adults, given their limited resources and the intractable nature of their problems (Isaacowitz & Seligman, 2001, 2002; Wrosch et al., 2000). Both primary coping, as reflected in problem solving, and secondary coping, as reflected in positive reappraisal, were associated with better event outcomes.

In general, prior studies have shown that the associations between avoidance coping and functioning outcomes are stronger than those between approach coping and functioning outcomes. These findings may reflect the fact that, by and large, prior studies have focused on depression and distress rather than on well-being and positive event outcomes. Our findings point to a process of coping-outcome congruence in which approach coping is more closely tied to positive event and well-being outcomes, whereas avoidance coping is more closely associated with depression and distress.

Limitations and Future Directions

Our findings are unique in that we have focused on intra-individual variability in how the same older adults cope with different types of negative events and have identified comparable patterns of stress and coping across different life domains. However, some limitations of this work should be noted.

Most important, the analyses were based on cross-sectional data. Individuals' appraisal and coping responses could have influenced the reported level of chronic stressors, and the event outcomes could have colored recollections of coping responses used to manage the event. Longitudinal studies of how older adults manage specific negative events are needed to examine the mutual influence of chronic stressors, appraisal and coping responses, and short-term event and functioning outcomes on each other.

Another limitation involves the restricted range of the sample, which was mostly Caucasian, well-educated, and economically stable. Additional work is needed to find out whether these results apply to minority elders and to elders who are less advantaged, cope less effectively, and have fewer social resources. In addition to these issues, our findings may have been influenced by cohort and period effects, such as increasing emphasis on approach coping and short-term factors that affect prevalent types of stressors and older adults' appraisals of these stressors. Moreover, we do not know whether comparable common processes of managing different types of events would be identified among middle-aged or younger adults.

With respect to practical applications, we have shown largely comparable stress and coping processes for the three most prevalent stressors of old age. Our findings imply that events in different domains may have common demand characteristics that elicit common coping strategies. They suggest that interventions to teach older adults to cope more effectively with one stressor domain, such as health-related events, can result in better coping with other stressor domains, such as interpersonal and financial/work events.

More specifically, the finding that positive reappraisal and problem solving are associated with better event outcomes highlights the value of intervention programs to teach older adults approach coping skills. Such programs might place special focus on interpersonal problems, since older adults seem to find it especially difficult to cope with negative social interactions, in part because of their frequency and saliency (Krause & Rook, 2003; Okun & Keith, 1998). From a broader perspective, the most important goal of such programs is to instill hope, which should motivate older adults to be more assertive, try more active coping strategies, and find benefits in managing even severe stressors (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000).

Given that positive reappraisal is associated with better outcomes, it may be tempting for counselors to prompt older adults in crises to count their blessings as compared to other people. However, as Buunk, Collins, Taylor, Van Yperen, and Dakof (1990) have shown, such comparisons can produce either positive or negative outcomes, and may be especially problematic for individuals who have low self-esteem and must confront the possibility that their situation could deteriorate. Although positive reappraisal and benefit finding have adaptive value, it is likely that they must emanate from within and cannot easily be imposed by someone else (Tennen & Affleck, 1999).

Coping enhancement intervention programs should be evaluated not only on the basis of whether they reduce older adults' depression and distress, but also on how newfound coping skills help to resolve a stressor, focus on its potential benefits, and derive integrative meaning from it. The use of these criteria may enable us to better understand how life crises can provide a context for the development of new coping resources, even in old age and with severe interpersonal losses such as bereavement (Aldwin et al., 1996; Schaefer & Moos, 2001). Overall, we hope that our findings can provide a basis for preventive interventions that will help older adults manage the most prevalent stressors of aging more effectively.

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Table 1
Differences in Appraisal and Coping Responses to Negative Health, Interpersonal, and Financial/Work Events

Appraisal and coping	Type of event ^a			<i>F</i>
	Health	Interpersonal	Financial/Work	
Appraisals (% yes)				
Saw as challenge	57.6	45.8	63.2	10.86**
Saw as threat	60.8	39.2	47.2	15.89**
Time to prepare	42.6	35.4	40.2	2.10
Coping responses				
Positive reappraisal	10.4	8.9	10.0	17.22**
Problem solving	11.3	9.1	11.3	39.64**
Cognitive avoidance	6.6	5.4	5.5	13.05**
Emotional discharge	3.0	2.8	3.0	2.68

^aThe severity of the health, interpersonal, and financial/work events is controlled.

Note: Due to missing data, *N*s vary from 285-291; degrees of freedom for the *F*-values are 2, 283-289.

* $p < .05$.

** $p < .01$.

Table 2

Associations between Chronic Stressors and Appraisal and Coping Responses to Negative Health, Interpersonal, and Financial/Work Events

Criterion	Type of event		
	Health	Interpersonal	Financial/Work
Appraisals (% yes)			
Saw as challenge	.00	-.02	-.09
Saw as threat	.15*	.19**	.12*
Time to prepare	-.13*	-.13*	-.24**
Coping responses			
Positive reappraisal	.10	.09	.04
Problem solving	.10	.09	-.04
Cognitive avoidance	.24**	.29**	.23**
Emotional discharge	.33**	.36**	.41**

Note: (1) Entries are beta coefficients. (2) Gender, marital status, age, and stressor severity are controlled. (3) Due to missing data, *N*s vary from 286-295 for health stressors, 286-295 for interpersonal stressors, and 293-296 for financial/work stressors.

*
 $p < .05$.

**
 $p < .01$.

Table 3

Multiple Regression Analyses Predicting Perceived Benefit in the Context of Negative Health, Interpersonal, and Financial/Work Events from Chronic Stressors and Appraisal and Coping Responses

Predictors	Type of event		
	Health	Interpersonal	Financial/Work
Chronic stressors	-.07	-.04	-.18**
Appraisals			
Saw as challenge	.20**	.24**	.18**
Saw as threat	.03	-.03	-.19**
Time to prepare	.20**	.20**	.22**
Coping responses			
Positive reappraisal	.26**	.33**	.28**
Problem solving	.22**	.25**	.26**
Cognitive avoidance	-.14*	-.05	-.13*
Emotional discharge	-.04	.11	.06
<i>R</i>	.48	.47	.54
<i>R</i> ²	.23	.22	.29

Note: Entries are beta coefficients; demographic characteristics (gender, marital status, age) and event severity are controlled; due to missing data, *N*s vary from 284 to 291.

*
 $p < .05$.

**
 $p < .01$.

Table 4

Multiple Regression Analyses Predicting Depression in the Context of Negative Health, Interpersonal, and Financial/Work Events from Chronic Stressors and Appraisal and Coping Responses

Predictors	Type of event		
	Health	Interpersonal	Financial/Work
Chronic stressors	.50 **	.53 **	.63 **
Appraisals			
Saw as challenge	-.03	.02	-.14 **
Saw as threat	.16 **	.16 **	.05
Time to prepare	-.02	-.11 *	-.05
Coping responses			
Positive reappraisal	.10	.06	.04
Problem solving	.11	.07	-.05
Cognitive avoidance	.18 **	.24 **	.22 **
Emotional discharge	.33 **	.36 **	.34 **
R	.67	.65	.73
R^2	.44	.43	.54

Note: Entries are beta coefficients; demographic characteristics (gender, marital status, age) and event severity are controlled; due to missing data, N s vary from 287 to 291.

*
 $p < .05$.

**
 $p < .01$.

Table 5

Multiple Regression Analyses Predicting Drinking Problems in the Context of Negative Health, Interpersonal, and Financial/Work Events from Chronic Stressors and Appraisal and Coping Responses

Predictors	Type of event		
	Health	Interpersonal	Financial/Work
Chronic stressors	.29 **	.29 **	.24 **
Appraisals			
Saw as challenge	.07	.01	-.13 *
Saw as threat	.08	.09	.06
Time to prepare	.06	-.02	-.03
Coping responses			
Positive reappraisal	.07	.06	.07
Problem solving	-.02	-.06	-.02
Cognitive avoidance	.18 **	.12 *	.12 *
Emotional discharge	.11 *	.13 *	.04
<i>R</i>	.50	.44	.39
<i>R</i> ²	.25	.20	.15

Note: Entries are beta coefficients; demographic characteristics (gender, marital status, age) and event severity are controlled; due to missing data, *N*s vary from 287 to 291.

*
 $p < .05$.

**
 $p < .01$.

Table 6

Multiple Regression Analyses Predicting Overall Outcomes of Health, Interpersonal, and Financial/Work Events from Chronic Stressors, Event Severity, and Appraisal and Avoidance Coping Responses

Predictors	Type of event		
	Health	Interpersonal	Financial/Work
Demographic and event factors			
Sex (1 = <i>female</i>)	-.12 [*]	-.13 [*]	-.03
Marital status (1 = <i>married</i>)	-.17 ^{**}	-.02	.02
Age (in years)	.01	.02	-.02
Event severity	.04	.03	.14 ^{**}
Chronic stressors	.34 ^{**}	.28 ^{**}	.40 ^{**}
Coping responses			
Approach coping	-.22 ^{**}	-.23 ^{**}	-.20 ^{**}
Avoidance coping	.38 ^{**}	.37 ^{**}	.30 ^{**}
<i>R</i>	.63	.54	.61
<i>R</i> ²	.40	.30	.37

Note: Entries are beta coefficients; due to missing data, *N*s vary from 287 to 291.

*
p < .05.

**
p < .01.