

Abstract

Adapting to new challenges and managing adverse situations and losses are two major aspects of developmental regulation throughout all life stages (Heckhausen, 1999). The present dissertation focuses on the sample case of vision impairment and multimorbidity as threats to positive adaptation in midlife and old age. It is argued that the degree of their *normativity*, and the degree of functional *reserve capacities* play a key role in adaptation to these stressors (M.M. Baltes, 1998; P.B. Baltes, 1997). Furthermore, it is argued that the successful mastery under high levels of these stressors (resilience) is associated with gradual shifts in self-regulatory efforts towards more accommodative strategies in goal regulation (e.g., Brandtstädter, 1998). These assumptions were analyzed in a sample of middle-aged (40-65 years; N = 32), young old (66-75 years; N = 51) and old (> 75 years; N = 53) cataract patients facing comparable health stress (vision impairment and number of chronic diseases) and the same acute stressor (cataract surgery). According to their incidence in the general population, these stressors are non-normative in midlife, and normative in the elderly. Self-report data was assessed one week prior to and one and six weeks post-surgery. Consistent with the notion of cataract in midlife as a marker for advanced biological aging (Meddings et al., 1999), average multimorbidity in middle-aged patients did not differ from young old and old patients. Prior to cataract surgery, the middle-aged reported greater subjective impairment through vision problems and more difficulties in the pursuit of work- and leisure-related activities than the young old and old, speaking for greater difficulties in adapting to non-normative stressors. They also endorsed less in positive reframing and more in distraction in dealing with cataract surgery as opposed to the young old. Depressive symptoms were highest in middle-aged and old patients at all occasions, and there was a slight positive age trend for well-being. Limits of functional reserve capacities in the oldest patients were most salient in the domain of basic activities of daily living. Post-surgery, old adults reported increases in activity difficulties in all activity domains. Resilient individuals reported higher *levels* of accommodative coping tendencies than equally well-adapted patients facing comparably low health stress, both on a dispositional and situation-specific level. This points to shifts in self-regulatory efforts as a result of successful engagement with adverse situations (e.g., Rutter, 1985). Moreover, patients with high multimorbidity had the greatest benefits from gain in visual acuity, underscoring the notion that resource gain is most salient when concurrent losses are faced (Wells, Hobfoll, & Lavin, 1999). Overall, findings underscore the importance of *timing* of adverse events in the life course, and provide evidence that the maintenance of well-being under high health stress is associated with shifts in self-regulatory strategies.