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Psychological Well-Being as a Predictor of Adaptive Behavior in Older Adults.

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PSYCHOLOGICAL WELL-BEING AS A PREDICTOR
OF ADAPTIVE BEHAVIOR IN OLDER ADULTS

A Dissertation
Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
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Doctor of Philosophy

in
The Department of Psychology

by
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December 1995
Dedication

This dissertation is dedicated to my parents, Marilyn and A. James Casper, Jr., who told me to go to college and never told me to stop. They instilled in me the importance of an education and the love of learning. Their continued encouragement, support, and confidence in me have allowed me to lead the life that is right for me and obtain the goals I set for myself.

This dissertation is also dedicated to my grandmother, Marjorie Reckard, and grandfather, Alvin J. Casper, Sr., who showed me the love and wisdom older adults have to offer us. Finally, this dissertation is dedicated to all those older individuals who have a positive attitude about life and exemplify successful aging.

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Abstract

Six dimensions of psychological well-being were used to predict effective coping across three context domains. Participants rated themselves on dimensions of psychological well-being and the coping behaviors used for problems they reported in a health, financial, and isolation or loss of relationship context. For each participant, a close friend or family member also rated them along the same six dimensions to provide an alternate measure of well-being. The criteria for effective coping was based on the use of emotion-focused coping in situations perceived as uncontrollable and problem-focused coping in situations perceived as controllable. Results indicated that the personal growth dimension of psychological well-being was a significant predictor of effective coping, both across context and subjective versus alternate coping judgment. Canonical correlation analyses revealed that dimensions of well-being were both globally related to use of coping behavior across contexts, and related to coping in a context specific manner. The implications of these results for understanding the relationship between psychological well-being and coping in various situations is discussed.
Introduction

Research on successful aging has attracted increasing attention in recent years. With the aging of the American population, this topic is likely to motivate a substantial amount of further research and theoretical development. However, to ensure meaningful results from this research, sound theoretically driven conceptualizations and definitions of successful aging must be advanced. In the present study, two current theoretically driven conceptualizations of successful aging were contrasted and the relationship between them was examined.

The first conceptualization of successful aging is Ryff's (1989a,b) psychological well-being approach. This approach is drawn from an integration of three separate domains of psychology; life-span development, personal growth, and mental health. The second conceptualization of successful aging is one of adaptation. Several researchers suggest successful aging involves adaptation, and these researchers draw on the theoretical framework of life-span developmental psychology (Baltes & Baltes, 1990; Featherman, Smith, & Peterson, 1990). The approach to adaptation that was examined is that of adaptive coping, particularly in response to various life problems that one encounters (Folkman, Lazarus, Pimley, & Novacek, 1987).

In the present study, the relationship between these two conceptualizations was examined. Specifically,
separate dimensions of psychological well-being were expected to differentially predict effective coping behaviors across three context domains (financial, health, and isolation/loss of relationships). In addition, the important methodological issue of using direct self-report (e.g., subjective) versus indirect or external (e.g., alternate) indices of well-being was addressed. In the sections that follow, the history of these approaches in past research on successful aging is outlined first. Next, current definitions of successful aging are discussed. Finally, important methodological issues are outlined, followed by the specific aims of the study.

Past Definitions of Successful Aging

Approaches to successful aging have varied widely in definition. Some operational definitions include longevity, biological health, mental health, cognitive efficacy, social competence, personal control, life satisfaction, positive self beliefs, optimistic attitudes, maturity of personality, activity level, ability to disengage, a balanced exchange between the individual and the social system, and having a stable social situation (Havighurst, 1963; Havighurst, Neugarten, & Tobin, 1968; Palmore, 1979; Ryff, 1989a; Baltes & Baltes, 1990). Of the various approaches, life satisfaction has been the most widely studied indicator of successful aging (Ryff, 1982; Ryff, 1989a). However, life satisfaction has also been
defined in various ways, including happiness, adjustment, morale, health, subjective well-being, and the balance between aspirations and achievements (Ryff, 1982).

Past research on successful aging has largely focused on subjective indicators of well-being and life satisfaction. This research has revealed a substantial overlap in the predictors of well-being and life satisfaction. In Larson's (1978) review of thirty years of research on subjective well-being, the significant predictors of well-being revealed were health (both subjective and objective ratings), socioeconomic status (income, occupational status, and education), marital status, availability of transportation, housing, and various forms of social interaction. Interestingly, age, race, and gender were not found to be significant predictors.

Palmore (1979) reviewed data from the Duke Longitudinal Study, where predictors of successful aging were defined as survival (longevity), health (lack of disability), and life satisfaction (happiness). The two strongest significant predictors of these criteria were earlier measurements of physical functioning and happiness. Thus, successful aging at an earlier age was predictive of successful aging approximately nine years later. Other significant predictors for females were secondary group activity (outside of immediate family and friends),
physical activity, solitary activity, feelings of usefulness and emotional security, and socioeconomic status defined as prestige. Other significant predictors for males were secondary group activity, work satisfaction, physical activity, and socioeconomic status defined as financial status. Palmore concluded that there is a possible reciprocal relationship occurring -- those individuals who are healthy and happy are more likely to remain physically active and vice versa.

Vaillant (1990) defined successful aging as physical health (length of life and biological health) and psychosocial adjustment (mental health, psychosocial efficacy, and life satisfaction). A review of longitudinal data from the "Grant Study" (male Harvard students from 1940 - 1988) found use of mood altering drugs and alcohol abuse before the age of 50 were negatively correlated with physical health, whereas childhood environmental strengths were positively correlated. Drug use and alcohol abuse pre-50 years old was also negatively correlated with psychosocial adjustment. Positive correlates were maturity of defenses at ages 20 - 47, and vigorous exercise in college.

Examination of the data from the Bonn Longitudinal Study led Rudinger and Thomae (1990) to conclude that subjective evaluations of current situations are more effective for explaining and predicting well-being and
satisfaction than objective conditions such as physician-rated health, income, or education level. Ryff (1989b) also found that demographic factors (age, gender, educational level, marital status, and self-rated health and finances) accounted for low levels of variance in well-being measures.

One predictor of subjective well-being and life satisfaction often supported (Edwards & Klemmack, 1973; Larson, 1978; Spreitzer & Snyder, 1974) has been subjective reports of health. However, Larson (1978) estimates that although it is the strongest known predictor of subjective well-being, subjective indices of health only account for 4 - 16% of the variance in the studies he reviewed. Thus, the largest proportion of variance is still unaccounted for in this type of successful aging research.

One problem in predicting successful aging is that there are so many different definitions of successful aging. Ryff (1982; 1989a) has given insight as to how this myriad of definitions occurred. She criticizes these past approaches as lacking theoretical frameworks underlying their approaches. Consequently, researchers have not systematically built their conceptualizations of successful aging on established foundations. The result has been definitions that include a loose collection of criteria without adequate justification for these criteria.
The large variety of approaches to successful aging outlined above, along with the lack of satisfactory predictors, underscores the need for more concise and theoretically driven definitions of successful aging. Two current approaches to successful aging address this concern. These new approaches, a theoretically based psychological well-being approach and an adaptive behavior approach to successful aging are discussed in turn below.

**Current Definitions of Successful Aging**

Two recent approaches toward defining aspects of successful aging attempt to answer the criticism concerning the lack of theoretical foundation in past research. Ryff's (1989a) conceptualization of successful aging is constructed from a synthesis of life-span developmental theories, clinical theories of personal growth, and the mental health literature. Several other researchers have currently emphasized exploring successful aging from an adaptation perspective (Baltes & Baltes, 1990; Featherman, Smith, & Peterson, 1990). These researchers draw on the principles of life-span developmental psychology.

**Psychological Well-being**

As stated above, numerous studies have defined successful aging in terms of well-being. In addition to the criticisms discussed above, Ryff (1989a) has pointed out additional weaknesses in these past approaches. First, an implicit negativism exists in many of the previous
approaches. Well-being is often viewed as equivalent to the absence of illness, rather than focusing on aspects of wellness. Second, little attention has been paid to the unique resources and challenges of old age, or to possibilities of continued growth and development. Most definitions of successful aging could describe optimal functioning at any age, without taking into account factors specifically associated with aging. Furthermore, the literature emphasizes stability, rather than allowing for continued positive change and growth in later adulthood. Ryff's final criticism is that there has been insufficient recognition that conceptualizations of well-being are open to diverse and competing definitions, cultural variation, and historical change.

In response to several of these criticisms, Ryff has developed her own definition of successful aging. Drawing from three separate literatures (life-span development, personal growth, and mental health), Ryff has constructed a new psychological well-being approach to successful aging. The life-span development literature (e.g., Erikson's psychosocial stages, Buhler's basic life tendencies, and Neugarten's executive processes of personality and inferiority) allows for growth and the unique challenges of middle and older age. Clinical theories of personal growth (e.g., Maslow, Roger, and Jung) allow for the expanding meaning of positive functioning in later adulthood, and the
mental health literature (e.g., Jahoda) provides further elaboration on the meaning of positive functioning. In addition to providing a theoretical framework for her definition of successful aging, Ryff's synthesis of the three areas also answers two of the three other criticisms she put forth (i.e., implicit negativism, and no allowance for continued growth). The life-span development literature and personal growth theories allow for continued growth and development in later years. Furthermore, the personal growth theories and mental health literature focus on wellness rather than illness.

Ryff's final criticism was that there has been insufficient recognition that conceptualizations of well-being are open to diverse and competing definitions, cultural variation, and historical change. All three literatures drawn on allow for individual differences, however, whenever a definition of a construct is put forth, one runs the risk of imposing an explicit definition on individuals whose underlying implicit definition contains different criteria. Ryff's responds to this final criticism by suggesting that researchers be attentive to adults' experiences and personal definitions of successful aging, and be open to them as a source for identifying new or changing conceptions of well-being.

Based on an integration of the three literatures listed above, Ryff has identified six criteria of
psychological well-being, briefly described below.

1. **Self-acceptance.** Having a positive attitude about both one's self and one's life.

2. **Positive relations with others.** Able to make and maintain warm, satisfying, and trusting relations with others.

3. **Autonomy.** Being independent, self-determining, and internally regulated.

4. **Environmental mastery.** Competent in managing the environment and making use of surrounding opportunities and supports.

5. **Purpose in life.** Having goals and objectives for living, a sense of directedness, and feeling there is meaning to life.

6. **Personal growth.** Having feelings of continued development, being open to new experiences, and having a sense of realizing one's potential.

A comparison of the new criteria to past measurement instruments of well-being (Ryff, 1989b) revealed that four of the above criteria (positive relations with others, autonomy, purpose in life, and personal growth) were not strongly related to previous assessment indexes of well-being (i.e., Bradburn's, 1969, Affect Balance Scale; the Life Satisfaction Index, Neugarten, Havighurst, & Tobin, 1961; Rosenberg's, 1965, Self-Esteem Scale; the Zung Depression Scale, Zung, 1965; Levenson's, 1974, locus of
control subscales; and the Philadelphia Geriatric Morale Scale, Lawton, 1975). This suggests that Ryff's approach to successful aging includes dimensions that have not been represented in prior empirical efforts.

As stated above, a well-being approach to successful aging is not new. However, as opposed to previous approaches, Ryff has built her approach from a theoretical standpoint rather than from building on instruments and definitions that were developed for other purposes (Ryff, 1989b). Moreover, by dimensionalizing the construct of psychological well-being, further elucidation of individual differences on this construct can be obtained. Nevertheless, a major criticism against most well-being approaches that also applies to Ryff's approach is that it relies exclusively on self-report measures. This issue will be discussed further in the section on methodological issues. The next aspect of successful aging, that of adaptive behavior, will be outlined below.

Adaptive Behavior

Several researchers have suggested that successful aging be viewed in terms of adaptation to changing life circumstances. One team of researchers who suggests this and draws on a strong theoretical background are Baltes and Baltes (1990) with their model of selective optimization with compensation. This model is built on the principles of life-span development, i.e., multidirectionality, gains
and losses in development, intraindividual plasticity, historical embeddedness of development, and contextualism. The central idea behind selective optimization with compensation is one of adaptation. The model suggests three processes by which individuals can adapt to changing life situations while also experiencing age-related changes in abilities and resources.

The first process, selection, involves restricting or narrowing the number of domains of functioning. For example, consider an athletic individual who has undergone hip replacement surgery. This person may have to narrow his or her range of activities, so instead of jogging and tennis, this person chooses to remain physically active in an alternative sport such as bicycling. Optimization is the process of enriching and increasing general reserves. Optimization allows individuals to maximize functioning in their chosen domains. In the above example, optimization occurs as the individual chooses the best equipment for him or herself and follows a healthy and safe workout routine to best enhance his or her ability. Finally, compensation as a strategy, allows adaptation to reduced resources or reduced plasticity. Compensation involves using psychological or technological means to adjust to losses or reductions in functioning. For example, wearing eye glasses is a technological compensation for reduced vision,
and using a mnemonic strategy is a psychological compensation for memory loss.

Baltes and Baltes (1990) recognize that these processes of adaptation are likely to occur at any age, but argue they may be of more significance in old age because of the loss of biological, mental, and social reserves. If an individual is able to engage in these three processes he or she should experience a reduced and transformed, but effective life in old age, which includes feelings of satisfaction and personal control. Although Baltes and Baltes' approach presents a model by which an individual may achieve successful aging, rather than an explicit definition of successful aging, the model highlights the importance of adaptive behavior in such a definition.

Further support for conceptualizing successful aging as involving adaptation comes from Featherman et al.'s (1990) suggestion that the process of adaptation is key to successful aging. They view successful aging as involving adaptive competence, defined as a generalized capacity to respond with resilience to challenges arising from one's body, mind, and environment. This view differs from Ryff's (1989a) conceptualization of environmental mastery, in that Ryff is referring to a global dimension of psychological well-being that involves individuals' perceptions of their own competence, whereas Featherman et al. (1990) are referring to coping, which is more behavior specific.
Moreover, Whitbourne (1985) states that the preservation of physical health and psychological well-being of individuals is most often considered the outcome of adaptive processes. Thus, in recent years several researchers have suggested successful aging be viewed in terms of adaptive behavior.

One way to conceptualize adaptive behavior is from the framework of adaptive coping. Adaptive coping is defined as the ability to select a coping strategy that is deemed effective in the particular type of situation that requires coping behavior. Effective coping in stressful situations viewed as controllable or changeable involves problem-focused strategies and/or assimilative coping, whereas effective coping in stressful situations viewed as uncontrollable or unchangeable involves emotion-focused strategies and/or accommodative coping (Aldwin, 1991; Brandtstadter, 1992; Cornelius & Caspi, 1987; Folkman, Lazarus, Pimley, & Novacek, 1987; Scheier, Weintraub, & Carver, 1986). Therefore, individuals who are able to cope effectively with stressful situations may be viewed as displaying adaptive behavior, which in turn, would be indicative of successful aging.

Although effective coping is not the only way to operationalize adaptive behavior, it is consistent with the definitions of adaptive behavior suggested by Baltes and Baltes (1990) and Featherman et al. (1990). With respect to Featherman et al.'s (1990) definition of adaptive
competence, effective coping abilities would be expected to reflect individuals' capacity to respond with resilience to challenges that they must confront. Furthermore, effective coping is also reflected in Baltes and Baltes (1990) model of selective optimization with compensation. Folkman, Lazarus et al., (1987) have shown that older adults tend to use more emotion-focused coping strategies than do younger adults. One explanation for this is that older adults may encounter more situations that are beyond their control (Brandtstadter & Renner, 1990), and that regulating one's emotional response is the most effective way to reduce stress when faced with a stressful situation that one cannot change (Labouvie-Vief, Hakim-Larson, & Hobart, 1987). Thus, older adults may be using emotion-focused strategies as psychological compensation to adjust to the situations they encounter. Furthermore, if older adults are working with reduced resources, emotion-focused strategies may reflect optimization by requiring less resources (e.g., energy or ability to draw on and evaluate a large repertoire of responses) than the more active, problem-focused strategies.

In sum, the two approaches to successful aging that are explored are Ryff's (1989a, 1989b) psychological well-being approach, and an adaptive behavior approach, with the construct of adaptive behavior narrowed to the domain of effective coping. These two approaches to conceptualizing
aspects of successful aging have been researched and discussed individually (Baltes & Baltes, 1990; Featherman, et al., 1990; Ryff, 1989b, Ryff & Essex, 1992), but they have not been explored in terms of how they relate to one another. In the next section this relationship will be explored.

The Relationship Between Psychological Well-being and Adaptive Behavior.

The present research focused on the relationship between two aspects of successful aging (i.e., psychological well-being and adaptive behavior). As noted above, each of these constructs has been studied independently but they have not been explored in terms of their relationship to each other. This relationship was explored in a predictive framework, i.e., dimensions of psychological well-being as predictors of adaptive coping.

The direction of this predictive relationship was chosen for several reasons. First, although studies have shown (Dunkel-Schetter, Feinstein, Taylor, & Falke, 1992; Namir, Wolcott, Fawzy, & Fawzy, 1987; Zautra & Wrabetz, 1991) that coping reduces stress, which in turn increases well-being, this is a process which occurs over time. This study assessed the relationship between psychological well-being and adaptive behavior at one point in time. The underlying assumption of the present study was that individuals have maintained or achieved a particular level of psychological well-being at this point in time and this
in turn reflects their coping behavior. It is important to note that only a longitudinal design could definitively answer the question of causal direction.

The second reason for viewing well-being as a predictor of effective coping is that it represents a different dimension than do past predictors of coping behavior. These past predictors include motivation (values, commitments, and goals), beliefs about the self and world, personal resources for coping (finances, social and problem-solving skills), health, and energy (Folkman, 1991), cognitive development and socialization (Barrett & Campos, 1991), ego development (Hauser, Borman, Bowlds, et al., 1991; Labouvie-Vief, Hakim-Larson, & Hobart, 1987), personality (Costa, Zonderman, & McCrae, 1991), context of the event (e.g., occupation, interpersonal relations, etc.) (Blanchard-Fields & Robinson, 1987; Feifel & Strack, 1989; Folkman & Lazarus, 1980; Folkman, Lazarus, et al., 1987; Pearlin & Schooler, 1978), how the event was appraised (i.e., as controllable or uncontrollable) (Blanchard-Fields & Irion, 1987, 1988; Blanchard-Fields & Robinson, 1987; Folkman & Lazarus, 1980; Folkman, Lazarus, et al., 1987; Stone & Neale, 1984), type of stress (i.e., threat, challenge, or harmful/loss related) (Blanchard-Fields & Irion, 1988; Folkman & Lazarus, 1985; Folkman, Lazarus, et al., 1987; Irion & Blanchard-Fields, 1987; McCrae, 1982; 1984), dispositional optimism (Scheier, Weintraub, &
Carver, 1986), and self-focused attention (Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990). Although some variables relating to aspects of the individual have been explored, a large portion of past research has focused on exploring the context of the situation, the appraisal of controllability, and the type of stress involved. Additional research is needed that explores the relationship of person related or personality variables on coping behavior. Therefore, exploring psychological well-being as a predictor of effective coping addresses a needed dimension of coping research.

Finally, the current conceptualization of psychological well-being presents a new way of dimensionalizing the well-being construct. Past approaches to well-being (Diener, 1984; Larson, 1978), especially subjective well-being, have viewed it unidimensionally, often assessing it with a one item measure. When researchers have viewed subjective well-being multidimensionally (Diener, 1984; Larson, 1978) they often look at dimensions such as happiness, morale, affect, and life satisfaction. The current conceptualization of psychological well-being proposes very different dimensions, and it is believed that these new dimensions will prove to be strong predictors of coping behavior.

Ryff (1989a) formulated the current dimensions of psychological well-being based on a synthesis of three
separate literatures. Each of these literatures (life-span development, clinical theories of personal growth, and positive mental health) focuses on continued positive growth and the unique challenges faced in the aging process. Research has shown that level of continued growth or maturity is a powerful predictor of coping behavior (Blanchard-Fields & Irion, 1987; Hauser, et al., 1991; Labouvie-Vief, et al., 1987). Therefore, it is believed that dimensions constructed to reflect life-span development, theories of personal growth, and positive mental health will also prove to be predictors of coping behavior.

Other predictors of adaptive coping

Past research has shown the importance of context, appraisal of the controllability of the situation, appraisal of the type of stressor, and age differences when looking at predictors of coping behavior (Blanchard-Fields & Robinson, 1987; Feifel & Strack, 1989; Folkman & Lazarus, 1980, 1985; McCrae, 1982; 1984). Studies have demonstrated that context of the stressful situation is an important determinant of coping behavior. Folkman and Lazarus (1980) found that work and health related stressful events evoked different coping behaviors, e.g., work contexts evoked problem-focused coping and health contexts evoked emotion-focused coping. Feifel and Strack (1989) found that decision-making, authority conflict, defeat in competition,
peer disagreements, and conflict situations led to the use of different coping strategies. For example, middle aged adults used more avoidance in decision making and authority conflict situations, and used problem-solving and resignation strategies in defeat in competition and frustration situations. Pearlin and Schooler (1978) also found evidence for using different coping strategies for different contexts (e.g., parenthood and marriage situations were related to reflective probing of the problem, and economic and occupational situations were related to manipulation of goals and values).

Appraisals of the stressful situation have also been shown to influence coping behavior. For example, it has been found that appraisal of the stressful situation as being threatening, harmful, or challenging to the self also evoked different coping behaviors (Blanchard-Fields & Irion, 1988; Folkman & Lazarus, 1985; Irion & Blanchard-Fields, 1987; McCrae, 1982; 1984). However, the type of appraisal that is of interest in the present study is the appraisal of controllability of the situation rather than the type of stress that is aroused.

The appraisal of controllability over the situation also leads to the use of different coping behaviors (Blanchard-Fields & Irion, 1987; Blanchard-Fields & Robinson, 1987; Folkman & Lazarus, 1980; Stone & Neale, 1984; Thoits, 1991). Folkman and Lazarus (1980) measured
appraisal of controllability by asking participants if the situation was one "that you could change or do something about" and if the situation was one "that must be accepted or gotten used to." Situations that were viewed as changeable evoked more problem-focused coping and those that must be accepted evoked more emotion-focused coping. Thoits (1991) also defined controllability as the potential for changing the situation for the better. Individuals who perceived they had control over the situation used more types of coping, including the following strategies: direct action, not thinking about it, distraction, expressing feelings, and were less likely to pray. Alternatively, for perceived uncontrollability of the situations, individuals were less likely to use direct action, not thinking about it, distraction, expressing feelings, and more likely to pray. Blanchard-Fields and Robinson (1987) found that perceived controllability of the cause of the situation predicted the use of self-blame among older adults, whereas perceived controllability of the outcome predicted the use of self-blame among adolescents and young adults. Thus, perceived controllability differentially predicted the use of a coping strategy depending upon whether participants were rating the controllability of the cause of the situation or controllability of the outcome.

Coping in older adults has been explored with initial investigations of age differences in coping behavior.
(McCrae, 1982) partially fueled by the commonly held belief that older adults were less capable of coping with stressful situations than middle-age or younger adults. Results showed that older adults either cope in the same manner as younger adults (McCrae, 1982) or cope more effectively or in more mature ways (Blanchard-Fields & Camp, 1990; Cornelius & Caspi, 1987; McCrae, 1982). When age differences in coping behaviors were found, they appeared to be due more to appraisal differences (e.g., type of stress, controllability of situation) than age per se (Blanchard-Fields & Camp, 1990; Blanchard-Fields & Irion, 1988; Blanchard-Fields & Robinson, 1987; Folkman & Lazarus, 1980; McCrae, 1982). Whether attributed to appraisal or not, one consistent age difference does appear -- older adults use more emotion focused strategies than do younger adults (Folkman, Lazarus, et al., 1987; Prohaska, Leventhal, Leventhal, & Keller, 1985). However, several researchers argue that age per se is not the best indicator of differences in coping behavior, but rather it is individuals' level of maturity (Blanchard-Fields & Irion, 1987; Labouvie-Vief et al., 1987). Thus, there was no reason to expect that older adults would show high levels of ineffective coping, nor to be concerned that undetected age-related influences (other than possible higher than average emotion-focused coping) would arise in the study.
Given the influence of context on the type of coping strategies chosen, it was important to consider this as a factor influencing coping behaviors. Thus, stressful situations in three different contexts were explored in the present study -- finances, health, and isolation/loss of relationships. Moreover individuals' appraisals of the controllability of the situation were assessed to evaluate use of emotion-focused and problem-focused coping.

In the present study, context was expected to have a moderating effect on the relationship between psychological well-being and adaptive behavior. That is, the six dimensions of psychological well-being proposed by Ryff (1989a,b) were expected to differentially predict effective coping across different contexts. For example, consider an individual who scores positive in the dimensions of positive relations with others, autonomy, and environmental mastery, negative in purpose in life and personal growth, and neutral in self-acceptance. This individual may cope effectively in dealing with a stressful situation in the domain of financial concerns. However, this same individual may cope ineffectively when dealing with a stressful situation involving health concerns. Thus, scoring positively in the dimensions of positive relations with others, autonomy, and environmental mastery may predict effective coping in the context of financial concerns, but not in the context of health.
One might also expect that older adults who exemplify successful aging will vary their coping response to fit different contexts, displaying effective coping across a wide range of situations. The theories of life-span developmental psychology and the contextual model they are built on, state that development and the context are embedded within each other (Lerner & Kauffman, 1985). The important aspect of this contextual perspective is that the organism and the environment do not exist independent of each other (Cavanaugh, 1990, ch. 2), and that various influences on development interact with each other (such as age-related events and history-related events) (Baltes & Reese, 1984). These principles have been exemplified by research showing the effects of context and various cognitive appraisals on coping behavior. These empirical findings suggest that for individuals to maximize the likelihood that they will age successfully (at least along the dimensions explored in this study) they should have a wide repertoire of coping behaviors and should show flexibility in applying them to various situations. Therefore, if dimensions of psychological well-being prove to be predictors of adaptive coping, an individual who has the most positive "profile" of psychological well-being (i.e., scores positively on all six dimensions of well-being) will show effective coping in all contexts, thus showing an ability to adapt to a variety of situations, and
exemplifying at least two hypothesized aspects of successful aging.
Methodological Issues

A major criticism of psychological well-being approaches to successful aging has been the reliance on subjective (or self-report) forms of measurement (Baltes & Baltes, 1990; Larson, 1978). Proponents of self-report methods agree that subjective measures do lack the precision of other types of indicators, but they have the advantage of dealing directly with individuals' sense of well-being (Campbell, 1976). Others have suggested that reliance only on subjective indices is problematic, as individuals may not be truthful about themselves (Rosenzweig, 1948). For example, rather than being satisfied with individuals' opinions of their own math skills, one would also wish to assess those skills to truly obtain an accurate assessment (Rosenzweig, 1948). However, it may be more important to consider the question one is asking--is it important to have individuals' insight or opinions or is one interested in overt behavior? Given that most definitions of psychological well-being emphasize subjective perceptions of satisfaction, (Larson, 1978; Lawton, 1984), subjective self-report indices are necessary.

Baltes and Baltes (1990) have argued that subjective measures are not sufficient criteria of psychological well-being. Baltes and Baltes state that subjective indices are limited, given the extreme adaptability of the human
psyche. Often self-reports indicate little difference in well-being between individuals in diverse circumstances. This would be analogous to survivors of torture reporting high levels of well-being because in their subjective perspective they are alive and others are not, whereas in comparison to others who have not experienced such negative events, their well-being would be judged as low. Therefore, Baltes and Baltes (1990) suggest definitions of well-being and successful aging should not focus solely on subjective evaluations but should be built around multiple criteria which include objective indicators as well.

Similarly, Russell (1981) has argued that the move away from measuring successful aging (defined as well-being) against an externally imposed ideal standard has lead to the view of 'if it works, it is successful,' ignoring that psychologically unhealthy individuals may subjectively report high levels of life satisfaction and well-being. Thus, the above criticisms state that although individuals' perceptions of their own psychological well-being are necessary, the construct should not be limited to just those self-observations. Psychological well-being should involve more than just the dimension of subjective well-being, and include external validations that reflect other dimensions of well-being.

In the present study, dimensions of psychological well-being and effective coping were measured by self-
reports. Although the effective coping instrument was self-report in terms of individuals reporting what type of coping response they would use in a given situation, the evaluation of whether or not the behavior is effective was externally imposed, hence more objective. That is, the criteria for whether or not a coping strategy is effective is based on research suggesting situations perceived as uncontrollable are better coped with by emotion regulating strategies and situations perceived as controllable are best coped with by direct problem-focused strategies (Aldwin, 1991; Cornelius & Caspi, 1987; Folkman, Lazarus, et al., 1987; Scheier, et al., 1986). Thus, individuals are not subjectively judging whether or not their coping efforts were effective. Rather, an externally imposed "alternate" judgment was made as to whether or not coping efforts were effective. To explore the correspondence of external judgements of effective coping and individuals' self-evaluations of the effectiveness of their own coping responses, both were obtained in the present study.

Research suggests that there is a correspondence between self and other's ratings of coping efficacy. Camp, Doherty, Moody-Thomas, & Denney (1989) found individuals' self-efficacy ratings of coping ability to correlate with experimenters ratings of individuals' coping efficacy for some problem situations. Self-efficacy ratings were similar for problem solutions in both a social and non-
social domain. Individuals' rated their coping ability as equally effective across different contexts and there was little difference between subjective (self ratings) and alternate (experimenter ratings) indices of coping efficacy.

To explore the differences between subjective and alternate indices of well-being in the present study, ratings from external observers on the six dimensions of well-being were obtained for individuals. Participants were asked to nominate an individual "who on a scale of one to seven, they would rate as six or seven" for how well that individual knows them and how they would likely respond to different situations. This individual was asked to rate him or her on the exact same dimensions of well-being as the self-report measure, as an attempt to obtain an alternate measurement of psychological well-being.
Specific Aims

The purpose of the present research was to investigate the relationship between two aspects of successful aging: psychological well-being and adaptive coping. The predictive relationship between them was explored in three separate contexts: health, finances, and isolation or loss of relationships. The goals of this study were to; a) explore the ability of dimensions of psychological well-being to predict adaptive coping across varying contexts, and b) address the methodological issue of subjective versus alternate indices of both psychological well-being and effectiveness of coping behaviors.

The conceptualization of psychological well-being that was assessed is multidimensional, including the dimensions of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Coping behaviors were assessed in three life domains; health, finances, and isolation/loss of relationships. Effective or adaptive coping was defined as using problem-focused strategies in stressful situations appraised as controllable or changeable, and using emotion-focused strategies in stressful situations appraised as uncontrollable or unchangeable (Folkman et al., 1987; Scheier, et al., 1986).

The first objective of this study was to determine whether or not dimensions of psychological well-being
differentially predict effective coping as a function of context domain. The dimensions chosen for study included self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Because there is no previous research that explicitly suggests which dimensions of psychological well-being will be predictive of effective coping in each of the specific domains, examination of this relationship was exploratory in nature. Some examples of possible outcomes follow.

Ryff (1989a) defines those who score high in environmental mastery as having a sense of competence in managing the environment and as controlling a complex array of external activities. Those who score low are defined as having difficulty managing everyday affairs and feeling unable to improve their surrounding context. This dimension may be predictive of coping abilities in the domain of financial situations. Individuals may need to be able to understand and regulate complex investment procedures as well as effectively maintaining a budget. If faced with a large, unexpected expense, scores reflecting their ability to manage everyday affairs and improve their surrounding context may predict how well they are able to handle this type of a situation.

A dimension that may be predictive of coping behavior in the domain of health is purpose in life. Ryff defines
those who score high as having goals and a sense of directedness, and those who score low as having no outlook or beliefs that give life meaning. This may effect an individual's motivation to cope with a health related concern. If individuals have goals for the future they are committed to and that are meaningful to them, they may be more motivated to deal with certain health concerns, such as working hard in physical therapy to maximize recovery from a severe injury or a stroke.

The dimension of positive relations with others may be predictive of coping in an isolation or loss of relationship situation. Those who score high in this domain are described as having warm, satisfying, trusting relationships with others, whereas those who score low are described as finding it difficult to be warm, open, and concerned about others and not willing to make compromises to sustain important ties to others. How an individual scores on this dimension may predict effectiveness in coping with a loss of relationship situation such as having a child move out of state. Those individuals who have warm, trusting relationships may better able to maintain contact with the child, and may better able to fill the void the child's leaving created.

Finally, some dimensions of psychological well-being may be equally predictive of coping behavior across domains. For example, Ryff defines the dimension of
autonomy as reflecting individuals who are self-determining and independent, regulating behavior from within (high scorers), or who are concerned about the expectations of others and rely on the judgement of others to make important decisions (low scorers). Thus, an individual high in autonomy may show effective coping skills across a variety of domains.

The second objective of this study was to address the methodological issue of subjective versus alternate ratings of successful aging. Many studies of successful aging have conceptualized the construct as subjective well-being. It has been argued that using only self-report indices to measure successful aging is limiting and that more objective indices are also needed (Baltes & Baltes, 1990; Russell, 1981). To address this issue, an alternate measure of effective coping (see above definition), other's ratings of participants' psychological well-being, and self-ratings of psychological well-being were obtained (using Ryff's six dimensions). Furthermore, the external evaluations of the effectiveness of coping were compared to individuals' ratings of the effectiveness of their coping efforts to see if there were any differences.

The following hypotheses were tested:

1. Dimensions of psychological well-being differentially predict effective coping (i.e., use of problem-focused coping in controllable situations and emotion-focused
coping in uncontrollable situations) as a function of problem domain (i.e., health, financial, and isolation/loss). For example, environmental mastery may be predictive of effective coping in the context of financial concerns, purpose in life may be predictive of coping with health concerns, and positive relations with others may be predictive of coping with isolation or loss of relationship stressors.

2. The correspondence between other's ratings of individuals' well-being profile (i.e., an "alternate" index) and individuals' self-ratings of psychological well-being (i.e., a "subjective" index) was explored to determine if the ratings were highly correlated. If the ratings are not highly correlated, the ability of others' ratings of well-being to differentially predict effective coping as a function of problem domain will be tested.

3. The correspondence between externally imposed judgements of effectiveness of coping (i.e., an "alternate" index) and individuals' self-evaluations of effectiveness of coping (i.e., a "subjective" index) was explored to determine if the judgements were highly correlated. If the judgements are not highly correlated, the ability of others' ratings of well-being to differentially predict effective coping as a function of problem domain will be tested.
4. The relationship between the dimensions of psychological well-being and specific type of coping strategies was explored. It may be that specific dimensions of well-being are related to specific coping strategies, rather than the effectiveness of coping per se. For example, an individual who scores high in positive relations with others may tend to use the coping strategy of seeking social support, or an individual who scores low in autonomy may tend to use the coping strategies of blame others and religiosity.
Method

Research Participants

Total sample size was 169 participants (105 females and 64 males) aged 60 and above ($M = 69.05$ years, $SD = 6.41$). No upper age limit was set because there is no reason to suspect that the "old old" would show different processes of successful aging than the "young old." Participants were recruited by voluntary consent (see Appendix A for consent form) from community organizations, retirement and/or older adult living communities, and family members of Louisiana State University psychology students. Participants were primarily Caucasian (92.4%), married (71.8%), and rated themselves as in good health on a 4-point scale that ranged from (1-poor health to 4-excellent health, $M=3.04$, $SD=.70$). In addition to the health screen, the ability of an individual to complete the questionnaires and the verbal ability measure was used as an indicator of cognitive competence.

The mean score of socioeconomic status (SES) was 70.1 ($SD=18.98$) as scored by Nam and Powers (1983) multiple-item socioeconomic status index. This score is consistent with a middle class SES. The verbal ability cutoff for participation in the study was set at a score of 13 on the short form of the Wechsler Adult Intelligence Scale (WAIS) (Jastak & Jastak, 1964) and all subjects met or exceeded the minimal criteria ($M = 28.66$, $SD=6.09$).
**Instruments**

All subjects completed a brief background questionnaire to obtain demographic information (see Appendix B). In addition, the following measures were administered to all participants.

**Health Screen**

Because there is a relationship between self-reported health and cognitive functioning (Hultsch, Hammer, & Small, 1993) a measure of overall health was obtained (see Appendix B) as an additional screen.

**Verbal ability**

A measure of verbal ability was obtained to insure that measurement of participant performance would not be confounded by verbal ability. The short form of the Wechsler Adult Intelligence Scale (WAIS) (Jastak & Jastak, 1964, see Appendix C) was used. The short forms of these measures were appropriate for use in this study because the goal was to screen for research purposes and not to obtain a measure of overall intelligence (Kaufman, 1979, p. 206).

**Psychological Well-being**

Ryff (1989b) developed an instrument to measure her six proposed dimensions of psychological well-being (see Appendix D). The short-form version of this instrument was used in the present study. This version consists of a total of 84-items (14-items per subscale) taken from the original version of the instrument. The items within each
subscale are approximately equally divided between positive and negative wording. Items from each of the scales are mixed by taking one item from each scale successively to form one continuous self-report questionnaire. Participants rate themselves on each item on a 6-point scale ranging from strongly disagree (1) to strongly agree (6).

Convergent and discriminant validity were demonstrated for this instrument. Ryff (1989b) showed convergent validity for psychological well-being by demonstrating that the scales correlated positively with other measures of well-being and positive functioning (affect balance, life-satisfaction, and self-esteem). Discriminant validity (Ryff, 1989b) was shown by the scales correlating negatively with measures of depression and external control. In the current study, internal consistency (alpha) coefficients obtained for each of the subscales were as follows: self-acceptance, .87; positive relations with others, .85; autonomy, .82; environmental mastery, .84; purpose in life, .85; and personal growth, .83.

A separate score was obtained for each dimension of psychological well-being by adding together the responses for each item in the corresponding subscale, thus possible scores range from a low of 14 to a high of 84. Responses to negative items were first reversed so that high scores
indicate high self-ratings on each of the dimensions of psychological well-being.

To obtain other's ratings of participants' psychological well-being, the items in the above instrument were reworded to reflect rating another individual rather than one's self (see Appendix E). Analysis of internal consistency yielded the following alpha coefficients for each of the subscales: self-acceptance, .92; positive relations with others, .89; autonomy, .90; environmental mastery, .91; purpose in life, .90; and personal growth, .87.

The items were scored in the same way as the self-ratings. Thus, participants received six scores reflecting their self-ratings on each of the dimensions of psychological well-being, and six scores representing other's ratings of their well-being.

Revised Ways of Coping Checklist (WCCL)

Adaptive behavior was operationalized in the present study as effective coping, and was assessed by the WCCL. Vitaliano's revised version of Folkman and Lazarus's (1980) Ways of Coping scale (see Appendix F) is a 57-item measure consisting of eight subscales representing both problem-focused and emotion-focused coping strategies. Subscales representing problem-focused coping strategies are Problem-Focused and Seeks Social Support. Subscales representing emotion-focused coping strategies are Blame Self, Wishful
Thinking, Avoidance, Blame Others, Count Blessings, and Religiosity. Respondents identify and describe a specific stressful situation they have coped with and then rate on a 4-point scale how much they used each item (0—never used to 3—used regularly).

The original WCCL was developed by Folkman and Lazarus (1980) (based on Lazarus's [1966] cognitive-phenomenological theoretical framework of psychological stress) as a means to assess a broad range of behavioral and coping strategies used in a specific stressful event. Vitaliano, Russo, Carr, Maiuro, and Becker (1985) revised the scale because some items appeared to lack face validity, and respondents complained of its length. A principal components analysis yielded five meaningful factors: problem-focused, seeks social support, blamed self, wishful thinking, and avoidance. Moreover, Vitaliano et al. (1985) demonstrated construct and concurrent validity for the revised WCCL, and that the WCCL is a reliable instrument to use with older adult populations. Furthermore, the WCCL was shown to be free from the demographic biases of age, education, and marital status. Gender differences were found, with females generally scoring higher than males on the coping subscales.

For details on the correspondence of items between the revised and original scales see Vitaliano et al. (1985).
Analysis of internal consistency, in the current study, yielded the following alpha coefficients for each of the coping strategy subscales across the health, isolation/loss, and financial context, respectively: Problem-Focused, .80, .85, and .88; Wishful Thinking, .79, .75, and .83; Seeks Social Support, .72, .75, and .75; Blamed Self, .78, .64, and .77; and Avoidance, .65, .71, and .65.

In addition to the above coping subscales, Vitaliano also includes Blame Others, Counting One's Blessings, Religiosity in the WCCL. Analysis of internal consistency yielded the following alpha coefficients for these three scales: Blame Others, .78, .81, and .86; Count Your Blessings, .80, .82, and .84; and Religiosity, .71, .71, and .74.

Context domains. In the present study, participants were asked to complete the WCCL separately for the three context domains in order to explore the moderating effect of context on the relationship between dimensions of psychological well-being and coping behaviors. Research suggests that these particular domains are important to older adults. In a survey of over 1800 older adults on the desirability and frequency of 54 life events (Murrell, Norris, & Hutchins, 1984), the events rated as being high in frequency and most undesirable were illness or injury to child; illness or injury to self; illness or injury to
spouse; and less money to live on. Other most undesirable events, although of less frequency, included death of spouse, death of child, death of sibling, illness or death of parent and loss of job, business, and home. Although there are possible limitations in generalizability, Quam and Whitford (1992) found that present and future aging concerns for a population of older homosexuals were health, income, age discrimination, isolation, finances, planning for retirement, and developing relationships in the future. Research on women and aging has also revealed that older women have similar concerns, including role loss, isolation and loneliness, widowhood, physical disability, loss of intellectual abilities, financial concerns, and declining income (Berkun, 1983; Campbell, 1983-84; Harrison, 1983; Lesnoff-Caravaglia, 1984). Thus, research has shown that many of the concerns of older adults fit into the categories of financial concerns, isolation or loss of relationships, and health concerns. Furthermore, problems arising in the domains would be likely to vary in controllability, although problems perceived as controllable or uncontrollable are possible in each domain.

Administrating the WCCL. For each context domain, participants were asked to identify and briefly describe a stressful situation they had recently encountered, relating who was involved, where it took place and what happened. For the context of financial concerns, respondents were
asked to identify a situation relating to any financial concern in which they felt stress, for example, concerns over income, an unexpected expense, or a large purchase they wished to make. For the context of isolation or loss of relationships, respondents were asked to identify a situation relating to any isolation or loss in which they felt stress, for example the death of someone close to them, someone they care about moving far away, or a loss or reduction in their ability to keep in contact with someone they care about. For the context of health, respondents were asked to identify a situation relating to any health concern in which they felt stress, for example, an illness or injury to themselves or someone close to them.

Respondents were then asked to rate on a 4-point Likert scale (1 = not at all, 4 = a great deal) how much they felt this situation was one: 1) that they could change or do something about, and 2) that must be accepted or gotten used to. Finally, respondents were asked to rate on a 5-point Likert scale (1 = not effective at all, 5 = very effective) how effective their coping efforts were in reducing the stress caused by the situation. This rating served as respondents self-efficacy score. Participants were then asked to complete the WCCL for the situation they described.

The contexts were counterbalanced and participants were asked to complete the WCCL for each domain at separate
times, or to take a break in between domains. This was done to prevent fatigue from completing several consecutive questionnaires, and to minimize interference between problem situations.

**Scoring the WCCL.** The WCCL was originally scored by obtaining a raw score reflecting the frequency of usage of each type of coping strategy. This score is obtained by summing the item ratings within each subscale. However, Vitaliano, Maiuro, Russo, and Becker (1987) recommend the use of relative rather than raw scores. Relative scores reflect the percentage of usage of each type of coping strategy rather than the frequency of usage. This score is obtained by first calculating the mean item score (MIS) for each subscale (i.e., the raw score divided by the number of items in the subscale), then dividing the MIS by the sum of the MIS's for all of the subscales. For example, the relative score for the Wishful Thinking subscale would be obtained by adding together the ratings on the individual items of this subscale and dividing this sum by 8 (the total number of items in this subscale). The resulting score is the MIS for Wishful Thinking. This score would then be divided by the sum of the MIS's for all the subscales.

Vitaliano et al. (1987) argue relative scores reflect individual differences and the interplay among the various
strategies by taking into account the relations between specific (subscale) and overall strategies. Furthermore, Vitaliano et al. argue that relative scores differentiate between individuals with identical raw scores in coping strategies because the use of those coping strategies is considered in relation to individual's total coping effort. For example, two individuals may have equal raw problem-focused scores, but in comparing their relative scores one individual may have a relative score that shows problem-focused strategies comprised 48% of his or her coping efforts and the other individual's relative score shows problem-focused strategies comprised 12% of his or her coping efforts. Given the focus of the current study was individual differences in the relation between psychological well-being and effective coping, relative scores were obtained for each context domain.

**Effective coping.** Effective coping was defined as the use of problem-focused coping in situations appraised as controllable, and the use of emotion-focused coping in situations appraised as uncontrollable (see Aldwin, 1991; Brandtstadter, 1992; Cornelius & Caspi, 1987; Folkman, Lazarus, Pimley, & Novacek, 1987; Scheir, Weintraub, & Carver, 1986). A controllability score was obtained from the appraisal ratings of the changeability of the situation and of how much the situation needed to be accepted.
The criteria chosen to indicate effective coping was based on the argument that problem-focused coping efforts are most effective in situations appraised as controllable (i.e., changeable), and coping efforts to regulate emotions are most effective in situations appraised as uncontrollable (i.e., not changeable). Research has shown that appraisals of the controllability of the situation as either changeable or unchangeable does influence the use of coping mechanisms in the above direction (Blanchard-Fields & Irion, 1987; Folkman & Lazarus, 1980). Furthermore, Vitaliano, DeWolfe, Maiuro, Russo, and Katon (1990) found that use of problem-focused coping in situations appraised as controllable was negatively correlated with depressed mood, whereas use of emotion-focused coping in these situations was positively related to depressed mood. Thus, support exists for the notion that in situations perceived as changeable, problem-focused strategies are likely to be more effective, and that in situations perceived as unchangeable, emotion-focused strategies are likely to be more effective.

**Procedure**

Research participants were given the packet of questionnaires to complete at home at their convenience. It took approximately 3 hours to complete all the questionnaires, and participants were allowed to work at their own pace. The researcher either directly retrieved
the completed questionnaires from participants or provided them with pre-addressed, stamped envelopes to return the questionnaires by mail.

Participants were also asked to recruit someone who they felt knows them well enough to rate attributes of their personality. They were asked to chose an individual "who on a scale of one to seven, they would rate a six or seven" for how well that individual knows how they would be likely to respond to different situations. Participants then gave these individuals the instrument designed for others to rate psychological well-being, and asked the individuals to rate them (the participants). In addition to this instrument, the individuals providing the other-rating were given a pre-addressed, stamped envelope to return their questionnaire directly to the researcher to insure confidentiality of their responses from the research participants. Return rate of these questionnaires was 94%.
Results

Overview of Scoring and Analyses

To score for effective coping, scores were first obtained on the controllability of the situation. The ratings of the need to accept the situation were reversed in order to be comparable to the changeability rating. An average was then calculated of the two appraisal ratings (i.e., is the situation changeable, does the situation have to be accepted). Scores of 2.5 or below indicate a situation was perceived as uncontrollable, and scores above 2.5 indicate a situation was perceived as controllable.

Second, relative scores were used when scoring for use of problem-focused or emotion-focused coping. Research has shown that in most situations, individuals use both types of coping behaviors (Blanchard-Fields & Irion, 1987; Folkman & Lazarus 1980; 1985), therefore scores reflecting the relative use of a type of strategy are appropriate. To obtain a relative score for the problem-focused domain, the MIS for the two problem-focused subscales (Problem-Focused and Seeking Social Support) were summed, and then divided by the sum of the MIS's from all eight subscales. The emotion-focused relative score was obtained by first summing together the MIS's for the emotion-focused subscales (Blame Self, Wishful Thinking, Avoidance, Blame Others, Count Blessings, and Religiosity), and then dividing this total by the sum of all the subscale MIS's.
Thus, respondents received a score reflecting their percentage of usage of problem-focused coping and a score reflecting their percentage of usage of emotion-focused coping.

If individuals appraised the situation as controllable (i.e. a controllability score of 2.5 or above) their problem-focused score was used in analyses for their effective coping (EC) score. If individuals appraised the situation as uncontrollable (i.e., a controllability score below 2.5) their emotion-focused coping score was used in analyses as their EC score. Thus, individuals' coping scores reflected the type of coping that theoretically should be most effective in the type of situation they encountered. These scores could range from 0 to 1.0. Higher scores reflect a greater likelihood of coping effectively with the situation.

To summarize, means and standard deviations for ratings of the problem situations are presented first. Then the correlations between demographic and dependent variables are given. Next, the results of multiple regression analyses of the ability of dimensions of psychological well-being to predict effective coping are reported. Finally, the canonical correlation analysis of the relationship between dimensions of psychological well-being and coping behaviors are presented.
Ratings of Problem Situations and Coping Behavior

Means and standard deviations for ratings of the problem situations and coping are presented in Table 1. Overall, participants rated the problem situations they reported for all three contexts as uncontrollable. Furthermore, participants rated problems in the financial domain as less stressful than problems in the other two contexts. Generally, the participants used more emotion-focused coping than problem-focused coping, which is consistent with previous research with older adults. Both experimenter-rated and self-rated effective coping ratings were fairly consistent across contexts, indicating that older adults coped equally well across problem domains.

A random sampling of the situations participants reported revealed that there was some variation in the problems within each context. Health concerns reported generally focused on illness of self, spouse, close friend or relative. Illness reported ranged from alcoholism and suicide attempts to cancer, stroke, and major surgery. Isolation/loss concerns focused on death of spouse, close family member or close friend, and isolation from family or close friends due to distance and/or estrangement. The finance concerns reported showed more variation than the other two domains. Concerns ranged from cost of replacing a major appliance, adjusting to retirement income, providing financial assistance to children, purchase of a
new home, and repercussions of poor investments, to saving for Christmas gifts.

**Intercorrelations between Demographic and Criterion Variables**

Correlations between demographic variables and dependent measures appear in Table 2. Significant correlations were found between gender and experimenter-rated effective coping in the health context, duration of the event and experimenter-rated effective coping in the finance context, and stressfulness of the event and self-rated effective coping in the loss context ($r's > .23$, $p's < .05$). These demographic variables were entered into the corresponding regression equations first, to control for any effects they may have on the dependent variables.

Intercorrelations among predictor variables are presented in Tables 3 and 4. The correlations among predictor variables are all significant at the $p < .01$ level.

High intercorrelations among independent variables indicate a multicollinearity problem may exist for the regression analyses (Stevens, 1986). Multicollinearity is a concern because it severely limits the size of $R$ and the effects of the predictors are confounded because of the high intercorrelations (Stevens, 1986). To check for multicollinearity, diagnostic tests (Belsley, Kuh, & Welsch, 1980) were conducted for the two sets of predictor variables to determine if there was a problem with
collinearity. Condition indexes were generated and examined for each of the independent variables to determine the presence of one or more dependencies among the variables. Moderate to strong dependencies are associated with condition indexes of 30 to 100. If the condition indexes indicate a collinearity problem exists, the regression-coefficient variance proportions are examined to identify the variables associated with the collinearity problem. A general rule of thumb is that for problematic variables, 50% of the variance of the coefficients will be associated with a single high condition index (Belsley, Kuh, and Welsch, 1980).

The diagnostic tests revealed that for self-rated dimensions of psychological well-being, two condition indexes were greater than 30. Examination of the variance proportions revealed that environmental mastery, purpose in life, and self-acceptance were the variables involved in the multicollinearity problem. Test results for other-rated dimensions of psychological well-being indicated three condition indexes greater than 30. Examination of the variance proportions showed environmental mastery, positive relations with others, and purpose in life to be the variables driving the multicollinearity problem.

To solve for the multicollinearity problem in the regression analyses, the problematic variables were dropped
Table 1

Means and Standard Deviations for Ratings of Problem Situations and Coping Behavior

<table>
<thead>
<tr>
<th>Rating</th>
<th>Health</th>
<th>Finances</th>
<th>Loss</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controllability of Problem</td>
<td>1.75(.79)</td>
<td>1.95(.87)</td>
<td>1.45(.59)</td>
<td>1 - 4</td>
</tr>
<tr>
<td>Stressfulness of Problem</td>
<td>3.16(.82)</td>
<td>2.61(1.02)</td>
<td>2.96(.93)</td>
<td>1 - 4</td>
</tr>
<tr>
<td>Relative Use of Problem-Focused Coping</td>
<td>.35(.09)</td>
<td>.33(.12)</td>
<td>.29(.09)</td>
<td>0 - 1</td>
</tr>
<tr>
<td>Relative Use of Emotion-Focused Coping</td>
<td>.65(.09)</td>
<td>.67(.12)</td>
<td>.71(.09)</td>
<td>0 - 1</td>
</tr>
<tr>
<td>Experimenter-Rated Effective Coping</td>
<td>.57(.16)</td>
<td>.57(.20)</td>
<td>.66(.16)</td>
<td>0 - 1</td>
</tr>
<tr>
<td>Self-Rated Effective Coping</td>
<td>3.39(1.08)</td>
<td>3.59(1.15)</td>
<td>3.22(1.17)</td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

Note. Scores < 2.5 on the controllability rating indicate as situation was rated as uncontrollable, scores > 2.5 indicate a situation was rated as controllable.
### Table 2

Correlations between Demographic Variables and Effective Coping Scores

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Context</th>
<th>Gender</th>
<th>SES</th>
<th>VOC</th>
<th>Duration</th>
<th>Time</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimenter-rated effective coping</td>
<td>Health</td>
<td>-.21**</td>
<td>-.12</td>
<td>-.07</td>
<td>.04</td>
<td>.02</td>
<td>-.06</td>
</tr>
<tr>
<td></td>
<td>Finance</td>
<td>-.01</td>
<td>-.00</td>
<td>-.05</td>
<td>-.27**</td>
<td>.06</td>
<td>.01</td>
</tr>
<tr>
<td></td>
<td>Loss</td>
<td>-.13</td>
<td>-.06</td>
<td>-.04</td>
<td>-.15</td>
<td>-.06</td>
<td>.02</td>
</tr>
<tr>
<td>Self-rated effective coping</td>
<td>Health</td>
<td>.03</td>
<td>-.06</td>
<td>-.07</td>
<td>.01</td>
<td>.06</td>
<td>.07</td>
</tr>
<tr>
<td></td>
<td>Finance</td>
<td>.13</td>
<td>.01</td>
<td>-.04</td>
<td>.03</td>
<td>-.03</td>
<td>-.08</td>
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<tr>
<td></td>
<td>Loss</td>
<td>.02</td>
<td>-.11</td>
<td>-.08</td>
<td>-.16</td>
<td>-.11</td>
<td>-.24*</td>
</tr>
</tbody>
</table>

Note. *p < .05, **p < .01, VOC—vocabulary, SES—socioeconomic status, Duration—how long event lasted, Time—how long ago event occurred, Stress—how stressful event was.
### Table 3

**Intercorrelations among Self-Ratings of Psychological Well-Being**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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<th>5</th>
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<tbody>
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<td>1. ATNMY</td>
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<tr>
<td>2. ENVMS</td>
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<td></td>
</tr>
<tr>
<td>3. PRSGR</td>
<td>.26**</td>
<td>.53**</td>
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<td></td>
</tr>
<tr>
<td>4. POSRL</td>
<td>.28**</td>
<td>.46**</td>
<td>.45**</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>5. PURPS</td>
<td>.33**</td>
<td>.74**</td>
<td>.60**</td>
<td>.60**</td>
<td>----</td>
</tr>
<tr>
<td>6. ACCPT</td>
<td>.38**</td>
<td>.74**</td>
<td>.45**</td>
<td>.61**</td>
<td>.80**</td>
</tr>
</tbody>
</table>

*Note. ** p < .01, ATNMY-Autonomy, ENVMS-Environmental Mastery, PRSGR-Personal Growth, POSRL-Positive Relationships with Others, PURPS-Purpose in Life, ACCPT-Self Acceptance.*
Table 4

Intercorrelations among Other-Ratings of Psychological Well-Being

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ATNMY</td>
<td>----</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ENVMS</td>
<td>.54**</td>
<td>----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. PRSGR</td>
<td>.48**</td>
<td>.66**</td>
<td>----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. POSRL</td>
<td>.37**</td>
<td>.71**</td>
<td>.56**</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>5. PURPS</td>
<td>.53**</td>
<td>.84**</td>
<td>.74**</td>
<td>.71**</td>
<td>----</td>
</tr>
<tr>
<td>6. ACCPT</td>
<td>.56**</td>
<td>.78**</td>
<td>.56**</td>
<td>.62**</td>
<td>.83**</td>
</tr>
</tbody>
</table>

Note. ** p < .01, ATNMY-Autonomy, ENVMS-Environmental Mastery, PRSGR-Personal Growth, POSRL-Positive Relationships with Others, PURPS-Purpose in Life, ACCPT-Self Acceptance.
from the regression models\(^2\) (Neter, Wasserman, & Kutner, 1989). However, there are two primary limitations to this solution that must be kept in mind: 1) no information is obtained from the independent variables that are dropped from the equation, and 2) the magnitude of the regression coefficients of the independent variables remaining in the model are affected by the independent variables not in the model.

**Self-rated Dimensions of Psychological Well-being as Predictors of Experimenter-rated Effective Coping**

Multiple regression analyses were conducted to explore the ability of dimensions of psychological well-being to predict effective coping scores. A stepwise model was used because order of entry of predictor variables into the regression equation is determined by a mathematical maximization procedure (Stevens, 1986). There is no theoretical or empirical reason to a priori determine the order of entry of the independent variables. The dimensions of psychological well-being that remain as predictor variables were autonomy, personal growth, and positive relations with others. The results are presented separately for each context.

\(^2\)For the purpose of the present analysis, statistical criteria were used to solve for the multicollinearity problem. The determination of which variables to drop could have been conceptually based, however because of the exploratory nature of the study, the statistical approach was more conservative.
Health context. It was stated earlier that gender was found to correlate significantly with experimenter-rated effective coping for this context ($r = -0.21$). Therefore, gender was forced into the regression equation first to control for its relationship to the dependent variable, and then the psychological well-being variables (autonomy, personal growth, and positive relations with others) were tested in a stepwise model. The stepwise regression results yielded one significant regression model, $R^2 = 0.073$, $F(1,126) = 5.01$, $p < .01$ (see Table 5). This indicates the psychological well-being dimension of personal growth predicts experimenter-rated effective coping in the health domain. Furthermore, this relationship was negative suggesting high scores on personal growth may predict low scores on effective coping. However, the model only accounts for 7% of the variance in the experimenter-rated effective coping scores.

Financial context. There were no significant models for this context ($p$'s > .05).

Isolation/Loss context. Analyses yielded one significant model, $R^2 = 0.195$, $F(1,125) = 4.94$, $p < .05$ (see Table 5). This model indicates personal growth is also a significant predictor of experimenter-rated effective coping in isolation or loss situations, accounting for 19.5% of the variance in effective coping. Furthermore, the predictive relationship was negative.
To summarize, the above regression analyses do not support the hypothesis that self-rated dimensions of psychological well-being will differentially predict effective coping (judged by experimenter criteria) as a function of problem domain.

**Other-rated Dimensions of Psychological Well-being as Predictors of Experimenter-rated Effective Coping**

Correlations between self and other's ratings of psychological well-being were examined to determine the level of correspondence between the two types of ratings. The correlations were significant, however the magnitude of the correlations was somewhat low (r's ranged from .32 to .46), suggesting that there is still some difference between the two types of ratings. Therefore, regression analyses were conducted using other-rated scores on psychological well-being as the predictor variables. Stepwise regression analyses yielded no significant predictors at the $p < .05$ level for any context. Thus, others ratings of psychological well-being did not prove to be good predictors of experimenter-rated effective coping.

**Self-rated Dimensions of Psychological Well-being as Predictors of Self-rated Effective Coping**

Correlations between self and experimenter-rated effective coping were examined to determine the level of correspondence between the two types of judgements. There was only one significant correlation, for the health context, and the magnitude of the correlations did not
approach 1.0 (r's ranged from -.15 to -.23), suggesting that there is a difference between the two types of judgements. Therefore, regression analyses were conducted using self-rated scores of effective coping as the criterion variables. In these analyses, the same dimensions of self-rated psychological well-being used in the above analyses were used here. The regression analyses yielded significant predictors only for the financial context. The significant model, $R^2 = 0.279$, $F(1,144) = 12.14$, $p < .001$, shows personal growth as a significant predictor of self-rated effective coping in this context (see Table 6). Thus, self-ratings of psychological well-being did not prove to be good predictors of self-rated effective coping.

Relationship between Dimensions of Psychological Well-being and Coping Behaviors in Three Contexts

Relationships between dimensions of psychological well-being and specific coping behaviors were examined using canonical correlation analyses. The purpose of canonical correlation is to break down the association for two sets of variables, and was chosen here because it would describe the number and nature of mutually independent relationships between the dimensions of well-being and the coping strategy subscales (Stevens, 1986). This analysis calculated linear combinations (canonical variates) among the six dimensions of well-being and linear combinations
### Table 5

**Stepwise Multiple Regression Analyses for Experimenter-rated Effective Coping**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Context</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-.068</td>
<td>.029</td>
<td>-.202*</td>
</tr>
<tr>
<td>Persgrwth</td>
<td>-.003</td>
<td>.002</td>
<td>-.169*</td>
</tr>
<tr>
<td>Isolation/Loss Context</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persgrwth</td>
<td>-.003</td>
<td>.002</td>
<td>-.165*</td>
</tr>
</tbody>
</table>

*Note. 'Abbreviations are as follows: Persgrwth = personal growth. *p < .05.*

### Table 6

**Stepwise Multiple Regression Analyses for Self-Rated Effective Coping for Financial Context**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persgrwth</td>
<td>.036</td>
<td>.010</td>
<td>.279*</td>
</tr>
</tbody>
</table>

*Note. 'Abbreviations are as follows: Persgrwth = personal growth. *p < .001.*
among the eight coping strategies. The first pair of canonical variates shows which profile (i.e., linear combination) of dimensions of well-being are maximally associated with which profile of coping strategies. If there is a significant second pair of canonical variates, this canonical variate reflects another (uncorrelated) profile of well-being and its relationship to another profile of coping behavior.

Interpretation of the canonical variates is similar to the interpretation of discriminate functions (Stevens, 1986), involving examination of the correlations of the canonical variates with the original variables, and the standardized canonical coefficients. Interpretation is based on correlations between the canonical variate and original variables that are greater than .50. The standardized coefficients are then examined to determine if any of the correlations are redundant. That is, to determine if any of the relationship of the coefficients to the original variable drops out when the correlations are standardized, resulting in the relationship being best represented by another variable. The variables used to interpret the canonical variates are underlined in the corresponding tables. The results of these analyses will be presented separately for each of the contexts.

**Health context.** The results of the canonical correlation analyses appear in Table 7. Two canonical
variates satisfied the criterion $p < .05$. An $F$ approximation test was used since it yields better results for small samples than the traditional Chi-square test (SAS Institute Inc., 1989). Examination of the first canonical variate in Table 7 shows that Environmental Mastery is negatively related to Wishful Thinking, Avoidance, and Blames Others. Thus, high levels of environmental mastery are associated with not endorsing or not using wishful thinking, avoidance and blaming others when coping with problems in the health domain and vice versa.

Examination of the second canonical variate suggests that Purpose in Life and Positive Relations with Others are related to Problem-Focused Coping and Religiosity, and the relationship between the two sets of variables is positive. Thus, a high level of purpose in life is associated with using problem-focused and religiosity coping strategies when faced with a health problem, and vice versa.

Financial context. There was one canonical variate significant at $p < .05$. Examination of Table 8 reveals that Environmental Mastery and Personal Growth are positively related to Seek Social Support and negatively related to Wishful Thinking. Thus, high levels of environmental mastery and personal growth are related to high levels of seeking social support and low levels of wishful thinking in coping with a financial problem, and vice versa.
Table 7

**Canonical Correlation Analyses of Psychological Well-being and Coping Behaviors for Health Context**

<table>
<thead>
<tr>
<th>Original Variables</th>
<th>Canonical Variate</th>
<th>Standardized Can. Variate</th>
<th>Canonical Variate</th>
<th>Standardized Can. Variate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTONOMY</td>
<td>-.484</td>
<td>-.290</td>
<td>.126</td>
<td>.375</td>
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<tr>
<td>ENVMSTRY</td>
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<td>-1.314</td>
<td>-.225</td>
<td>.480</td>
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<tr>
<td>PRSGRWTH</td>
<td>-.341</td>
<td>.171</td>
<td>-.483</td>
<td>-.066</td>
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<tr>
<td>POSRELNS</td>
<td>-.348</td>
<td>-.055</td>
<td>-.580</td>
<td>-.421</td>
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<tr>
<td>PURPOSE</td>
<td>-.526</td>
<td>.059</td>
<td>-.717</td>
<td>-1.302</td>
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<tr>
<td>SLFACCP</td>
<td>-.494</td>
<td>.535</td>
<td>-.310</td>
<td>.478</td>
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<tr>
<td>PF</td>
<td>.052</td>
<td>.028</td>
<td>-.614</td>
<td>-.723</td>
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<td>SS</td>
<td>.140</td>
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<tr>
<td>WT</td>
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<td>-.223</td>
<td>.127</td>
</tr>
<tr>
<td>AV</td>
<td>.680</td>
<td>.330</td>
<td>-.103</td>
<td>.024</td>
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<tr>
<td>BO</td>
<td>.634</td>
<td>.316</td>
<td>.077</td>
<td>.135</td>
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<tr>
<td>CYB</td>
<td>-.324</td>
<td>-.512</td>
<td>-.351</td>
<td>.327</td>
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<tr>
<td>REL</td>
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<tr>
<td>BS</td>
<td>.528</td>
<td>.128</td>
<td>.165</td>
<td>.048</td>
</tr>
</tbody>
</table>

** Canonical Correlation Rc=.54 Rc=.43

Note. F (48, 570) = 2.05, p < .001, ENVMSTRY=environmental mastery, PRSGRWTH=personal growth, POSRELNS=positive relations with others, PURPOSE=purpose in life, SLFACCP=self acceptance, PF=problem focused, SS=seeks social support, WT=wishful thinking, AV=avoidance, BO=blames others, CYB=count your blessings, REL=religiosity, BS=blames self.

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Table 8

Canonical Correlation Analyses of Psychological Well-being and Coping Behaviors for Financial Context

<table>
<thead>
<tr>
<th>Original Variables</th>
<th>Canonical Variate</th>
<th>Standardized Can. Variate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTONOMY</td>
<td>-.526</td>
<td>-.158</td>
</tr>
<tr>
<td>ENVMSTRY</td>
<td>-.891</td>
<td>-.473</td>
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<tr>
<td>PRSGRWTH</td>
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<td>-.410</td>
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<tr>
<td>POSRELNS</td>
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<td>.185</td>
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<tr>
<td>PURPOSE</td>
<td>-.832</td>
<td>-.177</td>
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<tr>
<td>SLFACCP</td>
<td>-.777</td>
<td>-.024</td>
</tr>
<tr>
<td>PF</td>
<td>-.487</td>
<td>-.343</td>
</tr>
<tr>
<td>SS</td>
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<td>-.320</td>
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<tr>
<td>WT</td>
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<tr>
<td>AV</td>
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<tr>
<td>BO</td>
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<tr>
<td>CYB</td>
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<td>-.306</td>
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<tr>
<td>REL</td>
<td>-.174</td>
<td>-.126</td>
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<tr>
<td>BS</td>
<td>.296</td>
<td>.092</td>
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</tbody>
</table>

 Canonical Correlation \( R_c = .64 \)

Note. \( F(48, 501) = 2.15, p < .001, \) ENVMSTRY=environmental mastery, PRSGRWTH=personal growth, POSRELNS=positive relations with others, PURPOSE=purpose in life, SLFACCP=self acceptance, PF=problem focused, SS=seeks social support, WT=wishful thinking, AV=avoidance, BO=blames others, CYB=count your blessings, REL=religiosity, BS=blames self.

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**Isolation/Loss context.** Two canonical variates were significant at $p < .05$ level. Examination of the first canonical variate represented in Table 9 shows that Environmental Mastery and Purpose in Life are related positively to Problem-Focused Coping, suggesting that high scores on environmental mastery and purpose in life are related to using problem-focused coping in an isolation or loss situation.

Examination of the second canonical variate reveals there were no canonical variates at the .50 level in the set of psychological well-being variables, so interpretation will be based on those correlations at or above .30. Cooley and Lohnes (1971) suggests that variates below this level be considered trivial. However, because these correlations are below .50 interpretation must be considered tentative. Examination of the correlations suggests that Environmental Mastery and Self Acceptance are negatively related to Wishful Thinking and Blaming Others. Thus, individuals with high scores in environmental mastery and self acceptance tend not to use wishful thinking and blaming others when coping with an isolation or loss situation.

To summarize, the canonical correlation analyses support the hypothesis that some dimensions of psychological well-being are consistently related to coping
<table>
<thead>
<tr>
<th>Original Variables</th>
<th>Variate 1</th>
<th>Variate 2</th>
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<tbody>
<tr>
<td></td>
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<td>Standardized Can. Variate</td>
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<td>-.005</td>
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<td>ENV MSTRY</td>
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<tr>
<td>PRSGRWTH</td>
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<td>.083</td>
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<td>POSRELNS</td>
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<td>.123</td>
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<tr>
<td>PURPOSE</td>
<td>.967</td>
<td>.659</td>
</tr>
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<td>SLFACCP</td>
<td>.805</td>
<td>-.056</td>
</tr>
<tr>
<td>PF</td>
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<td>.853</td>
</tr>
<tr>
<td>SS</td>
<td>.395</td>
<td>.231</td>
</tr>
<tr>
<td>WT</td>
<td>-.254</td>
<td>-.237</td>
</tr>
<tr>
<td>AV</td>
<td>-.481</td>
<td>-.545</td>
</tr>
<tr>
<td>BO</td>
<td>-.472</td>
<td>-.276</td>
</tr>
<tr>
<td>CYB</td>
<td>.322</td>
<td>-.199</td>
</tr>
<tr>
<td>REL</td>
<td>.309</td>
<td>.130</td>
</tr>
<tr>
<td>BS</td>
<td>-.260</td>
<td>.029</td>
</tr>
</tbody>
</table>

Canonical Correlation

Rc=.52

Rc=.50

**Note.** F (48, 535) = 1.96, p < .001, ENV MSTRY=environmental mastery, PRSGRWTH=personal growth, POSRELNS=positive relations with others, PURPOSE=purpose in life, SLFACCP=self-acceptance, PF=problem focused, SS=seeks social support, WT=wishful thinking, AV=avoidance, BO=blames others, CYB=count your blessings, REL=religiosity, BS=blames self.
across contexts, whereas other dimensions are related to coping in context specific situations.
Discussion

The main purposes of the present study were 1) to explore the relationship between adaptive coping and psychological well-being in a predictive framework, 2) to address the methodological issue of self versus other's ratings of aspects of successful aging, and 3) to explore the relationship between dimensions of psychological well-being and specific coping behaviors.

Overall, these results yielded little evidence for the hypothesis that dimensions of psychological well-being would differentially predict effective coping across contexts. The results also indicated that relationships between self versus other ratings of successful aging were weak. Finally, dimensions of psychological well-being were found to be related consistently across contexts and specifically to individual coping behaviors. These findings are discussed in greater detail below.

Psychological Well-being as a Predictor of Adaptive Coping

One dimension of psychological well-being, personal growth, was found to be a significant predictor of effective coping, both across contexts and regardless of self versus other judgements of effective coping. Although this relationship did not account for a great proportion of the variance (7% to 27.9%), this finding supports previous research on how person related variables (versus problem situation variables) predict coping. Ryff (1989b)
describes individuals high in personal growth as having a feeling of continued development, seeing themselves as growing and expanding, and sensing that they are realizing their potential. Low scorers are described as feeling a sense of personal stagnation, lacking a sense of improvement or expansion over time, and feeling bored and uninterested in life. This description is also characteristic of someone in Erikson's (1963) final stage of psychosocial development, that of ego integrity versus despair. Furthermore, previous research has related higher levels of ego development and maturity to more adaptive coping (Blanchard-Fields, 1986; Blanchard-Fields & Irion, 1987; Hauser, et al., 1991; Labouvie-Vief, et al., 1987).

In contrast to the suggestion in the introduction, optimal "profiles" of dimensions of psychological well-being predicting coping in various contexts were not found. Rather than the existence of a few optimal profiles of psychological well-being, such profiles may be individual specific. The lifespan developmental perspective (Baltes & Reese, 1984) states that considerable plurality is found in patterns of development as well as considerable intraindividual plasticity. Thus individuals may draw on different resources and strengths (represented here as dimensions of well-being) to cope with a variety of situations. Some individuals may draw on one strength in every situation in addition to using other resources that
are used in a situation specific manner. Other individuals may vary the resources they use for every situation encountered.

Overall, the hypothesized relationship of dimensions of psychological well-being differentially predicting adaptive coping across contexts was not found. This may partially be due to limitations in the regression analyses. In solving for the multicollinearity problem, three of the six dimensions of psychological well-being were dropped from the model. Therefore, no information was learned about any possible relationship those three dimensions may have with effective coping. Some of the dropped variables were found to have a significant relationship to specific coping behaviors, and some of these relationships were mediated by context. Therefore, it may be the case that if the intercorrelations between the other independent variables could be teased apart, the dropped variables may prove to be significant predictors of effective coping.

Another possible explanation is level of specificity of the predictor and criterion variables in the regression equation (see Scheier & Carver, 1987, for discussion). Level of specificity arguments suggest that predictors should be at the same level of specificity as the outcome variables, i.e., specific predicting specific, or general predicting general. In terms of measurement, the predictors in the model were dimensionalized aspects of
psychological well-being and could be viewed as being more specific than a global well-being score, whereas the outcome of effective coping was a global effective coping score. However, conceptually Ryff's dimensions of well-being represent global perceptions of self-efficacy, whereas coping was tied to specific behaviors in specific contexts. The current approach to psychological well-being may prove to be a better predictor of a dimensionalized definition of adaptive coping, rather than the definition of effective coping used in the current study. For example, coping might be dimensionalized by the types of stress that is reduced, such as harm or threat (Blanchard-Fields & Irion, 1988; Folkman & Lazarus, 1988; Folkman, Lazarus, et al., 1987; McCrae, 1982; 1984). Furthermore, rather than defining adaptive behavior as effective coping, the current approach of psychological well-being may better predict other approaches to adaptive behavior, such as Baltes and Baltes (1990) model of selective optimization with compensation, or a more global definition of adaptation that is not tied to specific behaviors.

Self versus Others' Ratings of Successful Aging

Because psychological well-being was not found to be a good predictor, limited information was gleaned about the differences of self versus other ratings of aspects of psychological well-being. Although both experimenter and participants rated the participants' effective coping
similarly across contexts, their ratings were not significantly correlated to each other in two of the three contexts, which is contradictory to previous research (Camp, et al., 1989). However, correlations between self and other ratings of psychological well-being were significant for all six dimensions, thus, there is some correspondence between how individuals' rate their own well-being and how someone close to them rates their well-being. One reason higher correspondence was found between the psychological well-being ratings may be that self and others used the same questionnaire, thus the same criteria, to make their ratings. Furthermore, for effective-coping, the experimenter used a set decision rule to judge effective coping, whereas it is not known by what subjective criteria participants' rated their own coping efforts.

This finding may have some important implications for the methodological issue of self versus other ratings. It may be the case that when clear criteria are given for making judgements, researchers can depend on participants to be more objective in their ratings of themselves. Having clear criteria by which to rate oneself may remove a fair amount of subjective bias from self ratings, and thus self-ratings may correspond more highly to external or more objective ratings. Furthermore, the relationship between self and other ratings of aspects of successful aging may
better be explored by asking what additional information objective ratings can tell us about successful aging, above and beyond subjective ratings (Baltes & Baltes, 1990) rather than looking at the relationship from the position of one rating being superior to the other.

**Relationship between Psychological Well-Being and Specific Coping Behaviors**

Support was found for the final hypothesis, that specific dimensions of psychological well-being might be related to specific coping strategies, rather than to the effectiveness of coping per se. Results showed that the relationship between dimensions of well-being and coping behaviors varied across the three contexts examined. This finding is consistent with previous research on coping behaviors (Feifel & Strack, 1989; Folkman & Lazarus, 1980; Pearlin & Schooler, 1978) that suggest context is a mediating factor. Furthermore, current results support Folkman and Lazarus' (1980) finding that responding to a health related problem evoked emotion-focused coping efforts.

Environmental mastery was found to be negatively related to use of wishful thinking as a coping behavior across all three contexts. However, in the health context environmental mastery was also related to use of avoidance and blaming others. In the finance context, personal growth was paired with environmental mastery's relationship to use of wishful thinking. Finally, in the loss context...
self-acceptance was also paired with environmental mastery's relationship to use of wishful thinking and both dimensions of well-being were also related to use of blaming others. Purpose in life was related to use of problem-focused coping in the health and isolation/loss contexts, but not finance. Purpose in life was also related to use of religiosity in the health context and blames others in the isolation/loss context.

These relationships are consistent with Ryff's conceptualization. That is, Ryff (1989b) describes an individual who scores low in environmental mastery as having difficulty managing everyday affairs, feeling unable to change or improve surrounding contexts, and lacks a sense of control over the external world. It is easy to visualize an individual who feels a lack of control over daily life and unable to improve situations as blaming others for problem situations encountered, avoiding dealing with the problem altogether, or wishing the problem would just go away or solve itself. Moreover, individuals low in personal growth (Ryff, 1989b) are described as having a sense of personal stagnation and feeling unable to develop new attitudes or behaviors. It is also easy to view such individuals as being unwilling to take responsibility for a problem and to blame someone else for it. Furthermore, individuals low in self acceptance are described as being troubled about certain of their personal qualities and wish
to be different than what they are. These individuals might tend to wish their problems would go away rather than tackle the problems or their feelings about the problems directly.

Finally, Ryff (1989b) describes individuals scoring high on purpose in life as having goals and a sense of directedness, and as holding beliefs that give life purpose, whereas low scorers lack a sense of meaning and have no outlook or beliefs that give life meaning. One can see how high scoring individuals would have the self-confidence to tackle problems head on using problem-focused techniques. Furthermore, having a strong sense of spirituality and religious beliefs may lead an individual to have a stronger sense of purpose and meaningfulness of life. Thus, these individuals would tend to draw on their religious strengths to face problem situations.

To summarize, the current study explored the relationship between two approaches to successful aging, both built within a theoretically committed framework. Looking at the relationship as a snapshot of the complex multidimensional construct of successful aging, more was learned about the interaction between dimensions of psychological well-being and coping behaviors. Exploration of these interactions needs to be taken further to look at the relationship from a larger contextual framework. This exploration should focus not only on how the aspects of
successful aging interact over time and across situations, but also on the surrounding factors which influence the relationship.

Limitations of the Present Study

There are several limitations in the present study that deserve brief mention. First, there were important limitations in the regression analyses that restricted the amount of information that could be learned about the relationship between dimensions of psychological well-being and adaptive coping. Moreover, although not much was learned to further elucidate the methodological issue of self versus other ratings of successful aging, the external or other's judgement of effective coping was determined from self-report data. Therefore, the experimenter's ratings were not a pure external judgement of effective coping. Finally, there is the possibility that participants were not consistent in rating of controllability of the situation. Some participants may have been rating controllability of the cause or occurrence of the situation, whereas others may have been rating controllability of the outcome. This may have been a confound in the experimenter's ratings of effective coping since the controllability ratings were an important component in the decision rule used to judge effective coping.
Implications and Future Directions

The results in the present study have added to the literature on successful aging by furthering knowledge about a specific aspect of successful aging, that of psychological well-being. The relationship of specific dimensions of psychological well-being to the use of specific coping behaviors was explored and has been further understood. Implications for future research are to continue to explore these relationships across various context domains to determine if the global and context specific relationship will hold up under further study. Also, exploration of the relationship of the remaining dimensions of psychological well-being to effective coping is warranted. Moreover, exploration of the relationship between psychological well-being and other approaches to adaptive behavior is needed. Finally, after further exploration, the development and testing of a model built within a theoretical framework explaining the relationships between psychological well-being and adaptive behavior.

In addition, more research into the difficult methodological question of self versus other reports of successful aging is needed. The present study found consistency in how individuals and others rated psychological well-being, but did not find consistency in ratings of another aspect of successful aging, that of adaptive coping. This discrepancy may be due to the fact
that different people were providing the other ratings of well-being and effective coping. An individual familiar to the participant provided external well-being ratings, whereas the experimenter provided external ratings of effective coping. Another factor that may cause variation in other ratings is the relationship of the familiar individual to the participant. For example, differences in age, authority, or gender between the rater and the participant may lead to different perceptions of the older adult participant. Further research is needed to learn what additional information above and beyond subjective judgements of successful aging we can learn from objective judgements, and when there are discrepancies between these two types of judgements, what are the influencing factors.
References


Appendix A

Consent Form

Dear Sir or Madam,

You are being asked to participate in a study of personality characteristics and approaches to dealing with problem-situations in adulthood. The study involves completing several questionnaires and asking a friend or family member to rate you on several personality characteristics. The packet consists of one questionnaire asking you to rate yourself on personality attributes and another questionnaire you are asked to complete three different times, one for each of three different types of problems you have encountered in your life. Finally, there are some brief background questions included for the purpose of comparing participants on demographic information at the end of the study. The questionnaires take approximately 3 hours to complete, but you do not need to complete them all at one sitting.

This study is part of my dissertation research, and is directed by Fredda Blanchard-Fields, Ph.D. As further assurance of the integrity of this study, it has been approved by the Human Ethics Committee of the Psychology Department at Louisiana State University. I would like to note that participation in this study is entirely voluntary. Requests for nonparticipation or withdrawal at any time will be honored immediately and without question or penalty. I do ask that you return the packet of questionnaires even if you do not wish to participate. I would also like to emphasize that your responses will be entirely anonymous, your name will be detached from the questionnaire and will never appear other than on the consent form, which will be kept in a separate file.

I hope that you will agree to participate in this project. Your signature on this form indicates that you understand its contents and agree to participate. If you have any questions prior to giving your consent or at any time throughout your completing the questionnaires please contact me at the Department of Psychology, LSU (388-8745) or at home (387-1242). I have also included a comments page at the end of the packet and welcome any comments you would like to make about the study.

Sincerely,

Heather C. Jahnke, M.A.

I agree to participate in this study.

_________________________  ________________________
SIGNATURE                   DATE
Appendix B

Demographic and Health Information

Gender_________ Age_______ Race_____________

Marital Status_____________

Education (in years)_____________

Occupation___________________________

If retired, occupation before retirement

__________________________________________

Spouse's occupation______________________________

If spouse is retired, occupation before retirement

__________________________________________

Please check the following category for your household income:

____ $50,000 or more ______ $15,000 to 19,999
____ $35,000 to 49,999 ______ $10,000 to 14,999
____ $25,000 to 34,999 ______ $5,000 to 9,999
____ $20,000 to 24,999 ______ $ Under 5,000

Medical Questionnaire

Are you taking any medicine at this time? Yes No
(If yes, describe and list)

Have you been under the supervision of a physician recently and/or currently? Yes No
(If yes, please describe)

Do you have any psychological problems for which you are seeking consultation or receiving therapy? Yes No
(If yes, please describe)

Do you have difficulty in reading or vision problems? Yes No
(If yes, please describe)
Do you have any difficulties with hearing?  Yes  No
(If yes, please describe)

Do you have any difficulties writing?  Yes  No
(If yes, please describe)

Have you been hospitalized in the last 5 years?  Yes  No
(If yes, list reason)

Have you suffered any of the following illnesses in the last five years?
1) Heart attack  Yes  No
2) High blood pressure  Yes  No
3) Diabetes  Yes  No
4) Emphysema  Yes  No
5) Cancer  Yes  No
6) Stroke  Yes  No
7) Ulcers  Yes  No
8) Arthritis  Yes  No
9) Other (Briefly describe)

Overall, how would you rate your health? (Please circle choice)
Poor  Fair  Good  Excellent
Appendix C

Vocabulary Test

Define the following words:

1. Breakfast____________________________
2. Slice______________________________
3. Fabric______________________________
4. Regulate __________________________
5. Enormous____________________________
6. Conceal____________________________
7. Hasten______________________________
8. Designate___________________________
9. Commence____________________________
10. Obstruct____________________________
11. Ponder______________________________
12. Calamity____________________________
13. Tangible____________________________
14. Fortitude____________________________
15. Audacious___________________________
16. Edifice______________________________
17. Ominous____________________________
18. Tirade______________________________
19. Impale______________________________
20. Travesty____________________________
Appendix D
Self-Rated Dimensions of Well-Being

**Autonomy**

1. Sometimes I change the way I act or think to be more like those around me.
2. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
3. My decisions are not usually influenced by what everyone else is doing.
4. I tend to worry about what other people think of me.
5. Being happy with myself is more important to me than having others approve of me.
6. I tend to be influenced by people with strong opinions.
7. People rarely talk me into doing things I don't want to do.
8. It is more important to me to "fit in" with others than to stand alone on my principles.
9. I have confidence in my own opinions, even if they are contrary to the general consensus.
10. It's difficult for me to voice my own opinions on controversial matters.
11. I often change my mind about decisions if my friends or family disagree.
12. I am not the kind of person who gives in to social pressures to think or act in certain ways.
13. I am concerned about how other people evaluate the choices I have made in my life.
14. I judge myself by what I think is important, not by the values of what others think is important.

**Environmental Mastery**

1. In general, I feel I am in charge of the situation in which I live.
2. The demands of everyday life often get me down.
3. I do not fit very well with the people and the community around me.
4. I am quite good at managing the many responsibilities of my daily life.
5. I often feel overwhelmed by my responsibilities.
6. If I were unhappy with my living situation, I would take effective steps to change it.
7. I generally do a good job of taking care of my personal finances and affairs.
8. I find it stressful that I can't keep up with all of the things I have to do each day.
9. I am good at juggling my time so that I can fit everything in that needs to get done.
10. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.
11. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.
12. My efforts to find the kinds of activities and relationships that I need have been quite successful.
13. I have difficulty arranging my life in a way that is satisfying to me.
14. I have been able to build a home and a lifestyle for myself that is much to my liking.

Personal Growth

1. I am not interested in activities that will expand my horizons.
2. In general, I feel that I continue to learn more about myself as time goes by.
3. I am the kind of person who likes to give new things a try.
4. I don't want to try new ways of doing things -- my life is fine the way it is.
5. I think it is important to have new experiences that challenge how you think about yourself and the world.
6. When I think about it, I haven't really improved much as a person over the years.
7. In my view, people of every age are able to continue growing and developing.
8. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.
9. I have the sense that I have developed a lot as a person over time.
10. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.
11. For me, life has been a continuous process of learning, changing, and growth.
12. I enjoy seeing how my views have changed and matured over the years.
13. I gave up trying to make big improvements or changes in my life a long time ago.
14. There is truth to the saying you can't teach an old dog new tricks.
Positive Relations With Others

1. Most people see me as loving and affectionate.
2. Maintaining close relationships has been difficult and frustrating for me.
3. I often feel lonely because I have few close friends with whom to share my concerns.
4. I enjoy personal and mutual conversations with family members or friends.
5. It is important to me to be a good listener when close friends talk to me about their problems.
6. I don't have many people who want to listen when I need to talk.
7. I feel like I get a lot out of my friendships.
8. It seems to me that most other people have more friends than I do.
9. People would describe me as a giving person, willing to share my time with others.
10. I have not experienced many warm and trusting relationships with others.
11. I often feel like I'm on the outside looking in when it comes to friendships.
12. I know that I can trust my friends, and they know they can trust me.
13. I find it difficult to really open up when I talk with others.
14. My friends and I sympathize with each other's problems.

Purpose in Life

1. I feel good when I think of what I've done in the past and what I hope to do in the future.
2. I live life one day at a time and don't really think about the future.
3. I tend to focus on the present, because the future nearly always brings me problems.
4. I have a sense of direction and purpose in life.
5. My daily activities often seem trivial and unimportant to me.
6. I don't have a good sense of what it is I'm trying to accomplish in life.
7. I used to set goals for myself, but that now seems like a waste of time.
8. I enjoy making plans for the future and working to make them a reality.
9. I am an active person in carrying out the plans I set for myself.
10. Some people wander aimlessly through life, but I am not one of them.
11. I sometimes feel as if I've done all there is to do in life.
12. My aims in life have been more a source of satisfaction than frustration to me.
13. I find it satisfying to think about what I have accomplished in life.
14. In the final analysis, I'm not so sure that my life adds up to much.

Self-Acceptance

1. When I look at the story of my life, I am pleased with how things have turned out.
2. In general, I feel confident and positive about myself.
3. I feel like many of the people I know have gotten more out of life than I have.
4. Given the opportunity, there are many things about myself that I would change.
5. I like most aspects of my personality.
6. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
7. In many ways, I feel disappointed about my achievements in life.
8. For the most part, I am proud of who I am and the life I lead.
9. I envy many people for the lives they lead.
10. My attitude about myself is probably not as positive as most people feel about themselves.
11. Many days I wake up feeling discouraged about how I have lived my life.
12. The past had it's ups and downs, but in general, I wouldn't want to change it.
13. When I compare myself to friends and acquaintances, it makes me feel good about who I am.
14. Everyone has their weaknesses, but I seem to have more than my share.
Appendix E

Other-Rated Dimensions of Well-Being

Autonomy

1. Sometimes they change the way they act or think to be more like those around them.
2. They are not afraid to voice their opinions, even when they are in opposition to the opinions of most people.
3. Their decisions are not usually influenced by what everyone else is doing.
4. They tend to worry about what other people think of them.
5. Being happy with themselves is more important to them than having others approve of them.
6. They tend to be influenced by people with strong opinions.
7. People rarely talk them into doing things they don't want to do.
8. It is more important to them to "fit in" with others than to stand alone on their principles.
9. They have confidence in their own opinions, even if they are contrary to the general consensus.
10. It's difficult for them to voice their own opinions; on controversial matters.
11. They often change their mind about decisions if their friends or family disagree.
12. They are not the kind of persons who give in to social pressures to think or act in certain ways.
13. They are concerned about how other people evaluate the choices they have made in their life.
14. They judge themselves by what they think is important, not by the values of what others think is important.

Environmental Mastery

1. In general, they feel they are in charge of the situation in which they live.
2. The demands of everyday life often get them down.
3. They do not fit very well with the people and the community around them.
4. They are quite good at managing the many responsibilities of their daily life.
5. They often feel overwhelmed by their responsibilities.
6. If they were unhappy with their living situation, they would take effective steps to change it.
7. They generally do a good job of taking care of their personal finances and affairs.
8. They find it stressful that they can't keep up with all of the things they have to do each day.
9. They are good at juggling their time so that they can fit everything in that needs to get done.
10. Their daily life is busy, but they derive a sense of satisfaction from keeping up with everything.
11. They get frustrated when trying to plan their daily activities because they never accomplish the things they set out to do.
12. Their efforts to find the kinds of activities and relationships that they need have been quite successful.
13. They have difficulty arranging their life in a way that is satisfying to them.
14. They have been able to build a home and a lifestyle for themselves that is much to their liking.

Personal Growth

1. They are not interested in activities that will expand their horizons.
2. In general, they feel that they continue to learn more about themselves as time goes by.
3. They are the kind of person who likes to give new things a try.
4. They don't want to try new ways of doing things -- their life is fine the way it is.
5. They think it is important to have new experiences that challenge how you think about yourself and the world.
6. When they think about it, they haven't really improved much as a person over the years.
7. In their view, people of every age are able to continue growing and developing.
8. With time, they have gained a lot of insight about life that has made them a stronger, more capable person.
9. They have the sense that they have developed a lot as a person over time.
10. They do not enjoy being in new situations that require them to change their old familiar ways of doing things.
11. For them, life has been a continuous process of learning, changing, and growth.
12. They enjoy seeing how their views have changed and matured over the years.
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7. They feel like they get a lot out of their friendships.
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9. People would describe them as a giving person, willing to share their time with others.
10. They have not experienced many warm and trusting relationships with others.
11. They often feel like they are on the outside looking in when it comes to friendships.
12. They know that they can trust their friends, and their friends know they can trust them.
13. They find it difficult to really open up when they talk with others.
14. Their friends and they sympathize with each others' problems.

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5. Their daily activities often seem trivial and unimportant to them.
6. They don't have a good sense of what it is they are trying to accomplish in life.
7. They used to set goals for themselves, but that now seems like a waste of time.
8. They enjoy making plans for the future and working to make them a reality.
9. They are an active person in carrying out the plans they set for themselves.
10. Some people wander aimlessly through life, but
they are not one of them.

11. They sometimes feel as if they have done all there is to do in life.

12. Their aims in life have been more a source of satisfaction than frustration to them.

13. They find it satisfying to think about what they have accomplished in life.

14. In the final analysis, they are not so sure that their life adds up to much.

Self-Acceptance

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3. They feel like many of the people they know have gotten more out of life than they have.

4. Given the opportunity, there are many things about themselves that they would change.

5. They like most aspects of their personality.

6. They made some mistakes in the past, but they feel that all in all everything has worked out for the best.

7. In many ways, they feel disappointed about their achievements in life.

8. For the most part, they are proud of who they are and the life they lead.

9. They envy many people for the lives they lead.

10. Their attitude about themselves is probably not as positive as most people feel about themselves.

11. Many days they wake up feeling discouraged about how they have lived their lives.

12. The past had its ups and downs, but in general, they wouldn't want to change it.

13. When they compare themselves to friends and acquaintances, it makes them feel good about who they are.

14. Everyone has their weaknesses, but they seem to have more than their share.
Appendix F

Ways of Coping Checklist

Problem-Focused

1. Bargained or compromised to get something positive from the situation.
2. Concentrated on something good that could come out of the whole thing.
3. Stood my ground and fought for what I wanted.
4. Came up with a couple of different solutions to the problem.
5. Accepted my strong feelings but didn't let them interfere with other things too much.
6. Changed something about myself so I could deal with the situation better.
7. I knew what had to be done, so I doubled my efforts and tried harder to make things work.
8. Changed or grew as a person in a good way.
9. Accepted the next best thing to what I wanted.
10. Tried not to act too hastily or follow my own hunch.
11. Changed something so things would turn out right.
12. Just took things one step at a time.
13. Came out of the experience better than when I went in.
14. Made a plan of action and followed it.
15. Tried not to burn my bridges behind me, but left things open somewhat.

Seeks Social Support

1. Asked someone I respected for advice and followed it.
2. Talked to someone about how I was feeling.
3. Accepted sympathy and understanding from someone.
4. Got professional help and did what they recommended.
5. Talked to someone who could do something concrete about the problem.
6. Talked to someone to find out about the situation.

Blamed Self

1. Blamed yourself.
2. Criticized or lectured yourself.
3. Realized you brought the problem on yourself.

Wishful Thinking

1. Hoped a miracle would happen.
2. Wished I were a stronger person -- more optimistic and forceful.
3. Wished that I could change the way that I felt.
4. Daydreamed or imagined a better time or place than the one I was in.
5. Had fantasies or wishes about how things might turn out.
6. Wished the situation would go away or somehow be finished.
7. Thought about fantastic or unreal things (like perfect revenge or finding a million dollars) that made me feel better.
8. Wished that I could change what happened.

Avoidance

1. Kept my feelings to myself.
2. Refused to believe it had happened.
3. Slept more than usual.
4. Felt bad that I couldn't avoid the problem.
5. Tried to forget the whole thing.
6. Went on as if nothing had happened.
7. Tried to make myself feel better by eating, drinking, smoking, taking medications.
8. Avoided being with people in general.
9. Kept others from knowing how bad things were.
10. Avoided my problem.

Blamed Others

1. Figured out who to blame.
2. Took it out on others.
3. Got mad at people or things that caused the problem.
4. Thought that others were unfair to me.
5. Blamed others.
6. Found out what other person was responsible.

Count Your Blessings

1. Counted my blessings.
2. Focused on the good things in my life.
3. Told myself things could be worse.
4. Thought how much better off I am than others.
5. Told myself how much I have already accomplished.
6. Compared myself to others who are less fortunate.

Religiosity

1. Prayed about it.
2. Spoke to my clergyman about it.
3. Relied on my faith to get me through.
Appendix G

Thank You / Request for Results

Thank you for participating in this study. If you have any comments you would like to make about the questionnaires or procedures please write them below. Also, if you would like a summary of the results when the project is completed, please print your name and address in the space provided. Again, I'd like to emphasize that your name will not be attached to the other information you have given, and your responses will remain completely anonymous. Once again, I'd like to thank you for your time and effort.

Sincerely,

Heather C. Jahnke, M.A.

**********************************************************************

Please Print:

Name__________________________________________________________

Address (including zip code)____________________________________

**********************************************************************

Please check: _____ I would like a summary of the results.

______ I would like to volunteer for future studies.

Comments:
Vita

Heather Casper Jahnke was born in Milwaukee, Wisconsin on August 2, 1965. In May, 1987 she received the Bachelor of Arts degree in psychology from the University of Wisconsin - Milwaukee. Ms. Jahnke received her Master of Arts degree in psychology from Louisiana State University in December, 1989. Presently she is a candidate for the Doctorate of Philosophy degree in psychology at the fall commencement.
DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: Heather Casper Jahnke

Major Field: Psychology

Title of Dissertation: Psychological Well-being as a Predictor of Adaptive Behavior in Older Adults

Approved:

[Signatures]

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

Date of Examination:

July 28, 1995