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Coping with life events through possible selves

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COPING WITH LIFE EVENTS THROUGH POSSIBLE SELVES

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To: Interim Dean Mark Szuchman
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This thesis, written by Michelle L. Barreto, and entitled Coping with Life Events through Possible Selves, having been approved in respect to style and intellectual content, is referred to you for judgment.

We have read this thesis and recommend that it be approved.

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ABSTRACT OF THE THESIS

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This study examines the integration of life events into the possible selves repertoire and explores the potential relationship between event-related possible selves and coping. The sample consisted of 198 participants, with age ranging from 18 – 84. Participants were administered interviews consisting of demographic information, the Possible Selves Interview, the Social Readjustment Rating Scale, the Ways of Coping Checklist-Revised, the Satisfaction with Life Scale, and the General Well-Being Schedule. Results indicate that the Integration of stressful events into the possible selves repertoire positively impacted coping. This study paves the way for important prevention programs aimed at promoting an individual's well being.

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CHAPTER 1

INTRODUCTION

The purpose of this thesis was to explore the ways in which a stressful life event becomes incorporated into the sense of self. Through possible selves, the role of the self in coping with a stressful life event was examined. Possible selves are self-images reflecting how one visualizes oneself for the future, both positive and negative (Cross & Markus, 1991; Markus & Nurius, 1986). Life events, both positive and negative, have the potential to define an individual and influence the choices they make in the future. The present study aimed to examine the ways in which individuals are producers of their own development by exploring the individualized use of possible selves towards coping with life events. Specifically, it was expected that possible selves, which have been shown to be dynamic and sensitive to developmental context, would also be sensitive to life transitions, events, and highly salient life experiences.

Very little research has been conducted on the relationship between possible selves and coping, and research has yet to show the degree to which a stressful event becomes internalized into the sense of self and how that may influence coping. Thus, the purpose of this study was to determine what types of life events and experiences become integrated into the self system in the form of possible selves, how those life events and experiences shape one's possible selves, and whether the integration of life events and experiences is positive for developmental and psychosocial outcomes such as coping and well-being.

CHAPTER II

LITERATURE REVIEW

The current views of sense of self hold that the self system is a multifaceted system comprised of self-concept, self schemas, self-esteem, self-related goals, possible selves, and other self-perception constructs. Despite its multifaceted nature, one component of the self system is integral for helping us perceive and make meaning of our life experiences (Frazier & Hooker, 2006; Frazier, Hooker, Johnson, & Kaus, 2000). That component is possible selves: our future self-representations that guide and influence our interpretations and our perceptions and experiences. Possible selves also direct our behavior in response to our experiences and shape future goals related to those experiences. Possible selves, and the self system in general, have come to be viewed as a dynamic process, responsible for perception, interpretation, organization, modification, and integration of life events and experiences into a coherent experience of personhood (Epstein, 1973; Kelly, 1955; Rogers, 1951; Sarbin, 1962). Paradoxically, possible selves have been shown to change in response to developmental and contextual challenges and also to remain stable and contribute to a sense of continuity across adulthood. One way in which possible selves may lead to change or promote continuity may have to do with how life events and experiences are integrated into the self, or how possible selves help individuals cope with life events.

Yet, to date, very few studies have examined how salient, potent, potentially life-changing events and experiences come to be represented in one's sense of self and personhood. Moreover, very little is known about how the potential integration of significant, possibly life-changing events or experiences into the self system may impact

a person's life goals and psychological well-being. Thus, the purpose of the present research was to determine: a) what types of life events and experiences across adulthood come to be integrated into the self system in the form of possible selves; b) how those life events/experiences shape one's possible selves; and c) whether the integration of life events/experiences is positive for developmental and psychosocial outcomes such as coping and well-being.

Self-Guided Development

One recent movement in the psychology of self focuses on the notion that individuals are producers of their own development (Lerner & Busch-Rossnagel, 1981). This approach postulates that individuals create their own developmental pathways by choosing aspects of the self they wish to develop. For example, individuals make choices to become University professors, homeowners, and parents. The emphasis in theories of self-motivated development is on understanding how individuals adapt their developmental goals to their dynamic developmental trajectories and the processes that promote the pursuit or avoidance of developmentally-relevant goals (Heckhausen & Dweck, 1998). As individuals grow and self-select different developmental goals and trajectories they become invested in certain pathways of development that may lead to certain outcomes. An individual who chooses to pursue a Ph.D. and invests in that goal is creating a developmental trajectory towards possible outcomes such as putting off entering the work world, finding a partner, settling down and buying a home. In addition, theories of self-directed development articulate how the life course of developmental goals plays out within the context of life transitions (e.g. Brandstädter, 1998; Carver & Scheier, 1982; 1994; Carver, Scheier, & Weintraub, 1989; Heckhausen & Schultz, 1995).

A life transition may become integrated into new goals which will lead to new developmental trajectories and new psychosocial outcomes.

One tenet that follows from theories of intentional self-development is that developmental goals which are teleonomically relevant to an individual are of particular importance. The idea of teleonomic relevance pertains to how individuals define, interpret, and make meaning of their experiences. Therefore, a teleonomic goal is a goal that is most meaningful within the unique context of that individual's life. Teleonomically-relevant goals shed light on developmental outcomes and put those outcomes into perspective. Hooker (1999) has suggested that developmental change can be interpreted as adaptive only when considered within the unique context of the individual. Goals which are teleonomically-relevant to an individual are those which achieve what an individual has set out to do (Hooker, 1999). In the present study the teleonomic-relevance of a goal was demonstrated by how integrated that goal is into an individual's sense of self or possible selves. The possible selves that are most central or important to the individual are the selves or goals that are most teleonomically-relevant and thus it was expected that those possible selves will have the greatest impact on the individual's ability to cope with life transitions and to have the greatest impact on well-being. What I hoped to determine was how life transitions or events become integrated into possible selves and how they become teleonomically-relevant to the individual.

Self-directed development and sense of self. Self-motivated development hinges on the constructs within the self system which serve to form a sense of self, continuity in self over time, and one's perception, interpretations, and reactions to life events and experiences. Within the self-system is the self concept, which provides a framework used

to render experiences as meaningful. The self concept forms the cognitive component of the self and serves to organize and give meaning to an individual's thoughts, feelings, values, and actions, as well as mediate both intrapersonal and interpersonal functioning (Markus & Herzog, 1992). In addition, due to its malleable nature which allows for the self to be responsive to the environment, it offers motivation by providing incentives, standards, plans, rules, and consequences for behavior (Markus & Herzog, 1992). Self concept has been shown to be influenced in various ways by life experiences (Cramer, 2004; Hooker, 1999; Markus & Ruvolo, 1989; Oyserman & Markus, 1993; 1998).

Within the self concept, possible selves can be conceptualized as a type of self schema. In general, schemas are conceptualized as cognitive generalizations of the self which organize and guide the processing of self-relevant information (Markus, 1977). Through the processing of this information, schemas, and by extension possible selves, provide cognitive control over the environment and behavior, and possibly predict behavioral patterns (Markus, 1983; Markus & Sentis, 1982). By being both a structure and a process, self schemas help to interpret and respond to an individual's social world. They are based on past experiences and specific events which are reflected in the domains of self-knowledge which are most personally significant (Markus, 1977; Markus & Sentis, 1982). Self schemas emerge in conjunction with one's feelings of personal responsibility in a certain domain, and the development of self schemas consolidates these feelings into an ongoing concern for the outcomes of behavior within that domain (Markus, 1983; Markus & Sentis, 1982). The transformation of these concerns into teleonomically-relevant personal images of oneself is through an individual's possible selves. Viewing these concerns as possible selves allows for the specification of the

particular domains in which they manifest. Put another way, possible selves are the extension of self schemata into the future. They come to embody goals, personal projects, and life themes (Cross & Markus, 1991; Hooker, 1999; Markus & Nurius, 1986).

Possible selves as future self-representations. Possible selves as self schemata are saturated with self knowledge related to the self in the past, the current self, and self-representations for the future (Markus, 1983). Possible selves are visions of the self in the future, and they can be either hoped-for or feared. Possible selves provide a concrete link between the cognitive system with the emotional system through their ability to generate goals which drive emotions (Hooker, 1999). By being a type of schema, possible selves drive individuals toward teleonomically-relevant outcomes and thus dictate the developmental pathways of that individual.

Theory and Research on Possible Selves

Possible selves are schematic self-knowledge specific to images of oneself in the future which embody goals, aspirations, motives, fears, and threats (Markus & Nurius, 1986; 1987). Possible selves can be hoped-for images for the future, such as a college professor, or feared images for the future, such as becoming a widower. Possible selves are derived from the salient domains of an individual's developmental, sociocultural, and historic context. They are drawn from both self-generated visions derived from life experiences as well as the images and symbols provided by the social environment (Markus & Nurius 1986). As a result, possible selves are dynamic and contextually sensitive. Possible selves are models of interindividual differences because they illustrate how different individuals can be working on similar life tasks at certain life stages and yet derive very different meanings of these developmental tasks, as well as have the

outcomes manifested in infinitely varied ways (Cross & Markus, 1991; Hooker, 1999; Markus & Ruvolo, 1989).

Another important feature of possible selves is that they portray both continuity and change over time. It has been shown that individuals make meaning of their experiences and use that meaning as an impetus to change themselves and their circumstances (Frazier & Hooker, 2006). Interestingly, possible selves have also been shown to create the sense of continuity that generates a sense of individuality and personhood (Frazier & Hooker, 2006).

Although it is assumed that most individuals possess and reflect on their possible selves (Cross & Markus, 1991; Markus & Nurius, 1986), this is somewhat difficult to verify because they are generally private and not shared with others. In addition, possible selves are uniquely defined and assessed and are constantly being created, modified, or cast off as individuals achieve or abandon their developmental goals, or as I aimed to establish, as they experience events that shape their possible selves. Cross and Markus (1991) have argued that possible selves, once created, are often redefined and in fact must be revised in order to maintain a sense of the 'unachieved possibility' that is essential for motivation. Despite the fact that possible selves change over time, there is often remarkable continuity, even into late life, in the articulation of possible selves (Frazier, 2002; Frazier, Cotrell, & Hooker, 2003; Frazier, Johnson, Gonzalez, & Kafka, 2002). When possible selves are redefined, revised, or abandoned, it is generally a gradual process (Cross & Markus, 1991). Thus, development can be viewed as a process of acquiring and achieving or resisting particular possible selves (Markus & Nurius 1986). This dynamic characteristic exemplifies how possible selves demonstrate the self-

directed nature of development which makes them consistent with theories of intentional self development (e.g. Baltes & Schaie, 1973; Lerner & Busch-Rossnagel, 1981; Nesselroade & Reese, 1973). Through the selection and construction of possible selves, individuals can be viewed as active producers of their own development (e.g. Kendall, Lerner & Craighead, 1984; Lerner, 1982).

Possible selves as motivators of behavior. Possible selves are the motivational component of the self system by providing specific cognitive form to personal images for the future (Markus, 1983; Markus & Nurius, 1986; 1987). By assessing possible selves, a connection is made between motives and specific actions (Markus & Nurius, 1986). If the behavior is framed as self-diagnostic, and the situation allows it, there will be some attempt by the individual to have an impact on the outcome of behavior (Markus, 1983).

Possible selves guide behavior primarily through two important self-regulatory processes that are extensions of them. Self efficacy and outcome expectancy, the self regulatory processes, are cognitive expectations enacted to help achieve or avoid certain selves in the future. According to Bandura (1986), self efficacy is the belief that one is capable and competent to perform a specific behavior. Outcome expectancy is the expected attainability of a particular outcome. According to Badura (1986) and others (Frazier, 2002; Frazier et al. 2002; Frazier et al. 2003; Hooker, 1999; Markus & Ruvolo, 1989), self regulatory processes determine the actions, plans, and behaviors that facilitate the achievement of one's possible selves. Each possible self has associated with it a degree of self-efficacy for achieving or avoiding it, and a sense that it will in fact either be achieved or be avoided. For example, a participant in one study articulated a feared self of becoming "mean like {his} father." He went on to articulate all the things he

needed to do to avoid becoming mean, cynical, and disillusioned and taking out his frustration on his spouse and family (see Frazier & Hooker, 2006). When asked if he felt capable of avoiding this feared self, he responded "very capable" and that it was "very unlikely" that he would end up his feared self. This example, while simplistic, illustrates several important points. First, and most importantly, it illustrates how possible selves motivate behavior in the present. Second, it illustrates the potential confidence people have to reach their goals, and finally, it illustrates individuals' sense of the likelihood that they will be successful in their goals. Thus, possible selves uniquely capture the action-oriented nature of development. Anything which significantly changes an individual's motives will likely influence the possible selves that become salient and their influence on behavior (Markus, 1983).

Possible selves and life events and experiences. Possible selves allow individuals to adapt to new roles and circumstances throughout the lifespan. Evidence from the developmental literature shows that there are significant age differences in the domains of possible selves that are salient, their centrality or importance to the individual, how extensive or elaborate they are, and the strength of their link to plans and behavioral strategies (Frazier, 1993; Frazier et al., 2000; Frazier et al., 2002; Hooker, 1992; Hooker & Kaus, 1992; 1994; Markus & Nurius, 1986). There are also age differences in the self-regulatory processes associated with possible selves (Hooker & Kaus, 1992; 1994; Frazier & Hooker, 2006).

The influence of life events or experiences on possible selves is intimated by the evidence of how possible selves come to reflect different developmental contexts. For example, during young adulthood, possible selves mirror the challenges of the

developmental tasks unique to this age group. The most salient domains for hoped-for possible selves are occupation, family, and success. The most salient domains for feared possible selves are family, success, and dependence (Frazier, Montgomery, Barreto, Perez, Hinton, & Jauregui, 2003; Hooker, 1992; Oyserman & Markus, 1990).

This research also shows that in mid-life possible selves reflected developmental tasks as well, most commonly within the domain of family and occupation. The most common possible selves are to assist teenage children to become responsible and happy adults, relating to one's spouse as a person, and adjusting to aging parents (Hooker, 1992). Possible selves within the domain of health begin to emerge during middle-age and it is said that individuals are likely to have at least one hoped-for or feared health-related possible self by the time they are in their forties (Hooker, 1999). This emphasis on health continues into the later years, growing into a strong influence on actual behaviors to achieve better health and prevent undesirable health outcomes (Frazier, et al., 2000; Frazier, et al., 2002; Hooker, 1992; Hooker & Kaus, 1992; 1994). Thus, health is the most important domain of possible selves for older adults (Frazier et al., 2000; Frazier, et al., 2002; Frazier et al., 2003; Hooker, 1992; Hooker & Kaus, 1992; 1994). Along with health, older adults have possible selves in the domains of physical functioning and maintaining independence (Hooker, 1992; Hooker & Kaus, 1992; 1994). The increased importance of health reflects age-related changes in what is central to the self (Frazier & Hooker, 2006). Additionally, this exemplifies how possible selves may be more individually guided during young and middle adulthood through a more concrete link to developmental tasks (Hooker, 1999; Hooker, Kaus, & Morfei, 1993). Developmental tasks appear less salient in later life due to development growing strongly influenced by

unique characteristics of the individual as opposed to normative and social influences (Hooker, 1999).

In addition to the influence of developmental context on possible selves there are also age differences in the self-regulatory processes associated with them. Individuals in early adulthood generally feel more capable of accomplishing or preventing their possible selves compared to middle-age and older adults (Cross & Markus, 1991). Despite this, few actions are made to accomplish their most important hoped-for selves or to prevent their most important feared selves (Cross & Markus, 1991). In contrast, studies have shown possible selves exist in fewer domains in later life (Cross & Markus, 1991; Frazier, 2002; Frazier & Hooker, 2006; Frazier et al., 2000; Frazier et al., 2003; Hooker, 1992; 1999; Hooker, Fiese, Jenkins, Morfei, & Schwagler, 1996; Hooker & Kaus, 1994) and activities to either achieve or prevent these selves are more elaborate (Cross & Markus, 1991; Hooker, 1992). It has been suggested that the more energy given to a possible self leads to the conclusion that they serve a greater motivational role with age (Cross & Markus, 1991).

Possible selves have been shown to reflect the developmental context in that there are age-related differences and the possible selves reflect the concerns and tasks that are salient at different periods in the life span. Although possible selves have not been examined in relation to salient life events, they have been shown to be highly sensitive to life circumstances such as living with chronic illness. Frazier, Cottrell, and Hooker (2003) examined the effect of both Alzheimer's disease and Parkinson's disease on an individual's possible selves. Their study found that for patients, most domains of possible selves were likely to incorporate illness. In addition, the patients had less self-efficacy

and lower outcome expectancies for future selves, and those afflicted with Parkinson's disease reported less distance from their feared selves (Frazier et al., 2003). Thus, it seems highly likely that if the event or experience of being diagnosed with a chronic disease has such a strong influence on possible selves, other salient life events will as well. It is important for research to examine the effect of life events on an individual's sense of self. Life events, both positive and negative, have the potential to define an individual and influence the choices they make in the future.

Possible selves and psychosocial outcomes. Possible selves have proven to be reliable, influential predictors of psychosocial outcomes such as control beliefs, well-being and life satisfaction (Cross & Markus, 1991; Frazier, Newman, & Jaccard, 2007; Hooker, 1992; Hooker & Kaus, 1992; 1994). Thus, it is likely they influence coping behavior as well. Nurius (1991) implicated possible selves as factors in coping. Positive outcomes such as perceived self-efficacy have been shown to indicate well-being and life satisfaction and Nurius posits that the bridge between a current self and a possible self is the mechanism promoting behavior resulting in these outcomes. It is in this vein that Nurius suggests possible selves to be mediators of ongoing coping processes. It is also suggested that social evaluations influence self-evaluation for both the present self and future possible selves, and thus directs subsequent behavior. Social support is seen as influencing health outcomes through appraisal processes; through the individual's cognitive-emotional filter that assigns value and meaning to other's actions, one's self, and to coping efforts. This study was an extension of Nurius's research and explored the individualized use of possible selves towards coping with life events.

The Impact of Life Events and Experiences

Stressful life events lead to psychosocial outcomes. These life events can range from cataclysmic events, such as the death of one's spouse, to more mundane events, such as a job interview. Developmental research thus far has had difficulty conceptualizing and quantifying what types of life events are salient as well as what makes them significant, especially at different points in the life span. One way to interpret life events within the context of development is to determine whether life events are on-time or off-time (Hooker, 1991; Ryff & Dunn, 1985). On-time or normative events are less stressful at any point in the life span because they are expected and embedded within the developmental trajectory (Baltes, 1997; Baltes & Schaie, 1973; Lerner, 1979; 1982; Lerner & Busch-Rossnagel, 1981). Two examples of a normative life event is puberty or menopause. Although these biological changes impact individuals differently, all individuals go through them, and usually they have peers going through them at the same time. Therefore, these events are expected and individuals can share and compare their experiences with others who have gone through them as well.

Off-time or non-normative events are more stressful because they often happen unexpectedly and at a time when they are not biologically, socially, culturally, or historically supposed to happen. They are often more stressful also because the person who is experiencing them will often not have peers who have or are going through the same event, and thus, may lack social support. An example of a non-normative event is the forced menopause that comes with some forms of chemotherapy. For young women with cancer, this often means dealing with the implications of never being able to bear children in addition to living with cancer.

Stress associated with life events. Within the stress research it is clear that there are both commonalities in the way people cope with similar stressors and individual differences in the way people cope with the same stressors. For example, individuals who have experienced a highly stressful event, such as war or an earthquake, can respond by developing post-traumatic stress disorder. In fact, it is a common response to extreme, uncontrollable stress. Interestingly, there is more variation in the way individuals respond to less extreme stressors, such as work overload and relationship conflict, which create a variety of adverse outcomes such as psychological distress and physical illness (Christensen & Walczynski, 1997; Feeney, 2004; Hamilton, Broman, Hoffman, & Renner, 1990). Some events prompt similar responses and outcomes and other events have more varied responses and outcomes. Two important factors that may relate to these patterns of dealing with life events are the ways in which the events are experienced and incorporated into possible selves as well as the way that incorporation influences individuals' ability to cope with those events. In order to understand these relationships, it must be determined what types of events might be most likely to become incorporated into the possible selves repertoire.

One way to assess the stressfulness of life events and experiences comes from Holmes and Rahe (1967), who developed an inventory, the Social Readjustment Rating Scale (SRRS). This scale lists events, both common and uncommon, normative and non-normative, that range from extremely stressful to those that represent minor hassles. After surveying thousands of people they were able to rank order the stressfulness of these events, the most stressful of which is death of a spouse to the least stressful of which is minor violations of the law. They found that events that force people to make the most

changes in their lives were often experienced as the most stressful and had the greatest impact on the individuals' health and well-being. Although all people experience at least some stressful events, some will experience more than their fair share. It is this group, the group who experiences more events that are more stressful, that according to Holmes and Rahe is most vulnerable to illness. Many studies have used this measure to predict illness. Life event inventories have been reliably tied to both the onset of acute illness (e.g., Rahe, Mahan, & Arthur, 1970) and to the exacerbation of chronic diseases (Adams, Dammers, Saia, Brantley, & Gaydos, 1994; Levy, Cain, Jarrett, & Heitkemper, 1997; Yoshiuchi, et al., 1998). The most significant finding to come out of this extensive body of research is the finding that there is tremendous individual variability in how an event is experienced and coped with. For example, the death of a spouse after a long, debilitating illness will be experienced differently than an unexpected and untimely death. Although this example highlights the context within which the event occurs, I argue that the stressfulness of the event determines whether or not it becomes incorporated in the possible selves repertoire.

All life events, whether positive or negative, normative or non-normative, have the potential to be stressful. Whether or not the event is stressful depends on how the individual appraises, or perceives the event. According to Lazarus and Folkman's (1984) conceptualization of coping, there are two types of appraisal: primary and secondary. The primary appraisal process determines the meaning of an event. Events may be perceived as positive, neutral, or negative in their consequences. At the same time the primary appraisal of a stressful circumstance occurs, secondary appraisal is initiated. Secondary appraisal assesses one's coping abilities and resources and whether or not they will be

sufficient to meet the harm, threat, and challenge of the event. Thus, the subjective experience of stress lies in the appraisal. Cognitive appraisal is a continuous process of evaluating what is stressful. Once appraised, an individual copes with a stressful event by managing the demands of the situation as well as regulating the emotional response to the situation. The ways people cope depend on the resources available to them and the constraints that inhibit these resources. This coping process evolves as the stressful event unfolds, shifting among forms of coping and problem solving strategies due to appraisal and reappraisal. I argue that the appraisal process is the mechanism through which an event is singled-out to be incorporated into sense of self. Thus new selves may be formed as a way of coping. It could also be that if an individual has a particular self and then experiences a major life challenge, the threat they experience is a threat to that self. They may therefore change, abandon, or reinforce that self as a method of coping. In either case, it is important to determine what sorts of life events and experiences have the potential to be incorporated and how that influences subsequent coping and well-being.

Coping and the self. Appraisal and coping are responses not only to a given situation but also a reflection of the individual's personality. Sense of self, and possible selves, are rooted in personality, thus it is possible that possible selves influence coping. In most developmental models of stress and coping across the lifespan, including Lazarus and Folkman's (1984), researchers present a model of coping in which individuals appraise and cope with stressors on an individual level (e.g. Brandstädter & Greve, 1994; Heckhausen & Shultz, 1995). Thus, individuals draw upon who they are, their personality, and sense of self, to appraise and cope with a given situation. What research

has not shown is the degree to which the event has been internalized into the sense of self and how that influences coping.

There is virtually no research addressing possible selves in relation to coping. What we do know is that a higher quantity of hoped-for possible selves as opposed to feared possible selves has been linked to effective coping and recovery (Porter, Markus, and Nurius, 1984). Another study examined possible selves and coping skills in depressed and non-depressed college students and found that the presence of possible selves may be a mediator of coping skills (Penland, Masten, Zelhart, Fournet, & Callahan, 2000). These two studies are the only evidence of the relationship among possible selves and coping. However, based on this earlier research there is an empirical basis for examining the use of possible selves as a coping resource for stressful life events. The present study expanded earlier work by starting earlier in the coping process by examining how events may impact possible selves, how possible selves impact coping, and what the mental health outcomes are.

It is suggested above that the process through which events become incorporated into possible selves may be through the appraisal process. Once an event is appraised as stressful, an individual's possible self can change and thus determine secondary appraisal based on the new self. For example, a highly successful attorney with kids may have a future self-representation of achieving general counsel, which she works towards every day. After months of conflict her marriage dissolves. A consequence of this event is the dissolution of her 'general counsel' self and the emergence of a 'single-parent' self. The stress of the divorce causes a new self to emerge and this new self can help her focus her behaviors on a day-to-day basis to cope with the stress. By integrating the divorce into a

healthy vision of self, she preserves self-esteem, she promotes beneficial coping, and optimally, preserves or facilitates well-being.

As this example indicates, it was expected that possible selves, which have been shown to be dynamic and sensitive to developmental context, would be sensitive to life transitions, events, and highly salient life experiences. It was expected that these events would be integrated into the possible selves repertoire as hoped-for or feared visions of self and that they would be associated with feelings of self-efficacy and outcome expectancy. It was expected that these visions of self that incorporate life events would influence present behavior such that individuals would report doing specific things to make the self become a reality. Moreover, it was expected that these incorporated selves would have a direct effect on coping, and mediate the influence of the possible selves on positive mental health outcomes such as well-being and life satisfaction.

The Present Study

The research hypotheses for the present study are as follows: Specifically, the more salient or "life changing" the event is the greater likelihood it will be integrated into the possible selves repertoire (Hypothesis #1a). It was also expected that possible selves would reflect normative and non-normative life events differently; specifically, the self-regulatory processes (self-efficacy and outcome expectancy) would be expected to be lower for non-normative events (Hypothesis #1b).

Possible selves have been shown to influence psychosocial factors and outcomes such as control, coping, life satisfaction, quality of life, and well-being. Thus, it was expected that possible selves, to the extent that they reflect salient life events and experiences, would help individuals cope with those experiences and events. Specifically,

for those individuals who have experienced a significant life event, if that event is embodied in a hoped-for self it may relate to better coping than if it is embodied only in a feared self (Hypothesis #2a). To the extent that there is balance or a countervailing hoped-for and feared self for the event, the effect on coping would be positive, as balance has been shown to be a strong motivator on behavior (Frazier, 1993; 2002; Frazier, et al., 2002; Frazier, et al., 2003; Oyserman & Markus, 1990; 1993). In addition, it was expected that the self-regulatory processes associated with the event-related selves would influence coping as well. The stronger the self-efficacy and outcome expectancy the better prospects for coping with the event (Hypothesis #2c). Finally, it was expected that possible selves that reflect life events would influence outcomes directly and indirectly (Hypothesis #3).

CHAPTER III

METHODOLOGY

Participants

The interview was administered to 198 participants, both male and female. Age is not of interest in the present study; however, to generate data on a wide array of life events participants will be drawn from different stages of adulthood (young, mid-life, later life). Ages ranged from 18 to 85, with 66 between the ages of 18 and 29 (43.9% male, 56.1% female); 76 between the ages of 30 and 59 (52.6% male, 47.4% female); and 56 were 60 years old or older (48.2% male, 51% female). The mean age for males was 43 (*SD* = 19) and for females was 42 (*SD* = 19).

The majority of participants were Hispanic (n = 106, 53.5%), followed by White Caucasian (n = 54, 27.3%), African-American (n = 12, 6.1%), and Asian (n = 9, 4.5%). For participants who considered themselves "other" (n = 17, 8.5%), these ethnicities included Brazilian, Haitian, Jamaican, and Trinidadian.

Most participants reported never being married (n = 86, 43%), followed by married (n = 82, 41%) then divorced (n = 19, 9.6%). For employment status, 49% (n = 97) were employed full-time, 18% were employed part-time, 17% were unemployed, and 13% were retired.

For education level, half the sample considered themselves at the partial college level (n = 99, 50%). The other half of the participants were as follows: 43 completed college (21.7%), 30 were high school graduate level (15.2%), 18 were at the graduate or professional degree level (9.1%) and 8 were at the grade school level (4%).

Socioeconomic status was indexed by the Hollingshead Four Factor Index of Social Status. This index calculates a number based on occupation and education. This scale ranges from a low of 8 and a high of 66. The higher the number falls on the scale, the higher the socioeconomic status. The average score for the entire sample was 41 (*SD* = 13); the mean score for males was 42 (*SD* = 13) and for females it was 39 (*SD* = 12).

The participants were recruited through several different channels. Young adults were recruited through the Experimetrix database used in the Introduction to Psychology classes; students received course credit for participation. The middle age and older adults were recruited through announcements made at schools (i.e., PTA organizations; scouts meetings), community and neighborhood pools and centers, churches, temples, senior centers, and postings at malls and supermarkets (see Appendix M).

Procedure

Participants were recruited through verbal and written announcements distributed at the locations mentioned above. When a potential participant was interested in taking part they were instructed to contact the Health & Aging Laboratory at Florida International University. The Principal Investigator (Michelle Barreto) contacted each person to schedule a time and place for the interview at the participant's convenience. At the interview, the Principal Investigator described the interview and answered any questions and addressed any concerns that the participant may have had. Once the participant agreed to take part, he/she was given an informed consent to read and sign (see Appendix A). The administered interview took approximately 30-45 minutes to complete. It began with demographic information (see Appendix B), followed by the scales described below. After the interview was complete, the Principal Investigator

debriefed the participant, answered any further questions and thanked the person for their time. There was a pilot study with fifteen participants to assess the interviewing process as well as the secondary coding scheme. Since there were no changes to the procedure, the pilot sample was included in the final sample.

Measures

The Possible Selves Interview. Possible selves were assessed using an interview format designed for this study and modeled after Cross and Markus (1991). Participants were introduced to the concept of possible selves when the Interviewer read the following instructions:

This part of the questionnaire addresses how you see yourself in the future. We all think of our futures to some extent. When doing so, we usually think about the kinds of experiences that are in store for us and the kinds of people we might possibly become. Sometimes we think about what we hope to become-selves we hope to become in the future, or "hoped-for possible selves." Some hoped-for possible selves seem quite likely, like becoming a homeowner. Other future selves seem quite far-fetched but still possible, for example, winning the lottery. Things we do are not possible selves but are usually part of a possible self. Please take a few minutes to think about all of your hoped-for possible selves. You may have just a few, or you may have many.

Participants were asked to generate their own hoped-for possible selves, as many as possible. The Interviewer recorded the selves as they were generated and then read them back to the participant. Participants were then asked to rank these possible selves in order of importance and the most important three were discussed further. For each of the three most important selves, participants were asked to give a detailed description of the

self (to get an idea for what the vision looks like to the individual) and why it is important. They were asked to describe the activities and behaviors (if any) that they engage in on a daily basis to ensure that this self will become a reality in the future, and what if any obstacles or challenges they face to achieve the self. They were asked how this self came into being (i.e., was it generated by an experience or life event, some sort of epiphany, the influence of other's suggestions, etc). Finally, they were asked a series of four questions regarding their self-regulatory processes using a seven-point Likert scale. These questions offered quantitative data regarding the distance of the future self ("How much does this self describe you now?"), centrality ("How important is this self to your overall self concept?"), self efficacy for achieving the self ("How capable do you feel of achieving this self in the future?"), and their outcome expectancy for achieving the self ("How likely do you think it is that you will actually achieve this self in the future?").

This process was repeated for each of the three most important hoped-for possible selves. After the hoped-for possible selves were completed, this process was repeated to generate feared possible selves with the questions phrased to represent selves that are to be avoided. Appendix C is the full format of the interview.

The qualitative data from this measure was coded based on Frazier and Hooker's (2006) coding scheme. Possible selves were coded into 18 categories representing salient domains of the self (i.e., family, health, leisure, independence, personal development, success, and others). In order to establish inter-rater reliability, the Principal Investigator coded all data and then a research assistant who is blind to the hypotheses being tested coded all data. Inter-rater reliability across all participants, and all domains was 94%.

When discrepancies emerged discussion ensued until consensus was reached (see Appendix H).

Secondary coding of possible selves. Following Hooker et al. (1996), a secondary coding scheme was developed for this study. All possible selves were coded using this secondary coding scheme. This secondary coding scheme was also used to code the primary significant event given in the Ways of Coping Checklist-Revised. In order to establish inter-rater reliability, the Principal Investigator coded all data and then a research assistant who is blind to the hypotheses being tested coded all data. Inter-rater reliability across all domains was 89%. When discrepancies emerged discussion ensued until consensus was reached (see Appendix K).

Categories were developed that represent whether the self generated represents a salient life event. Integrated selves represent any explicit references to the event identified in The Social Readjustment Rating Scale (SRRS), any explicit information provided about the self that indicates that it was generated from a significant life event from question 4 in the possible selves questionnaire, or any information that appears in the subsequent questions that alludes to this self being a product of a life event. Unintegrated selves represent possible selves that do not represent any significant connection to stressful life events or experiences directly or indirectly mentioned. Each Integrated self was given a numeric value ranging from 1 (very little integration) to 5 (extensive integration) to quantify the extent of integration (see Appendix J).

Following Frazier et al. (2002) and Oyserman & Markus (1990; 1993; 1998), balance among hoped-for and feared possible selves was assessed. If a hoped-for self had a countervailing feared self (i.e., both pertain to the same life event) then that self was

coded as balanced. The degree of balance assesses how many balanced selves are present. If there was no countervailing self, the self was coded as not balanced (see Appendix I).

In summary, the data generated from the possible selves questionnaire included: a) qualitative data coded into categorical data on the content of hoped-for and feared selves (coded 1-18); b) qualitative data coded into categorical data on whether hoped-for and feared selves represent the integration of events and experiences (integrated 1, unintegrated 0) including qualitative data on which domains of self, and which types of events are most likely to be integrated or represented in the possible self repertoire (for example, integrated – birth of child; integrated – graduation); c) a code representing presence (1) or absence (0) of balance; d) the degree of balance; e) quantitative data on the self-regulatory processes associated with each self (scores on Likert-type scales of centrality, distance, self-efficacy, and outcome expectancy); f) qualitative data representing the degree of integration of events/experiences derived from the single-item 5-point Likert-type scale described above.

The Social Reajustment Rating Scale (SRRS). T. H. Holmes and R. H. Rahe's (1967) Social Readjustment Rating Scale (SRRS) assesses the presence of stressful events and experiences. The original scale was modified to be a 43-item questionnaire that presents each event and asks participants to indicate whether they experienced that event within the last 3 years (yes/no), if yes, how long ago it happened (number of years, months, days), and whether they are still dealing with aspects of the event today (yes/no) (see Appendix D). For each participant I derived both a number of events experienced and data on which events were experienced, as well as information on how long ago the event happened and if it remains an issue in the present. Following Holmes and Rahe, the

events experienced were rank ordered based on the amount of change required and a numeric value was given (higher values indicate greater stressfulness or change). Moreover, an assessment of whether the event is normative and on-time or non-normative and off-time was generated and for each event experienced it was coded based on this assessment.

My aim in using this scale was to determine what events had been experienced, and although not a formal hypothesis being tested, to examine if there are age-differences in the number or type of life events experienced. By determining which events each participant has experienced, I have a comparison record for the secondary coding of possible selves. I also examined the direct relations among the presence of stressful life events and participants' coping efficacy and well-being in order to have a base line against which to examine the role of integration into possible selves.

Coping Strategies. A revised version of the Ways of Coping Checklist (WCCL-R; Vitaliano, Russo, Carr, Maiuro, & Becker, 1985), which has been shown to have better psychometric properties than the original version, was used to assess coping. Originally developed by Lazarus and Folkman (1984), this measure assesses stress, primary and secondary appraisal, and coping. Primary appraisal is assessed by asking participants what is at stake in a specific situation. Secondary appraisal is assessed by asking participants to assess their coping options in a specific situation. Coping is assessed by asking the participants to indicate on a coping checklist what they thought, felt, and did in order to cope with a specific situation. In the present study, the participants were asked to think back to the most significant event reported on the SRRS and answer 42 items with that event or situation in mind. On each question, participants assessed the degree to

which they have used the thoughts or behaviors represented in each item. Answers range from never used (1) to regularly used (4). A high score represents greater use of the relevant coping strategies. This scale includes five coping dimensions: Problem-Focused Coping, Emotion-Focused Coping, Social Support Coping, Blamed Self, Avoidance, and Wishful Thinking. The scales Blamed Self, Avoidance, and Wishful Thinking were combined into one scale labeled Emotion-Focused Coping (as done in Vitaliano, DeWolfe, Maiuro, Russo, & Katon, 1990). By combining these three coping strategies, it was possible to examine the construct of "emotion-focused coping" referred to often in the literature (e.g., Folkman & Lazarus, 1984). Additionally, having a single measure for this coping strategy is more parsimonious and reduced the number of variables for analytic purposes (see Appendix E).

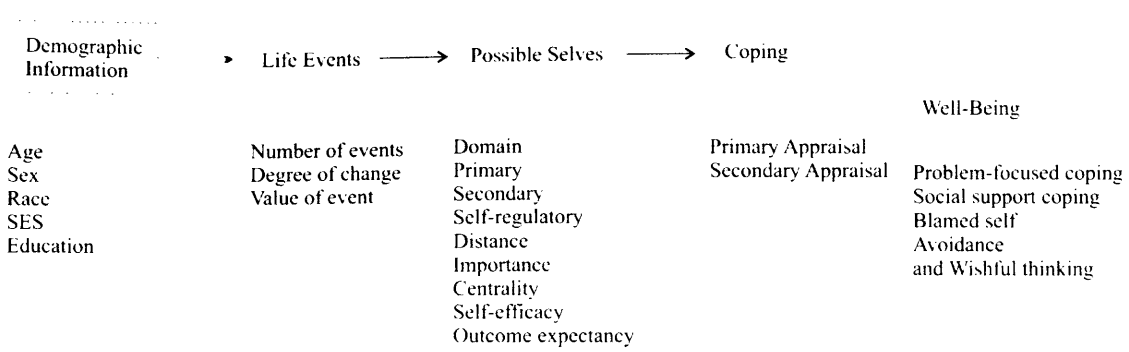
The Satisfaction with Life Scale. This scale, developed by Diener, Emmons, Larsen, and Griffin (1985), measures subjective well-being through life satisfaction. Judgments of life satisfaction are dependent on a comparison of one's circumstances with the individual's personal standard. This measure is a 5 item Likert scale with 1 representing strongly disagree and 7 representing strongly agree. The correlation of .57 with summed domain satisfaction indicates global satisfaction. Thus, the higher the total score, the higher the life satisfaction (see Appendix F).

The General Well-Being Schedule. This scale offers a brief but broad indicator of subjective feelings regarding psychological well-being and distress. The scale reflects both positive and negative feelings. The six dimensions cover anxiety, depression, general health, positive well-being, self-control, and vitality (Dupuy, 1984; McDowell & Newell, 1996). Fourteen items, which assess intensity or frequency, use a Likert-type

scale tailored to each question but following the traditional Likert format with responses ranging from excellent/very much so through not at all/very little. Each response is coded beginning at 1 and ending at 6. There are four additional items assessing how the participant has generally felt in the past month. These items use a Likert scale from 0, not concerned at all, to 10, very concerned. The goal of using this measure is to assess psychological well-being from the point-of-view of the participant. A total score ranging from 0 to 110 is used with 14 subtracted from the total, which is received from the coding. There are three levels of distress: scores of 0 through 60 indicate severe distress, scores of 61 through 72 indicate moderate distress, and scores from 73 through 110 indicate positive well-being (see Appendix G).

Data Analytic Plan

The overarching analytic plan was to determine what if any relations existed among life events/experiences, possible selves, coping, and psychosocial outcomes. The specific hypotheses pertaining to each conceptual component of the study are described above. Presented here is a hypothetical diagram of how I envisioned these relations and below a review of the specific hypotheses. As mentioned above, a pilot study was done to ensure that all measures were performing satisfactorily. For all analyses, SPSS was used, and a probability level of .05 served as the criterion for assessing significance.



Hypothesis 1a: The more salient or "life changing" the event is the greater likelihood it will be integrated into the possible selves repertoire.

Hypothesis 1b: Within Integrated possible selves, those that reflect normative events will influence self-regulatory processes differently than non-normative events.

Hypothesis 2a: Hoped-for and feared Integrated selves will differentially influence coping.

Hypothesis 2b: Balance among hoped-for and feared integrated selves will have a positive effect on coping.

Hypothesis 2c: Higher levels of self-regulatory processes for Integrated selves will relate to better coping.

Hypothesis 3: There will direct and indirect effects of Integrated possible selves on psychosocial outcomes. Following Baron and Kenny (1986), I explored whether coping serves as a mediator or moderator for well-being and life satisfaction.

Other data analytic issues. Age was treated as a continuous variable and in preliminary analyses all demographic variables (i.e., age, sex, race, SES, education) were correlated with each of the experimental variables.

CHAPTER IV

RESULTS

Descriptive Data

Participants. A total of 198 subjects participated in this study, 96 (48.5%) males and 102 (51.5%) females. The mean age for males was 43 (*SD* = 19) and for females was 42 (*SD* = 19). Ages ranged from 18 to 85, with 66 between the ages of 18 and 29 (43.9% male, 56.1% female); 76 between the ages of 30 and 59 (52.6% male, 47.4% female); and 56 were 60 years old or older (48.2% male, 51% female). Descriptive data is presented in Table 1.

Possible Selves. The most common hoped-for and feared possible selves for the entire sample were the same for the Integrated sub-sample. The most common hoped-for possible selves for the sample were in the domains of family (70%), occupation (48%), and material (40%). The most common feared possible selves for the sample were in the domains of health (35%), family (30%), and material (29%).

In the entire sample, 72% of participants had balanced possible selves. For those with Integrated selves, 73% had balanced possible selves. The most common degree of balance for the entire sample as well as for the Integrated sub-sample was 3 (30% for both groups). Level 3 indicates that one hoped-for possible self matches one feared possible self, regardless of the order in which the participant ranked these selves.

Integration. A total of 151 participants or 76% of the sample (84 females; 67 males) reported life events that were Integrated within their possible selves repertoire. The most common degree of Integration was level 2 (30%) which indicates that the event is related to the possible self (see Figure 1a). The second most common degree was level

5 (21%) indicating that the event is explicitly stated as at least one possible self. The third most common degree was level 3 (20.5%) which indicates that the significant event is explicitly referred to in one possible self (see Figures 1b and 1c).

Life Events. Significant life events were in the domains of family (37%); bereavement (17%); and lifestyle (8%). Significant life events were death of parent (9%); death of family member or friend other than a parent, spouse, child, or sibling (8%); divorce (8%); personal health and health issues (7%), and career path and career-related stress (7%). For Integrated life events, 131 reflect normative events (e.g., marriage) and 64 reflect non-normative (e.g., death of a child) events. For the Integrated sub-sample, the most common domains for the significant life event were family (42%), bereavement (18%), and occupation (8%). The most common life events were death of a parent (11%), divorce (9%) and career-related stressors (9%) (see Figures 2a, 2b, and 2c). Among the Integrated sub-sample, males reported significant events of death of a family member (other than parent, spouse, child, or sibling) or close friend (12.5%), personal health and becoming a parent (both 8.3%). For females, the most significant events were death of parent (11%) and divorce (9%). The distribution of significant life events by Integration type is reported in Table 3.

The number of life events experienced was positively correlated with the degree of Integration ($r = .211$, $p = .009$). Recall that 76% of the sample reported integrated possible selves. This result then, indicates that as possible selves increase in their degree of Integration, so does the number of stressful events experienced. Significant events were ranked in order of stressfulness from 0-44, with 44 being the most stressful event possible. The most common stressfulness rankings for the significant events reported by

individuals with Integrated selves were very high: 39 (17%), 33 (13%), and 38 (9%). For the individuals with Unintegrated selves, the rankings were lower with 39 and 12 being the most common (17%) followed by 33 (8.5%). Finally, the time frame in which the significant life event took place was the same for Integrated and Unintegrated samples (34%). Both report the event taking place between three and five years from the time they were interviewed.

Integration of Life Events

Hypothesis one examined the Integration of life events in two ways. First, it was hypothesized that the more salient or "life changing" the event is the greater likelihood it will be Integrated into the possible selves repertoire. Stressfulness was expected to be higher for Integrated than Unintegrated selves. Second, it was hypothesized that within Integrated possible selves, those that reflect normative events will influence self-regulatory processes differently than non-normative events.

To first determine the number of events experienced for Integrated and Unintegrated selves, an independent groups t-test was performed. This test compared the mean number of events present on the SRRS for Integrated ($M = 9.23$, $SD = 5.628$) with that for Unintegrated selves ($M = 7.02$, $SD = 5.011$). This test was found to be statistically significant $t(196) = -2.411$, $p = .017$. This indicates that those with Integrated selves have, on average, experienced more stressful events as compared to those with Unintegrated selves. The strength of the relationship, as indexed by eta squared, was very small (eta squared = .029). The 95% confidence interval for the mean difference was .402 to 4.019.

It was predicted that the more salient or "life changing" the event is the greater likelihood it will be Integrated into the possible selves repertoire. Therefore, stressfulness will be higher for Integrated than Unintegrated selves. An independent groups t-test compared the mean stressfulness level of the life event for Integrated selves ($M = 31.08$, $SD = 10.038$), with that for Unintegrated selves ($M = 25.74$, $SD = 12.472$). This test was found to be statistically significant $t(65.604) = -2.675$, $p = .009$ indicating that the life events Integrated into the possible selves repertoire are on average more stressful than those that are not Integrated. The strength of the relationship between Integrated selves and Unintegrated selves, as indexed by eta squared, was very small (eta squared = .035). The 95% confidence interval for the mean difference was 1.353 to 9.317. In addition to Integration type, the degree of Integration was also tested. A Pearson product-moment correlation was performed for the degree of Integration and the stressfulness level of the life event among Integrated selves. This correlation was found not to be statistically significant, $r = .108$, $p = .189$. The coefficient of determination is 1.16, therefore accounting for only 1.16% of the variance.

The second part of hypothesis one anticipated that within Integrated possible selves, those that reflect normative events will influence self-regulatory processes differently than non-normative events. Two preliminary t-tests were conducted to compare Integrated and Unintegrated selves and their scores of self-efficacy and outcome expectancy. In the case of self-efficacy, the test was significant; $t(57) = -2.549$, $p = .014$. The mean score for Integrated selves was 31.6 ($SD = 7.6$) and the mean score for Unintegrated selves was 26.7 ($SD = 12.4$). In the case of outcome expectancy, the test was also significant; $t(57) = -2.497$, $p = .015$. The mean score for Integrated selves was

30.8 (SD = 7.9) and the mean score for Unintegrated selves was 26 (SD = 12). These results indicate that Integrated selves have a higher degree of self-efficacy and outcome expectancy associated with them.

To assess Integrated selves reflecting either normative or non-normative events and their influence on self-regulatory processes, a between-subjects multivariate analysis of variance (MANOVA) was performed. This test compared the means of self-regulatory scores for Integrated selves for those that reflect normative and non-normative life-events. Two dependent variables were used: self-efficacy, and outcome expectancy. The independent variable was normative and non-normative life events. There was no significant difference between the two groups on the combined dependent variables: $F(2, 148) = .472$, $p = .625$; Wilks' Lambda = .994; partial eta squared = .006. When the results for the dependent variables were considered separately, none of the variables were statistically significant. An inspection of mean scores indicate very little difference between normative and non-normative life events but slight differences between self-efficacy and outcome expectancy. The total mean score for self-efficacy for normative and non-normative life events (M = 31.59, SD = 7.664) is slightly higher than the total mean score for outcome expectancy for normative and non-normative life events (M = 30.82, SD = 7.988). These results indicate that self-regulatory processes are influenced by Integrated selves regardless of whether they reflect normative or non-normative events.

Integrated Selves and Coping

The second hypothesis for this study concerned the relationship between Integrated selves and coping in three different ways. First, it was anticipated that hoped-

for and feared Integrated selves will differentially influence coping. Better coping scores were expected to be associated with hoped-for selves.

A between subjects multivariate analysis of variance (MANOVA) compared the means of the coping dimensions for Integrated and Unintegrated selves. Five dependent variables were used: Problem-focused Coping, Social Support Coping, Blamed Self Coping, Avoidance Coping, and Wishful Thinking Coping. The independent variable was Integrated and Unintegrated selves. There was a significant difference between the two groups on the combined dependent variables: $F(5, 190) = 3.357, p = .006$; Wilks' Lambda = .919; partial eta squared = .081. When the results for the dependent variables were considered separately, the only difference to reach statistical significance, using a Bonferroni adjusted alpha level of .01, was Problem-focused Coping: $F(1, 194) = 13.697$, $p = .0001$, partial eta squared = .066. An inspection of the mean scores indicated that Integrated selves had slightly higher scores for all dependent variables. These results show that Integrated selves are related to more effective coping behaviors than are Unintegrated selves (see Table 2).

To test differences among Integrated hoped-for and Integrated feared selves, a series of between subjects multivariate analysis of variances (MANOVA) were performed. First, I compared the means of the coping dimensions for Integrated hoped-for or Integrated feared selves and both Integrated hoped-for and feared selves. This test was found not to be statistically significant, $F(5, 141) = 2.263, p = .051$. Second, I compared the means of the coping dimensions for Integrated hoped-for, Integrated feared selves, and both Integrated hoped-for and feared selves. This test was also found not to be statistically significant, $F(10, 280) = 1.697, p = .081$. These results indicate that

regardless of whether the life event is Integrated into hoped-for selves or feared selves, coping is still more effective with Integration than without Integration.

The second part of hypothesis two assessed the role of balance among hoped-for and feared Integrated selves. It was expected that balanced Integrated selves will have a positive effect on coping. A between subjects multivariate analysis of variance (MANOVA) compared the means of the coping dimensions for balanced and unbalanced Integrated selves. Five dependent variables were used: Problem-focused Coping, Social Support Coping, Blamed Self Coping, Avoidance Coping, and Wishful Thinking Coping. The independent variable was Balanced or Unbalanced Selves. There was a significant difference between the two groups on the combined dependent variables: $F(5, 144) = 2.709$, $p = .023$; Wilks' Lambda = .914; partial eta squared = .086. When the results for the dependent variables were considered separately, none of the variables reached statistical significance. An inspection of the mean scores indicated that Balanced selves scored higher on Problem-focused Coping, Avoidance Coping, and Blamed Self Coping. Unbalanced selves scored higher on Social Support Coping, and Wishful Thinking Coping. The results of this test indicate that balance does promote positive coping efforts when compared to unbalanced Integrated selves.

The final part of hypothesis two assessed the levels of self-regulatory processes and their effects on coping. It was expected that higher levels of self-regulatory processes for Integrated selves will relate to better coping. A partial correlation was performed, controlling for age and gender for Integrated selves. The variables were the five coping dimensions, self-efficacy, and outcome expectancy. The results are not statistically significant. These results are possibly due to the high correlation between self-efficacy

and outcome expectancy ($r = .922, p < .0005$). Such findings suggest that self-regulatory processes may not have an individual direct effect on coping.

Effects of Integrated Selves on Psychosocial Outcomes

The third hypothesis concerned the effects of Integrated selves on psychosocial outcomes. A two-tiered approach was taken. The first approach examined potential direct effects between the self-regulatory processes on well-being and life satisfaction. To test the direct effect of self-efficacy and outcome expectancy on general well-being, a hierarchical multiple regression was used. In step one, age and gender were entered into the model ($R^2 = .072$) and in step two, self-efficacy and outcome expectancy are added ($R^2 = .104$). The total model's R^2 change was .032, and statistically significant with $p = .024$. The model as a whole was not found to be statistically significant; $F(3, 148) = 5.607, p = .001$. Among the variables, there were significant correlations between gender and well-being ($r = -.245, p = .001$); age and self-efficacy ($r = -.538, p = .0005$); as well as age and outcome expectancy ($r = -.528, p = .0005$). In sum, the data suggests that there is not a direct effect of self-efficacy and outcome expectancy on general well-being.

To test the direct effect of self-efficacy and outcome expectancy on life satisfaction, a hierarchical multiple regression was used. In step one, age and gender were entered into the model ($R^2 = .021$), and in step two, self-efficacy and outcome expectancy are added ($R^2 = .062$). The total model's R^2 change was .041 and was significant ($p = .013$). The model as a whole was found to be statistically significant; $F(3, 150) = 3.232, p = .024$. Among the variables, there were significant correlations between age and life satisfaction ($r = .137, p = .047$); age and self-efficacy ($r = -.538, p = .0005$); as well as

age and outcome expectancy (r = -.528, p = .0005). In sum, the data suggests that there is a direct effect of self-efficacy and outcome expectancy on life satisfaction.

Indirect effects were examined following Baron and Kenny (1986). I explored the possibility of coping serving as a mediator or moderator for well-being and life satisfaction. Coping as a potential mediator was explored through four hierarchical multiple linear regressions. For all four regressions, model one controlled for age and gender. The first three tests were intended to confirm a statistically significant linear relationship among the variables (Integration and coping; Integration and life satisfaction; Integration and well-being). The fourth test was intended to show no linear relationship between Integration and well-being or life satisfaction when coping is controlled. Results indicate that coping does not serve as a mediator for well being and life satisfaction. Results are presented in Tables 5 and 6.

Coping as a potential moderator was explored through two hierarchical multiple regressions. Age and gender were entered simultaneously in the first step. Well-being and life satisfaction were the dependent variables for each of the tests, respectively. Both tests did not indicate coping as a moderator for well-being or life satisfaction. Results are presented in Tables 7 and 8.

Summary of major results. In sum, Integrated selves were associated with more stressful events. Degree of integration was positively correlated with the number of events experienced. Integrated selves were more likely to be balanced. Balanced selves had higher levels of problem-focused, avoidance, and blamed self coping behaviors. Integrated selves were associated with several positive outcomes. Integrated selves had higher scores for the self-regulatory processes, self-efficacy and outcome expectancy.

Integrated selves were also associated with higher coping scores, especially for problem-focused coping. There was a direct effect of self-efficacy and outcome expectancy on life satisfaction but not general well-being.

CHAPTER V

DISCUSSION

The purpose of this study was to examine the Integration of stressful life events into the possible selves' repertoire as a motivator for event-directed coping behavior. The basis for this research rests on the expectation that possible selves, which have been shown to be dynamic and sensitive to developmental context, will also be sensitive to life transitions, events, and highly salient life experiences. The data clearly proved this assumption correct, with over two-thirds of participants indicating the presence of stressful events within their possible selves. Not all participants were Integrated, however, and the reason for this lies in the question of who was more likely to have Integrated selves. The data did not show significant differences among demographic variables. Findings did show that individuals with Integrated possible selves experienced more life events and that these events were more stressful. Within the stress research it is clear that there are both commonalities in the way people cope with similar stressors and individual differences in the way people cope with the same stressors. The data supports the notion that the stressfulness of the event may determine whether or not it becomes incorporated in the possible selves repertoire. In addition, as the number of life events experienced increased, so did the degree of Integration. This evidence suggests that individuals who integrate events have more experience in coping with events and have learned through this experience the most effective coping response, that is, Integration. This research suggests that integrating a stressful life event into the possible selves repertoire is a form of adaptive coping.

Integrated Life Events

The first major goal of this research was to uncover which events and experiences come to be Integrated into the possible selves repertoire. Research has shown which domains in which possible selves are most common at different developmental stages. What we do not know is which events are incorporated into the possible selves repertoire most often and if they too vary by developmental stage. For the Integrated sample in total, the most common domains for significant events were family, bereavement, and occupation. The most common life events were death of a parent, divorce, and career-related stress. Common domains for possible selves vary by cohort (Frazier & Hooker, 2006; Hooker, 1999) as did the Integrated life events. For those between the ages of 18 and 29, the most common Integrated life events were the health of family members and close friends, career-related stressors, and their parent's divorce. For those between the ages of 30-59, the most common Integrated life events were career-related stressors, divorce, and becoming a parent. For those aged 60 and older, the most common life events were personal health, death of a parent, and death of their spouse. These cohort differences clearly reflect the developmental trajectory common to each group. As expected, there was also gender differences with the most common life events reported. Research indicates gender differences in the experience and coping of stressful events (e. g., Goldstein, 2006; Tolin & Foa, 2006). Integrated males reported most common life events as being death of a close friend or family member other than spouse, parent, sibling, or child, followed by career-related stressors and being a parent. Integrated females reported most common life events as being death of parent, followed by divorce, and finally career-related stressors. Despite these differences, the domain categories in

which the life events fall for both males and females were the same: family and bereavement. These gender differences may result from gender differences in the ways in which males and females perceive these events. Males and females may not evaluate the same events with the same amount of stressfulness or importance.

Integrated Possible Selves

The second major goal of this research was to uncover how life events and experiences shape one's possible selves. This was examined through the self-regulatory processes, self-efficacy and outcome expectancy, associated with each self. Self regulatory processes determine the actions, plans, and behaviors that facilitate the achievement of one's possible selves (Badura, 1986; Frazier, 2002; Frazier et al. 2002; Frazier et al. 2003; Hooker, 1999; Markus & Ruvolo, 1989). Each possible self has associated with it a degree of self-efficacy for achieving or avoiding it, and a sense that it will in fact either be achieved or be avoided. For both processes, the findings indicate that self-efficacy and outcome expectancy is higher for Integrated selves. Perhaps the Integration of the life event into the possible selves repertoire is a tool used to increase self-efficacy and outcome expectancy, which in turn could possibly influence coping behaviors.

Integration and Coping

The third major goal of this research was to examine the impact of Integrated selves on coping. Findings indicate that coping behaviors are more effective for individuals with Integrated selves. Research shows that a higher quantity of hoped-for possible selves as opposed to feared possible selves have been linked to effective coping and recovery (Porter, Markus, and Nurius, 1984). The data presented here does not

support such a distinction. My findings also indicate that as the degree of Integration increases, so does the effectiveness of coping behavior. This suggests that Integration is an effective tool for coping directly through the self-efficacy and outcome expectancy associated with the Integrated self, as well as indirectly through coping behaviors. Unfortunately, the same cannot be said for the individual coping dimensions. Thus, the effect is a result of all the coping behaviors and not specific coping styles.

With the establishment of Integration as having a positive effect on coping, it was important to investigate which characteristics of life events contribute to this effect. For Integrated selves, the number of stressful events experienced was positively correlated with effective coping behaviors. These results suggest that effective coping behaviors result from more experience with stressful events.

Coping was also found to be more effective for Integrated selves that are balanced, as opposed to unbalanced, suggesting that balance is a strategy for more effective results from Integration. Normative and non-normative life events were also examined. Results show no difference between Integrated and Unintegrated selves among any of the coping dimensions, self-efficacy, outcome expectancy, life satisfaction or well-being. All life events, whether positive or negative, normative or non-normative, have the potential to be stressful. This suggests that experience with stressful life events and the level of stressfulness are critical factors for coping behavior regardless of whether the event is normative or non-normative.

Research shows that there is tremendous individual variability in how an event is experienced and coped with. The present study expanded on earlier work by starting earlier in the coping process. This research suggests that the appraisal process is the

mechanism through which an event is singled-out to be incorporated into sense of self. Once an event is appraised as stressful, an individual's possible self can change and thus determine secondary appraisal based on the new self. This may be the way new selves are formed, as a way of coping. It could also be that if an individual has a particular self and then experiences a major life challenge, the threat they experience is a threat to that self. They may therefore change, abandon, or reinforce that self as a method of coping.

Integration and Psychosocial Outcomes

The final goal of this research was to assess both the direct and indirect effects of Integration on life satisfaction and well-being. Possible selves have proven to be reliable, influential predictors of psychosocial outcomes such as control beliefs, well-being and life satisfaction (Cross & Markus, 1991; Hooker, 1992; Hooker & Kaus, 1992; 1994). As expected, Integrated selves proved to have a positive, direct effect on coping, life satisfaction, and well-being. Nurius posits that the bridge between a current self and a possible self is the mechanism promoting behavior resulting in these outcomes. It is in this vein that Nurius suggests possible selves to be mediators of ongoing coping processes. This research explored whether coping mediated or moderated the influence of the possible selves on well-being and life satisfaction. The data did not support coping as a moderator or mediator for both outcomes. Unlike another study which found that the presence of possible selves may be a mediator of coping skills (Penland, Masten, Zelhart, Fournet, & Callahan, 2000), my data did not support this conclusion.

Limitations

The present study has several potential limitations. The first limitation concerns the generalizability of the findings due to the ethnic distribution of the sample. Over half

the sample is Hispanic, drawn from Miami's predominantly Cuban population, which is unique to other Hispanic cultures. African-Americans and Asian-Americans were a very small portion of the overall sample. A more representative sample may shed light on potential cultural differences. Secondly, the data is self-report. Thus there is no way to objectively evaluate these measures, and the data may be subject to self-report biases. Another important limitation has to do with the fact that appraisal and coping are responses not only to a given situation but also a reflection of the individual's personality. The design of this study did not account for personality differences. Personality is also a factor in what an individual perceives as stressful and how that individual copes with that stressor. Such differences could impact the psychosocial outcomes that result from effective and ineffective coping. Finally, the best way to determine the effectiveness of integrating life events into possible selves as a method for coping with major life transitions and challenges would be to follow individuals longitudinally as they begin the integration process all the way through to the process and through resolution. Integration and coping are ongoing and dynamic processes and may have differential influences on psychosocial outcomes at different ages depending on factors that vary over time.

Potential Implications

This study sheds light on how stressful life events influence an individual's possible selves and how this influence impacts the way an individual copes in relation to that life event. This study emphasizes the importance of understanding that various life events can change an individual's identity through their most salient goals.

This study shows that it is through this process of Integration that individuals cope with life events. This process allows individuals to create their own developmental pathways by choosing aspects of their self to develop as a means for coping. Thus, this study fits within the context of current self-guided developmental theory and illustrates the teleonomic relevance of possible selves for life experiences.

This study presents a significant contribution to the literature on possible selves by examining how life events are channeled into selves. It also advances our understanding of how possible selves serve as a coping mechanism for dealing with life's stresses, events, and transitions. However, one of the most significant contributions a research study can make is to generate further research questions. This study generated several important questions that may be addressed in future research. For example, the long-term effects of Integration as well as potential negative outcomes as a result of Integration or Unintegration.

This study also contributes by indicating possible avenues for intervention programs for those undergoing a life crisis to promote well being. Events that are Integrated into the possible selves repertoire lead to better coping, providing a foundation for designing an intervention that can teach people how to incorporate change and life events into their sense of self in positive ways. It would also be possible within the intervention to have participants envision future selves and learn daily coping behaviors to help them achieve those selves. This sort of intervention would boost self-esteem, mastery of coping, self-efficacy for desired outcomes, and help individuals derive meaning from their experiences in ways that enhance well-being.

Table 1

Descriptive Data for Demographic Information

Variable	Total Sample	Integrated	Unintegrated
Age			
Mean (SD)	42.3 (19.3)	42.62 (19.2)	41.30 (20.2)
18-29	21.4 (3.2)	33.8%	40.4%
30-59	43.4 (8.0)	38.4%	29.8%
60+	67.4 (7.1)	27.8%	29.8%
Gender			
Male	48.5%	44.4%	61.7%
Female	51.5%	55.6%	38.3%
Marital Status			
Married	41.4%	41.1%	42.6%
Divorced	9.6%	10.6%	6.4%
Separated	1%	.7%	2.1%
Widowed	4.5%	6%	0%
Never Married	43.4%	41.7%	48.9%
Education			
Grade school	4%	4%	4.3%
High School	15.2%	15.9%	12.8%
Partial college	50%	49%	53.2%
College	21.7%	23.8%	14.9%

Graduate school	9.1%	7.3%	14.9%
Socioeconomic Status			
Mean (SD)	40.8 (12.9)	41.11 (12.5)	39.7 (14.1)
Ethnicity			
African-American	6.1%	5.3%	8.5%
Asian	4.5%	4.0%	6.4%
Hispanic	53.5%	54.3%	51.1%
White Caucasian	27.3%	27.2%	27.7%
Other	8.5%	3.3%	6.4%

Table 2

Means for Coping Variables

Variable	Integrated *M (SD)*	Unintegrated *M (SD)*
Number of events		
Experienced	9.23 (5.6)	7.02 (5)
Stressfulness Rank	31.1 (10)	25.7 (12.5)
Coping Total Score	27.6 (17.2)	114.4 (34)
Coping Dimensions		
Avoidance	6.1 (2.1)	5.3 (2.4)
Blamed Self	5.2 (3.1)	6.2 (2.7)
Problem-Focused	25.2 (4.6)	21.9 (7.4)
Social Support	6.0 (1.6)	5.7 (2.1)
Wishful Thinking	16.7 (4.2)	15.6 (6.1)

Table 3

Distribution of Significant Life Events by Integration Type

Life Event Code	Integrated		Unintegrated	
	n	%	*n*	%
Death of parent	16	10.6	1	2.1
Divorce	14	9.3	1	2.1
Career/job stressor	13	8.6	1	2.1
Personal Health	10	6.6	4	8.5
Health of family/friends	10	6.6	2	4.3
Being a parent/birth of child	10	6.6	3	6.4
Death of other family/friend	8	5.3	7	14.9
Financial distress	6	4.0	2	4.3
Parent's divorce	6	4	1	2.1
Disapproval of child	5	3.3	0	0
Death of spouse	5	3.3	0	0
Romantic rel./marriage	5	3.3	2	4.3
Break-up of relationship	5	3.3	2	4.3
Husband/wife/signif. other	4	2.6	1	2.1
Family tension	4	2.6	0	0
Child leaving home	4	2.6	0	0
Personal Injury/Trauma	3	2	0	0

Relocating from another state	3	2	1	2.1
Personal fulfillment	3	2	1	2.1
Transition to college	3	2	0	0
Death of sibling	2	1.3	0	0
Immigrating from country	2	1.3	3	6.4
Failure	2	1.3	0	0
Religion/faith	2	1.3	0	0
Death of child	1	.7	0	0
Unhappiness	1	.7	0	0
Personal qualities/flaws	1	.7	1	2.1
Negative family example	1	.7	0	0
Gaining new family member	1	.7	1	2.1
Other	1	.7	3	6.4
Personal experience	0	0	3	6.4
Disagreement with others	0	0	2	4.3
Being alone/single	0	0	1	2.1
None	0	0	4	8.5

Table 4

Results of Independent Groups t Tests

Variable	Integrated *M (SD)*	Unintegrated *M (SD)*	*t*	*p*
Number of life events				
Experienced	9.23 (5.63)	7.02 (5)	t(196) = -2.411	.017*
Stressfulness rank of				
life event	31.08 (10.04)	25.74 (12.47)	t(65.6) = -2.675	.009*
Self-efficacy	31.6 (7.6)	26.7 (12.4)	t(57) = -2.549	.014*
Outcome expectancy	30.8 (7.9)	26 (12)	t(57) = -2.497	0.15*

* Significant at an alpha level of .05

Table 5

Summary of Hierarchical Regressions Examining Mediation for Well-Being

DV = Coping				
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	-.218*			
Gender	.080	.055		.005*
Step 2				
Age	-.226*			
Gender	.044			
Integration Type	.244*	.113	.058	.000*

DV = Well-Being				
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	-.056			
Gender	-.233*	.057		.004*
Step 2				
Age	-.055			
Gender	-.228*			
Integration Type	-.032	.058	.001	.010*

DV = Well-Being				
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	-.056			
Gender	-.233*	.057		.004*
Step 2				
Age	-.028			
Gender	-.244*			
Coping	.131	.073	.016	.003*
Step 3				
Age	-.022			
Gender	-.235*			
Coping	.148*			
Integration Type	-.068	.077	.004	.005*

Note: P-value column is for the overall model; * Significant at an alpha level of .05

Table 6

Summary of Hierarchical Regression Examining Mediation for Life Satisfaction

DV = Coping				
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	-.218*			
Gender	.080	.055		.005*
Step 2				
Age	-.226*			
Gender	.044			
Integration Type	.244*	.113	.058	.000*

DV = Life Satisfaction				
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	.113			
Gender	.022	.013		.274
Step 2				
Age	.115			
Gender	.031			
Integration Type	-.057	.128	.003	.362

DV = Life Satisfaction				
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	.113			
Gender	.022	.013		.284
Step 2				
Age	.073			
Gender	.037			
Coping	-.186*	.046	.033	.030*
Step 3				
Age	.074			
Gender	.039			
Coping	-.183*			
Integration Type	-.012	.046	.000	.063

Note: P-value column is for the overall model; * Significant at an alpha level of .05

Table 7

Summary of Hierarchical Regression Examining Moderation for Well-Being

	DV = Well-Being			
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	.388*			
Gender	.595*	.901		.000*
Step 2				
Age	.347*			
Gender	.487*			
Coping Minus Mean	.01			
Coping Minus Mean * Integration	.014			
Integration Type	.167*	.908	.007	.000*

Note: P-value column is for the overall model; * Significant at an alpha level of .05

Table 8

Summary of Hierarchical Regression Examining Moderation for Life Satisfaction

DV = Life Satisfaction				
Variables	*ß*	R^2	R^2 *Change*	*p*
Step 1				
Age	.113			
Gender	.022	.013	.013	.284
Step 2				
Age	.073			
Gender	.037			
Coping Minus Mean	-.186*			
Coping Minus Mean * Integration	-.131			
Integration Type	-.057	.046	.033	.030*

Note: P-value column is for the overall model; * Significant at an alpha level of .05

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Figure 1a: *Frequency of Integration*

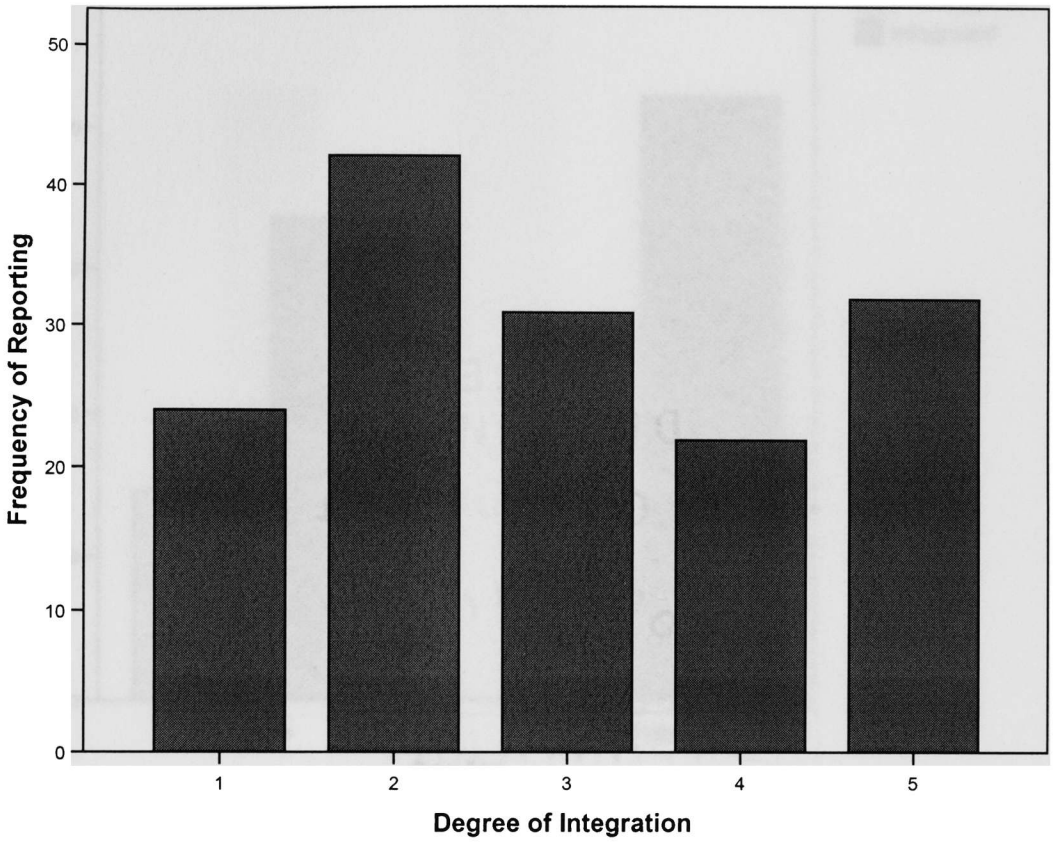


Figure 1b: *Frequency of Integration by Gender*

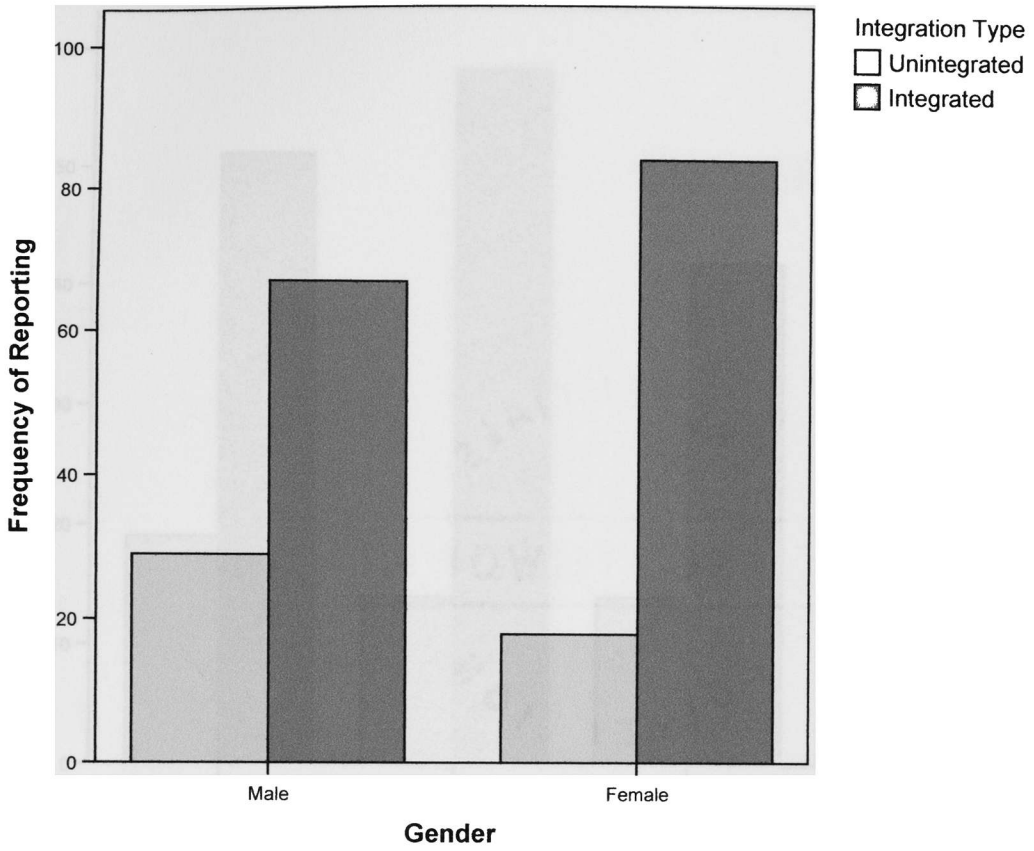


Figure 1c: *Frequency of Integration by Cohort*

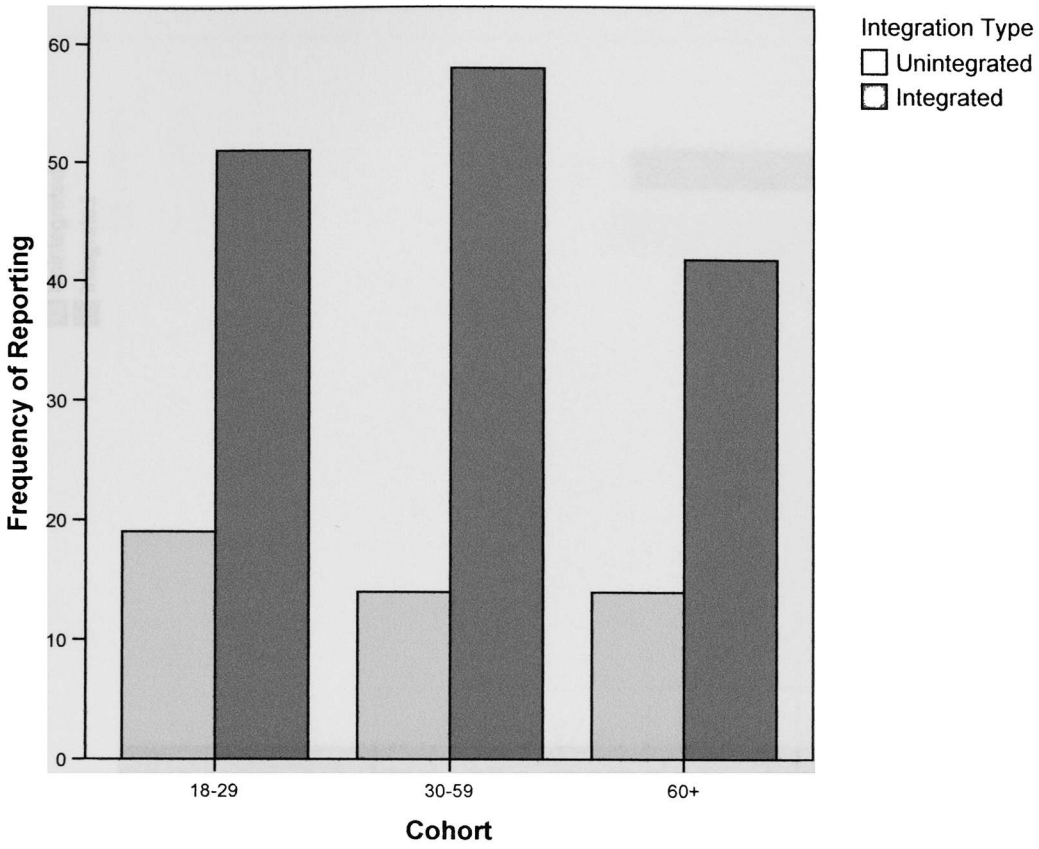


Figure 2a: *Domains of Significant Events*

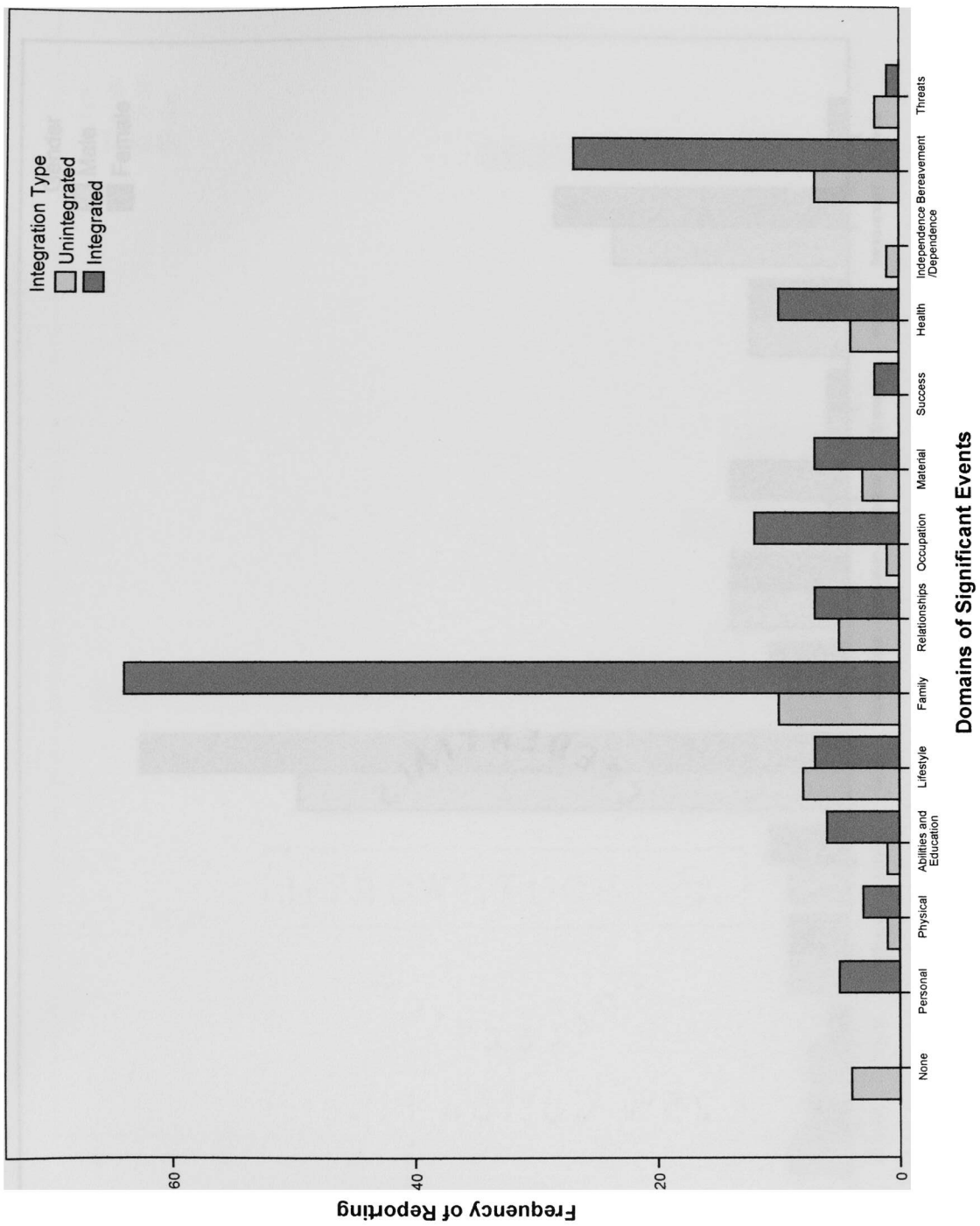


Figure 2b: *Domains of Integrated Significant Events by Gender*

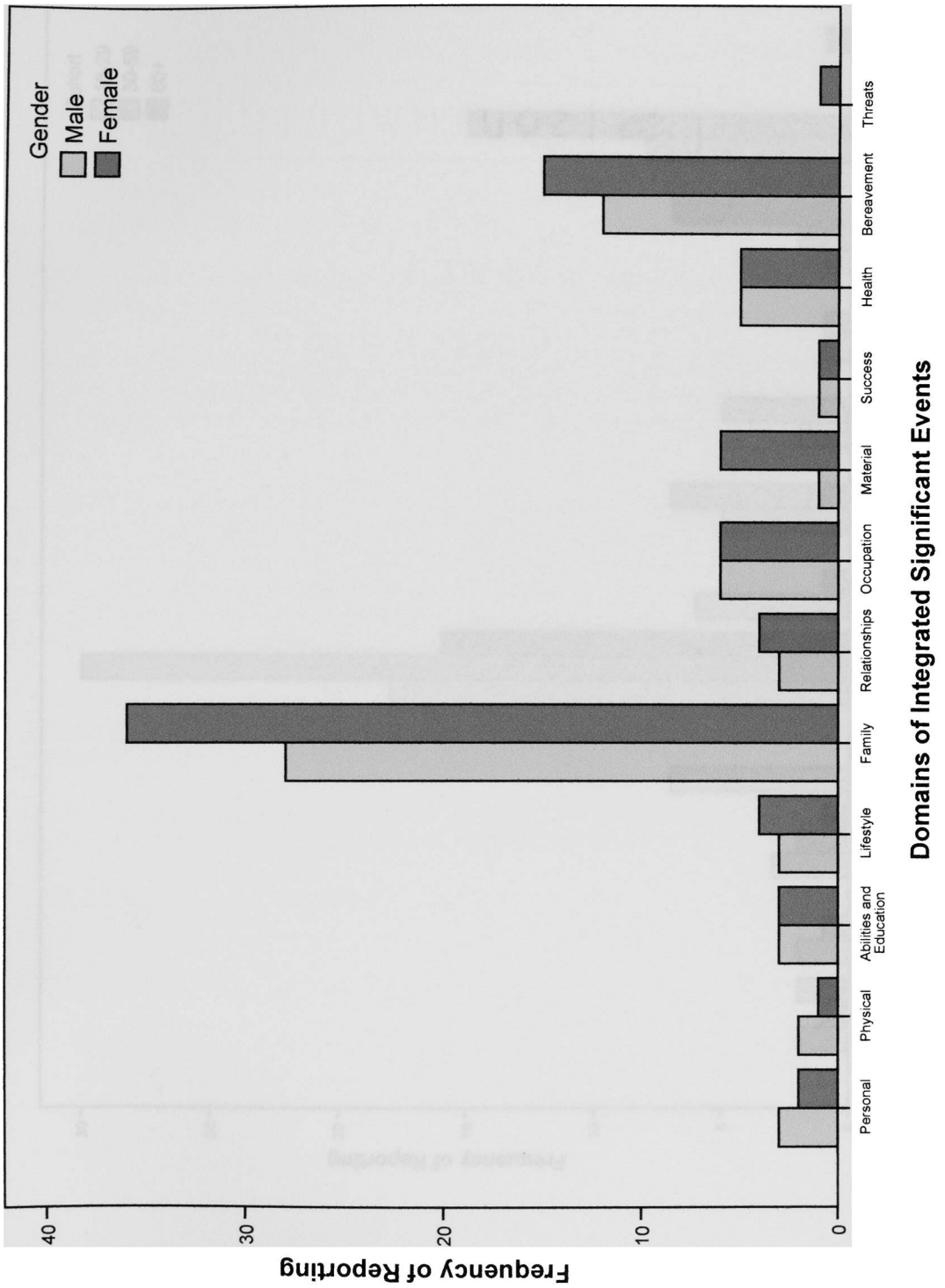
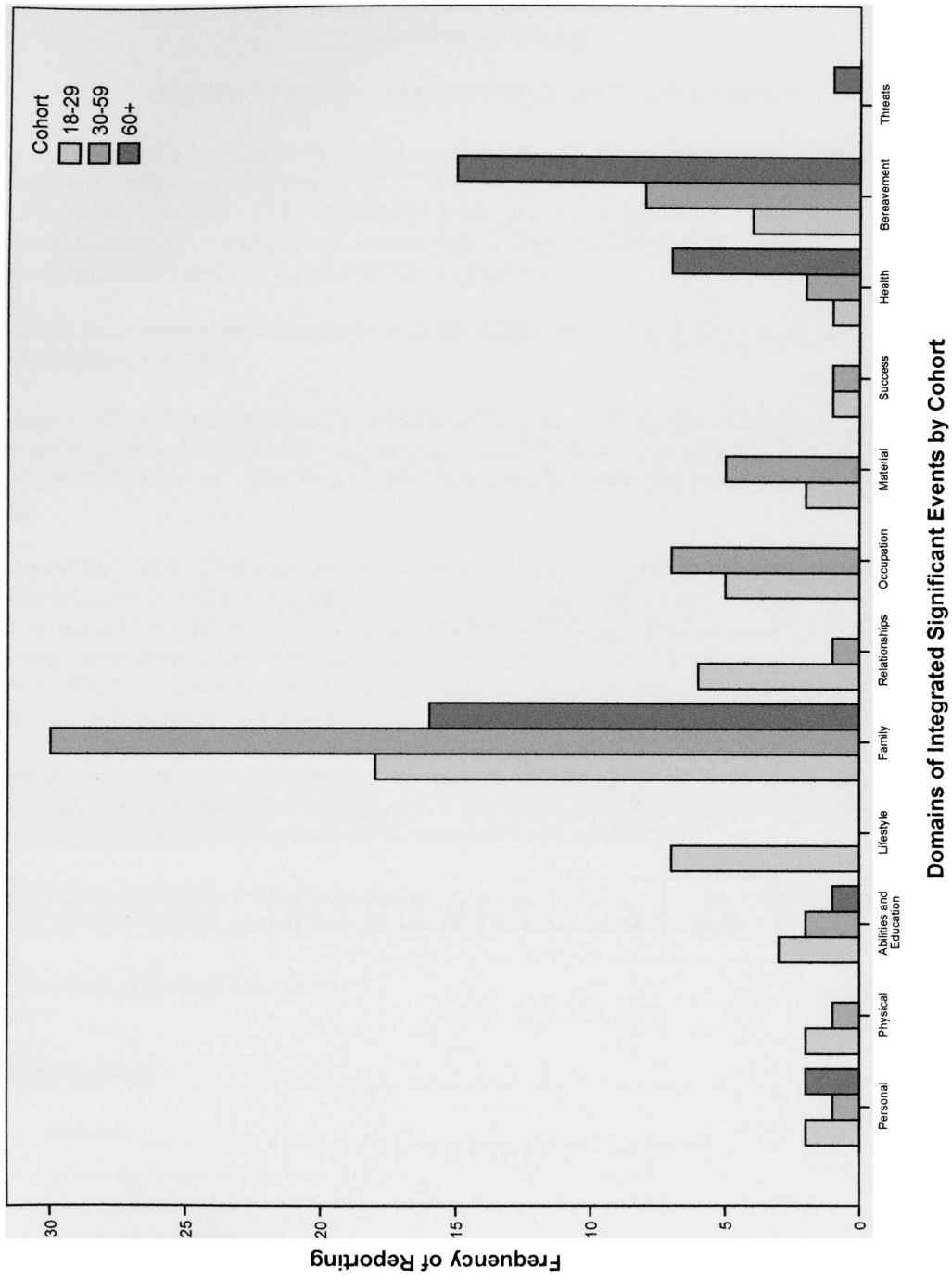


Figure 2c: *Domains of Integrated Significant Events by Cohort*



Appendices

Appendix A

Florida International University
Informed Consent

COPING WITH LIFE EVENTS THROUGH POSSIBLE SELVES

I freely and voluntarily consent to be a participant in the research project entitled *COPING WITH LIFE EVENTS THROUGH POSSIBLE SELVES* to be conducted at Florida International University during the Spring Semester, 2006, with Michelle Barreto as Principle Investigator under the direction of Dr. Leslie D. Frazier. I understand I will be one of 100 participants in this study. I have been told that this questionnaire will take approximately 45 minutes.

I understand the purpose of this research is to gain better understanding about how adults cope with stressful significant events.

I understand that the research procedures will be as follows: I will be asked a series of questions to answer about general demographic information, sources of stress, and my perception of my well-being. I understand that my answers will be written in an interview packet that does not identify me in any way.

I understand that there are no known risks involved in my participation in this experiment. I understand that the benefits of my participation are that I may gain insight into the ways in which I cope with stressful situations and that this information will help researchers find out how to better help people cope with stress. I have been told that my responses will be kept STRICTLY CONFIDENTIAL. All scores will be identified only by a code number, and my individual performance will not be revealed to anyone without my permission.

I understand that I may withdraw my consent and discontinue participation in this research project at any given time with no negative consequences. I have been given the right to ask questions concerning the procedure, and any questions have been answered to my satisfaction.

I understand that if I desire further information about this research I should contact Dr. Leslie D. Frazier at 305/348-2045. I have been offered a copy of this informed consent form.

I have read and understand the above: _____ _____
Participant's signature Date

Name (please print): _____

Mailing Address: _____
_____
_____

Phone Number: _____

Department of Psychology/College of Arts & Sciences
University Park, Miami, Florida 33199
(305) 348-2880/TDD, via FRS 1-800-955-8771/FAX (305) 348-3879

Appendix B

ID # _____

Demographic Information

Date: _____

1. How old are you? _____

2. Where were you born? (town, state, country) _____

3. Are you?: _____ Male _____Female

4. What is your ethnic background (check one)?
_____ African American
_____ Asian
_____ Hispanic
_____ Native American
_____ White Caucasian
_____ Other

5. What is your current marital status (check one)?
_____ Married
_____ Divorced
_____ Separated
_____ Widowed
_____ Never Married

6. How many years of school have you completed (check the highest grade completed)?
_____ Graduate/professional degree
_____ College graduate
_____ Partial college
_____ High school graduate
_____ Completed grade school

7. If you are married, how many years of school has your SPOUSE completed (check the highest grade completed)?
_____ Graduate/professional degree
_____ College graduate
_____ Partial college
_____ High school graduate
_____ Completed grade school

ID # _____

8. What is your current employment state (check one)?

_____ Retired
_____ Employed full-time
_____ Employed part-time
_____ Housewife
_____ Unemployed
_____ Volunteer

9. What is/was your current/previous occupation (be very specific)?

_____

10. If you are/were married, what is/was your SPOUSE'S current/previous occupation (be very specific)?

_____

SES _____

Appendix C

ID # _____

POSSIBLE SELVES INTERVIEW PROTOCOL

Interviewers introduce the concept of possible selves by reading the following to participants:

This part of the questionnaire addresses how you see yourself in the future. We all think of our futures to some extent. When doing so, we usually think about the kinds of experiences that are in store for us and the kinds of people we might possibly become. Sometimes we think about what we hope to become-selves we hope to become in the future, or "hoped-for possible selves." Some hoped-for possible selves seem quite likely, like becoming a homeowner. Other future selves seem quite far-fetched but still possible, for example, winning the lottery. Things we do are not possible selves but are usually part of a possible self. Please take a few minutes to think about all of your hoped-for possible selves. You may have just a few, or you may have many.

Hoped-For Possible Selves

Please take a few minutes and think about all of your HOPED-FOR POSSIBLE SELVES. You may have just a few, or you may have many. Identify as many as you can.

Then, please identify the 3 hoped-for possible selves that are currently most important to you and order them in order of importance. You will use these chosen selves to respond to a series of questions that follow.

ID # _____

HOPED-FOR POSSIBLE SELF #1
(Provide a detailed description of the self)

1. Why is this hoped-for self important to you?

2. What kinds of things have you done, or not done, recently to make this possible self happen in the future?

3. Are you experiencing any challenges or obstacles to achieving this self?

4. Now, thinking back to when you first decided that this hoped-for self was an important goal for the future. Can you identify an event, a personal realization, another person, or a particular influence that caused you to develop this possible self? (PLEASE DESCRIBE IN DETAIL):

5. To what extent does this possible self describe you now?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

6. How important is it to you to achieve this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

7. How capable do you feel of achieving this self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

8. How likely do you think it is that you WILL achieve this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

ID # _____

HOPED-FOR POSSIBLE SELF #2
(Provide a detailed description of the self)

1. Why is this hoped-for self important to you?

2. What kinds of things have you done, or not done, recently to make this possible self happen in the future?

3. Are you experiencing any challenges or obstacles to achieving this self?

4. Now, thinking back to when you first decided that this hoped-for self was an important goal for the future. Can you identify an event, a personal realization, another person, or a particular influence that caused you to develop this possible self? (PLEASE DESCRIBE IN DETAIL):

5. To what extent does this possible self describe you now?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

6. How important is it to you to achieve this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

7. How capable do you feel of achieving this self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

8. How likely do you think it is that you WILL achieve this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

ID # _____

HOPED-FOR POSSIBLE SELF #3
(Provide a detailed description of the self)

1. Why is this hoped-for self important to you?

2. What kinds of things have you done, or not done, recently to make this possible self happen in the future?

3. Are you experiencing any challenges or obstacles to achieving this self?

4. Now, thinking back to when you first decided that this hoped-for self was an important goal for the future. Can you identify an event, a personal realization, another person, or a particular influence that caused you to develop this possible self? (PLEASE DESCRIBE IN DETAIL):

5. To what extent does this possible self describe you now?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

6. How important is it to you to achieve this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

7. How capable do you feel of achieving this self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

8. How likely do you think it is that you WILL achieve this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

ID # _____

Feared Possible Selves

Please take a few minutes and think about all of your FEARED POSSIBLE SELVES. You may have just a few, or you may have many. Identify as many as you can.

Then, please identify the 3 feared possible selves that are currently most important to you and order them in order of importance. You will use these chosen selves to respond to a series of questions that follow.

ID # _____

FEARED POSSIBLE SELF #1
(Provide a detailed description of the self)

1. Why is this feared self important to you?

2. What kinds of things have you done, or not done, recently to avoid this feared self in the future?

3. Are you experiencing any challenges or obstacles to avoid this self?

4. Now, thinking back to when you first decided that this feared self was an important goal for the future. Can you identify an event, a personal realization, another person, or a particular influence that caused you to develop this possible self? (PLEASE DESCRIBE IN DETAIL):

5. To what extent does this possible self describe you now?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

6. How important is it to you to avoid this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

7. How capable do you feel of avoiding this self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

8. How likely do you think it is that you WILL avoid this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

ID # _____

FEARED POSSIBLE SELF #2
(Provide a detailed description of the self)

1. Why is this feared self important to you?

2. What kinds of things have you done, or not done, recently to avoid this feared self in the future?

3. Are you experiencing any challenges or obstacles to avoid this self?

4. Now, thinking back to when you first decided that this feared self was an important goal for the future. Can you identify an event, a personal realization, another person, or a particular influence that caused you to develop this possible self? (PLEASE DESCRIBE IN DETAIL):

5. To what extent does this possible self describe you now?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

6. How important is it to you to avoid this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

7. How capable do you feel of avoiding this self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

8. How likely do you think it is that you WILL avoid this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

ID # _____

FEARED POSSIBLE SELF #3
(Provide a detailed description of the self)

1. Why is this feared self important to you?

2. What kinds of things have you done, or not done, recently to avoid this feared self in the future?

3. Are you experiencing any challenges or obstacles to avoid this self?

4. Now, thinking back to when you first decided that this feared self was an important goal for the future. Can you identify an event, a personal realization, another person, or a particular influence that caused you to develop this possible self? (PLEASE DESCRIBE IN DETAIL):

5. To what extent does this possible self describe you now?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

6. How important is it to you to avoid this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

7. How capable do you feel of avoiding this self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

8. How likely do you think it is that you WILL avoid this possible self in the future?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

Appendix D

ID # _____

THE SOCIAL READJUSTMENT RATING SCALE

Below is a list of 43 events. Please indicate by answering yes or no if the event has taken place in your life within the last three years. If yes, please specify how long ago the event took place (in days, months, years) and if you are still dealing with any aspect of that event today.

Rank	Life Event	Yes/No	Still Actively Dealing With (days, months, years)	Duration (yes/no)
1	Death of spouse	_____	_____	_____
2	Divorce	_____	_____	_____
3	Marital separation from mate	_____	_____	_____
4	Detention in jail or other institution	_____	_____	_____
5	Death of a close family member	_____	_____	_____
6	Major personal injury or illness	_____	_____	_____
7	Marriage	_____	_____	_____
8	Being fired at work	_____	_____	_____
9	Marital reconciliation with mate	_____	_____	_____
10	Retirement from work	_____	_____	_____
11	Major change in the health or behavior of a family member	_____	_____	_____
12	Pregnancy	_____	_____	_____
13	Sexual difficulties	_____	_____	_____
14	Gaining a new family member (e.g., through birth, adoption, oldster moving in, etc.)	_____	_____	_____
15	Major business readjustment (e.g., merger, reorganization, bankruptcy, etc.)	_____	_____	_____
16	Major change in financial state (e.g., a lot worse off or a lot better off than usual)	_____	_____	_____

ID # _____

17 Death of a close friend _____ _____ _____

18 Changing to a different line of work _____ _____ _____

19 Major change in the number of arguments with spouse (e.g., either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)
_____ _____ _____

20 Taking out a mortgage or loan for a major purchase (e.g., for a home, business, etc.)
_____ _____ _____

21 Foreclosure on a mortgage or loan _____ _____ _____

22 Major change in responsibilities at work (e.g., promotion, demotion, lateral transfer)
_____ _____ _____

23 Son or daughter leaving home (e.g., attending college, marriage, etc.)
_____ _____ _____

24 Trouble with in-laws _____ _____ _____

25 Outstanding personal achievement _____ _____ _____

26 Husband or wife beginning or ceasing work outside the home
_____ _____ _____

27 Beginning or ceasing formal schooling
_____ _____ _____

28 Major change in living conditions (e.g., building a new home, remodeling, deterioration of home or neighborhood) _____ _____ _____

29 Revision of personal habits (e.g., dress, manners, associations, etc.)
_____ _____ _____

30 Trouble with the boss _____ _____ _____

31 Major change in working hours or conditions _____ _____ _____

32 Change in residence _____ _____ _____

33 Changing to a new school _____ _____ _____

34 Major change in usual type and/or amount of recreation _____ _____ _____

35 Major change in church activities (e.g., a lot more or a lot less than usual)
_____ _____ _____

36 Major change in social activities (e.g., clubs, dancing, movies, visiting, etc.)
_____ _____ _____

ID # _____

37	Taking out a mortgage or loan for a lesser purchase (e.g., for a car, television, freezer, etc.)	_____	_____	_____
38	Major change in sleeping habits (a lot more or a lot less sleep, or change in part of day when asleep)	_____	_____	_____
39	Major change in number of family get-togethers (e.g., a lot more or a lot less than usual)	_____	_____	_____
40	Major change in eating habits (a lot more or a lot less food intake, or very different meal hours or surroundings)	_____	_____	_____
41	Vacation	_____	_____	_____
42	Christmas	_____	_____	_____
43	Minor violations of the law (e.g., traffic tickets, jaywalking, disturbing the peace, etc.)	_____	_____	_____

Appendix E

ID # _____

REVISED WAYS OF COPING CHECKLIST

Thinking back to the list of life events that you may have encountered, please choose the most significant one and briefly describe it. If you did not have any events, please think about a recently stressful situation and briefly describe it.

_____

_____

With this event or situation in mind, please answer the following questions. We are interested in the degree to which you have used each of the thoughts/behaviors represented in these items in order to deal with your situation. Please answer if the thought/behavior was: never used, rarely used, sometimes used, or regularly used.

THOUGHTS/BEHAVIORS	Never used	rarely used	sometimes used	regularly used
1. Bargained or compromised to get something positive from the situation.	1	2	3	4
2. Talked to someone to find out about the situation.	1	2	3	4
3. Blamed yourself.	1	2	3	4
4. Concentrated on something good that could come out of the whole thing.	1	2	3	4
5. Criticized or lectured yourself.	1	2	3	4
6. Tried not to burn my bridges behind me, but left things open somewhat.	1	2	3	4
7. Hoped a miracle would happen.	1	2	3	4
8. Asked someone I respected for advice and followed it.	1	2	3	4
9. Kept others from knowing how bad things were.	1	2	3	4
10. Talked to someone about how I was feeling.	1	2	3	4
11. Stood my ground and fought for what I wanted.	1	2	3	4
12. Just took things one step at a time.	1	2	3	4

ID # _____

13. I knew what had to be done, so I doubled my efforts and tried harder to make things work.	1	2	3	4
14. Refused to believe that it had happened.	1	2	3	4
15. Came up with a couple of different solutions to the problem.	1	2	3	4
16. Wished I were a stronger person; more optimistic and forceful.	1	2	3	4
17. Accepted my strong feelings, but didn't let them interfere with other things too much.	1	2	3	4
18. Wished that I could change what had happened.	1	2	3	4
19. Wished that I could change the way I felt.	1	2	3	4
20. Changed something about myself so that I could deal with the situation better.	1	2	3	4
21. Daydreamed or imagined a better time or place than the one I was in.	1	2	3	4
22. Had fantasies or wished about how things might turn out.	1	2	3	4
23. Thought about fantastic or unreal things (like the perfect revenge or finding a million dollars) that made me feel better.	1	2	3	4
24. Wished that the situation would go away or somehow be finished.	1	2	3	4
25. Went on as if nothing had happened.	1	2	3	4
26. Felt bad that I couldn't avoid the problem.	1	2	3	4
27. Kept my feelings to myself.	1	2	3	4
28. Slept more than usual.	1	2	3	4
29. Got mad at the people or things that caused the problem.	1	2	3	4

ID # _____

30. Accepted sympathy and understanding from someone.	1	2	3	4
31. Tried to forget the whole thing.	1	2	3	4
32. Got professional help and did what they recommended.	1	2	3	4
33. Changed or grew as a person in a good way.	1	2	3	4
34. Made a plan of action and followed it.	1	2	3	4
35. Accepted the next best thing to what I wanted.	1	2	3	4
36. Realized you brought the problem on yourself.	1	2	3	4
37. Came out of the experience better than when I went in.	1	2	3	4
38. Talked to someone who could do something concrete about the problem.	1	2	3	4
39. Tried to make myself feel better by eating, drinking, smoking, taking medication, etc.	1	2	3	4
40. Tried not to act too hastily or follow my own hunch.	1	2	3	4
41. Changed something so things would turn out all right.	1	2	3	4
42. Avoided being with people in general.	1	2	3	4

ID # _____

In response to the following questions, please check the degree to which the statements below apply to your situation.

"In general, the stress of this event is something that":

	strongly disagree	disagree	neutral	agree	strongly agree
1. I can/could change or do something about.	1	2	3	4	5
2. I must accept or get used to/ I have accepted it or got used to it.	1	2	3	4	5
3. I need/needed to know more about before I can act.	1	2	3	4	5
4. Requires that I hold/held myself back from doing what I want to do.	1	2	3	4	5
5. I view/viewed as challenging (stimulating, intriguing, a welcome test of my abilities).	1	2	3	4	5
6. I view/viewed as threatening (potentially dangerous either physically or psychologically).	1	2	3	4	5

Appendix F

ID # _____

THE SATISFACTION WITH LIFE SCALE

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by circling the appropriate number. Please be open and honest in your responding. The 7-point scale is: 1=strongly disagree, 2=disagree, 3=slightly disagree, 4=neither agree nor disagree, 5=slightly agree, 6=agree, 7=strongly agree.

	Strongly Disagree	Slightly Disagree	Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in my life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Appendix G

ID # _____

THE GENERAL WELL-BEING SCHEDULE

This questionnaire contains questions about how you feel and how things have been going with you. For question, answer with the choice that best applies to you.

1. How have you been feeling in general during the past month?

a. In excellent spirits
b. In very good spirits
c. In good spirits mostly
d. I have been up and down in spirits a lot
e. In low spirits mostly
f. In very low spirits

2. Have you been bothered by nervousness or your "nerves" during the past month?

a. Extremely so-to the point where I could not work or take care of things
b. Very much so
c. Quite a bit
d. Some-enough to bother me
e. A little
f. Not at all

3. Have you been in firm control of your behavior, thoughts, emotions, OR feelings during the past month?

a. Yes, definitely so
b. Yes, for the most part
c. Generally so
d. Not too well
e. No, and I am somewhat disturbed
f. No, and I am very disturbed

4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile during the past month?

a. Extremely so-to the point where I could not work or take care of things
b. Very much so
c. Quite a bit
d. Some-enough to bother me
e. A little
f. Not at all

5. Have you been under or felt you were under any strain, stress, or pressure in the past month?

a. Yes-almost more than I could bear or stand
b. Yes-quite a bit of pressure
c. Yes-some, more than usual
d. Yes-some, but about usual
e. Yes-a little
f. Not at all

6. How happy, satisfied, or pleased have you been with your personal life in the past month?

a. Extremely happy-could not have been more satisfied or pleased
b. Very happy
c. Fairly happy
d. Satisfied-pleased
e. Somewhat dissatisfied
f. Very dissatisfied

ID # _____

7. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory in the past month?

a. Not at all
b. Only a little
c. Some-but not enough to be concerned or worried
d. Some and I have been a little concerned
e. Some and I am quite concerned
f. Yes, very much so and I am very concerned

8. Have you been anxious, worried, or upset in the past month?

a. Extremely so-to the point of being sick or almost sick
b. Very much so
c. Quite a bit
d. Some-enough to bother me
e. A little bit
f. Not at all

9. Have you been waking up fresh and rested in the past month?

a. Every day
b. Most every day
c. Fairly often
d. Less that half the time
e. Rarely
f. None of the time

10. Have you been bothered by any illness, bodily disorder, pains, or fears about your health during the past month?

a. All the time
b. Most of the time
c. A good bit of the time
d. Some of the time
e. A little of the time
f. None of the time

11. Has your daily life been full of things that were interesting to you during the past month?

a. All the time
b. Most of the time
c. A good bit of the time
d. Some of the time
e. A little of the time
f. None of the time

12. Have you felt down-hearted and blue during the past month?

a. All the time
b. Most of the time
c. A good bit of the time
d. Some of the time
e. A little of the time
f. None of the time

13. Have you been feeling emotionally stable and sure of yourself during the past month?

a. All the time
b. Most of the time
c. A good bit of the time
d. Some of the time
e. A little of the time
f. None of the time

ID # _____

14. Have you felt tired, worn out, used-up, or exhausted in the past month?

a. All the time
b. Most of the time
c. A good bit of the time
d. Some of the time
e. A little of the time
f. None of the time

For the four questions below, please answer on a scale from 0 to 10. Please choose a number from 0 (not concerned at all) to 10 (very concerned) to indicate how you have generally felt in the past month.

15. How concerned or worried about your health have you been during the past month?	0	1	2	3	4	5	6	7	8	9	10
16. How relaxed or tense have you been during the past month?	0	1	2	3	4	5	6	7	8	9	10
17. How much energy, pep, vitality, have you felt during the past month?	0	1	2	3	4	5	6	7	8	9	10
18. How depressed or cheerful have you been during the past month?	0	1	2	3	4	5	6	7	8	9	10

Appendix H

Possible Selves Coding Scheme

01 **Personal:** includes references to personal attributes or attitudes, ("independent," "intelligent," or "harried," "dissatisfied with my life") and to philosophical or spiritual issues.

02 **Physical:** includes references to fitness ("in good shape"), attractiveness ("thin" or "fat"), or a physical problem (e.g., "disabled").

03 **Abilities and Education:** includes references to creative or artistic expression ("to be a good artist"), to education ("to have an advanced degree," "flunking out of school"), and to general knowledge ("becoming fluent in another language," being well-read").

04 **Lifestyle:** includes geographical references ("to live on the east coast"), references to living in a nursing home, and references to quality of life ("living a simpler lifestyle," "having children more far away").

05 **Family:** includes all references to marriage or divorce, spouse, grandparenting, relating to one's own parents, and family illness. Anything family related.

06 **Relationships:** includes all references to friendship ("being a sympathetic friend," "being alone and lonely") and opposite sex relationships not clearly indicated as family.

07 **Occupation:** includes all references to jobs ("having a job I truly enjoy," "having a boring job"), careers ("to be an effective therapist"), and retirement.

08 **Material**: includes all references to financial security ("self-supporting," "poor"), and to specific possessions ("having a medium-sized, comfortable home").

09 **Success:** includes all references to achieving goals ("to finish the story of my family," "to be a failure"), and to recognition or fame ("becoming a dominant authority in my field").

10 **Social Responsibility:** includes all references to volunteer work, community involvement, and activity relating to other social issues ("a leader in eliminating the treat of nuclear war").

11 **Leisure:** includes all references to travel or vacations ("traveling with my husband as semi-retirees"), hobbies and recreational sports ("a good tennis player and runner"), and other leisure time activities (e.g., "a music appreciator").

12 **Health:** includes all references to general health ("in poor health," "long-lived"), specific diseases ("having Parkinson's disease"), substance abuse ("being an alcoholic"). Anything pertaining to illness.

13 **Independence/Dependence:** includes all references to being dependent on others for activities of daily living ("I couldn't take care of myself," "not being able to cook for myself"). A hoped-for self could include independence ("maintaining my independence"), feared selves could include not being a burden to others.

14 **Death:** includes any reference to personal death ("having a prolonged death," "having a terminal illness").

15 **Bereavement:** includes all references to death of a loved one ("losing my spouse," "widowed," "child's death").

16 **Threats:** includes all references to events which were perceived to be threatening to the individual ("being raped," "having my house broken into," being stranded on the highway with a broken down car").

17 **Caregiving:** includes explicit references to giving care or assistance to spouse (e.g., hoped-for self- "to continue caring for my wife" or feared self- "to be too sick to care for my husband"). Note that the last example makes reference to health, but is coded as caregiving because the reason she fears poor health is that she would no longer be caregiving for her husband.

18 **Cognitive:** includes all references to loss of cognitive functions or processes ("to loose my memory," "to become senile," "to loose my mind").

Appendix I

Possible Selves: Coding Balance

0 = No Balance

1 = 3 Matches Anywhere

2 = 2 Matches Anywhere

3 = 1 Match Anywhere

4 = 3 Direct Correspondence

5 = 2 Direct Correspondence

6 = 1 Direct Correspondence

Appendix J

Integration Coding Scheme

Integrated selves - any explicit references to the event identified in the SRRS, any explicit information provided about the self that indicates that it was generated from a significant life event from question 4 in the possible selves questionnaire, or any information that appears in the subsequent questions that alludes to this self being a product of a life event.

Unintegrated selves - any possible selves that do not represent any significant connection to stressful life events or experiences directly or indirectly mentioned.

Integration Levels:

1 - The code assigned to a possible self according to the Possible Selves Coding Scheme matches the code assigned to the significant event according to the Possible Selves Coding Scheme.

2 - The significant event is not explicitly referred to but related to the possible self. Codes according to the Possible Selves Coding Scheme do not need to match.

3 - The significant event is explicitly referred to in one possible self. Codes according to the Possible Selves Coding Scheme do not need to match.

4 - The significant event is explicitly referred to in more than one possible self. Codes according to the Possible Selves Coding Scheme do not need to match.

5 - The significant event is explicitly stated as being at least one possible self.

Appendix K

Secondary Coding Scheme
Source of Development/Significant Event

0 None
1 Personal Health/ health problem(s)/ aging
2 Personal trauma/injury
3 Health problems of family members/close friends
4 Death of spouse
5 Death of parent
6 Death of child
7 Death of sibling
8 Death of other family member or friend
9 Immigrating from another country
10 Relocating from another state
11 Personal happiness/self fulfillment/ natural goal
12 Unhappiness/unhappy with self
13 Personal qualities/talent/skills/flaws
14 An interest/hobby
15 Self
16 Failure
17 Religion/Faith
18 September 11th/Terrorism
19 Transition to college
20 Career path/career change/deciding career/job stress
21 Money/Financial distress
22 Retirement
23 Personal experience
24 Being introduced/exposed/influenced by others
25 Disagreement with others
26 Husband/wife/significant other
27 Romantic relationship/marriage
28 Break up of romantic relationship
29 Family tension/disagreements
30 Alone/single
31 Divorce
32 Parent's divorce
33 Positive family example/upbringing/role model
34 Negative family example/upbringing/role model
35 Being a parent/birth of child/family responsibilities
36 Untimely pregnancy/new family member
37 Child moving out of parents home
38 Disapproval of child's choices/behavior
39 Family support
40 Other

Appendix L

Time Frame for Life Event Coding Scheme

How long ago the event took place…

1 Over 10 years ago

2 5 years – 10 years ago

3 1 year – 5 years ago

4 7 months – 11 months ago

5 3 months - 6 months ago

6 Less than 3 months ago

Appendix M

FIU

Florida International University

Miami's public research university

The Influence of Coping on Identity across Adulthood

This project examines the influence of life events on one's identity.

This is an especially important issue to explore because most individual's seek personal growth and life satisfaction.

Therefore, uncovering processes that lead to optimal coping for life events may provide important information people can use to improve themselves and their quality of life.

This study involves a one hour interview that is scheduled at your convenience and location.

All information is completely CONFIDENTIAL and will help advance psychological understanding of identity in adulthood.

If you are interested in this important study, please contact:

Michelle Barreto

Psychology of Health and Aging Laboratory

305.790.8204

305.348.6637

Should you have any questions, Please feel free to contact me.