Adaptive Changes in the Self-Concept During a Life Transition

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Theories about the self-concept suggest that different aspects of the self are organized according to importance, or psychological centrality. The ways in which psychological centrality can change and how these changes are associated with psychological well-being were investigated in a sample of aging women who had experienced community relocation. The self-concept was measured before and after the move, with regard to five life domains (health, family, friends, economics, and daily activities). It was hypothesized that well-being is maximized by increasing the psychological centrality of life domains in which one is doing well and by lowering the psychological centrality of life domains in which one is doing poorly. The hypothesis, adaptive psychological centrality shifts emerged in the health and friends domains for select outcome measures. Centrality shifts with different patterns of dimensionality were observed for the other three domains and are interpreted as reflecting problem-focused coping.

Increasingly, the individual in a life transition is conceived of as a meaning-giving participant in the process of change (Alloy & Abramson, 1988; Filipp & Klausner, 1986; George, 1958; Pearlin & Schooler, 1981; Schiefele & Carver, 1985; Toops, 1994). The purpose of the present study is to investigate the process by which the self-concept adaptively shifts in response to changes in the environment. In accordance with recent research, the self is conceived of as a multifaceted construct (Greenwald & Pratkanis, 1984; Markus & Wurf, 1987; Marsh & Shavelson, 1990) that is composed of a variety of unique self-aspects. Following Rosenberg (1979), it is assumed that these self-aspects are organized in accordance with the importance, or psychological centrality, assigned to each. Historically, cross-sectional investigations of psychological centrality have used measures of importance of self-aspects combined with positive ratings (i.e., how well one perceives oneself to be doing in that domain) to predict global self-esteem (Hoelzer, 1986; Hoge & McCarthy, 1984; Marsh, 1986). The current study investigates the possibility that the importance assigned to any given self-aspect is potentially changing through time and that this flexibility can be used to maintain well-being. To maximize the focus on dynamic features of the self, the proposed process is investigated longitudinally in the context of a major life transition—community relocation.

When considering the self as an attitude object, Rosenberg (1967) remarked that "almost everyone would prefer that this attitude be a positive or favorable one" (p. 29, emphasis in original). Researchers have labeled this predisposition for a positive evaluation the self-esteem motive (e.g., Kaplan, 1982) or the self-enhancement motive (e.g., Shrauger, 1975). A variety of processes have been proposed to explain how individuals protect their self-esteem. For example, Greenland (1980) described the "totalitarian ego," which revises our memories in a positive light. The self-serving bias, or the tendency to attribute negative outcomes to luck and positive outcomes to personal qualities, is another example of a process that can protect positive self-esteem (e.g., Zuckerman, 1979).

Notes

1. Most often, the cause is not differentiated from one single background condition but, rather, from a set of conditions that constitute the normal background. Mill (1872/1975) defined this latter case as the indirect method of difference (or the joint method of difference and agreement). However, because this distinction is of little relevance here, I refer to both cases as the method of difference.

REFERENCES

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Inevitably, the self-esteem motive confronts incoming information about the self that is sometimes negative. One strategy to cope with negative information involves acknowledging a "pocket of incompetence" (Taylor & Brown, 1988). Through recognizing the kinds of situations that reveal one's faults, one can avoid such negative encounters. Another strategy is to place special importance on domains wherein one is capable, while devaluing domains wherein one is incompetent (Rosenberg, 1967). Although little empirical evidence supports the existence of the first process, a variety of researchers have presented data consistent with the second process—that individuals lower the importance of domains in which they lack skill (Campbell, 1986; Harackiewicz, Manderlink, & Sansone, 1984; Rosenberg, 1979). This lowering of domain importance suggests that the importance is, in fact, a dynamic quality that may shift in the service of the self-esteem motive.

Lowering of domain importance when a particular aspect of the self is threatened is outlined in a possible defensive maneuver in the self-evaluation model (Tesser & Campbell, 1982, 1985; Tesser, Millar, & Moore, 1988). The model postulates that the relevance, or the importance, of particular domains will influence how an individual responds to the performance of a close other in that domain. Specifically, if an individual is outperformed by a close other in an ability domain that is important to him or her self-concept, then the individual is free to "bank in the reflected glory" of the other's performance (Cialdini et al., 1976). On the other hand, if an individual is outperformed in a domain that is relevant to his or her self-concept, then the subsequent upward comparison will result in negative effect. In such a case, the model predicts that decreasing the domain's importance is one way that the individual can alleviate the negative effect. Thus, in this socially comparative model of self-evaluation, domain importance shifts to maximize positive inferences about the self.

The idea that different aspects of the self contribute to global self-esteem according to the importance placed on them was first described by James (1890/1988), who described that he was "afflicted with others who know much more about something than I have been unfortunate to wallow in the greatest ignorance of" (p. 296). Inherent in James's statement is his own multifaceted self-concept, which, in this case, is composed of a very important psychological self-aspect and a not-so-important self-aspect of Greek scholar. According to Rosenberg (1967), psychological centrality is an important consideration because it is "based on his [sic] self-assessments of qualities that counted" (p. 31, emphasis in original). Rosenberg demonstrated that the relationship between self-assessments of being "likeable" and global self-esteem was stronger for those who considered being likeable to be an important goal. The suggestion that aspects of the self contribute to self-esteem in accordance with the importance of that aspect has led to a great deal of empirical research (Gecas & Seff, 1990; Harary, 1986; Hoge & McGilly, 1984; March, 1986, 1956; Pelham & Swann, 1989).

Developmentalists have drawn connections between psychological centrality and well-being or self-worth. Songerberg and Shaffer (1990) noted that the effect of a child's transition into puberty on his or her own parent's well-being was moderated by the strength of the parent's orientation toward his or her work role identity. In a study of life transitions, Ryff and Kasser (in press) demonstrated that perceived changes in a particular life domain have a greater effect on well-being when that domain is considered central to the self-concept. In a series of studies on the formation of the self-concept, Hartner and her colleagues (Harter, 1986, 1990, 1995) demonstrated that children who discount the importance of domains of the self in which they are less competent are more likely to report high levels of self-worth.

The current study investigates the previously described adaptive self-concept processes within the longitudinal framework. In doing so, the study joins a growing literature on the dynamic qualities of the self-concept (for a review, see Markus & Wurf, 1987). The focus on the dynamics of self-concept over time is important because previous work suggests that changes in a new avenue through which adults can maintain a positive view of the self. In contrast to prior studies that have assumed that centrality ratings are static for an exceptional sample, our approach employed a longitudinal design in which assessments about self and centrality were made across multiple life domains both before and after a major life transition (community relocation). Our prior cross-sectional work had shown that self-evaluations across different life domains had differential impact on psychological well-being and depression, depending on the importance attached to different domains (Ryff & Kasser, 1992; Showers & Ryff, 1996). In this study, we were interested in how changes in self-evaluation and psychological centrality might interact to predict changes in well-being. Specifically, we asked if the self-evaluations became more negative, the impact of such change on psychological well-being could be moderated by lowering the importance of that domain to the self. Such a change would illustrate the flexibility of the self-concept in maintaining positive psychological functioning. Because we assessed multiple life domains, an issue of particular importance is whether this pattern emerges across all life domains.

METHOD

Sample

Findings are reported for a subsample from the ongoing Wisconsin Study of Community Relocation. In accordance with the tradition of the relocation of older persons, who have primarily focused on moves to institutions or on long-distance migration (e.g., Linnak & Longino, 1987; Rowland, 1977; Serow, 1987; Yeats, Biggar, & O Islam, 1990), we examined the psychological impact of community relocation—that is, noninstitutional moves within the same geographic area. Such moves are common among individuals aged 55 and older. For example, among individuals in this age group who moved within the United States in 1990, a majority (58%) moved to another housing situation within the same county in which they previously resided (Schick & Schick, 1994). In this sample, we report on a common experience among aging women, who tend to outlive their husbands. Once widowed, many choose to move to a new setting. In 1990 alone, more than 1.6 million women older than the age of 55 moved within the United States (Schick & Schick, 1994). In sum, the Relocation Project was designed to investigate the psychological consequences of an increasingly common life transition among aging women.

To be eligible for the study, women had to have met the following criteria: (a) 55 years of age or older, (b) sufficient health (physical and cognitive) to be able to participate in a 2-hour interview and complete self-administered materials, and (c) plans to move to an independent setting, but not to a private home of their own, in the following year. Potential respondents were identified through telephone work with housing facility managers, various organizations providing services to the elderly, and the media. Respondents participated in four waves (a) before relocation, (b) 1 month after the move, (c) 8 months after the move, and (d) 15 months after the move. For each assessment, respondents completed a daily diary for 2 weeks, a packet of self-administered questionnaires, and were interviewed in their homes by a trained female interviewer. Of the 591 women recruited and known to be eligible to participate in the study, 518 (88%) agreed to participate in the study.

The subsample for the current analyses consisted of 100 women who had completed the first two waves of assessment. The mean age of the respondents at the time of recruitment for the study was 71.4 years (SD = 7.8, ranging from 55 to 88). With regard to level of education, 58% of the respondents had a high school education or less, 19% had junior college or vocational training, 18% had completed some college, 12% were college graduates, and 13% had education beyond the college level. Of the participants, more than one half (56%) were widowed, 19% were divorced, 22% were married, and 4% had never married.

Measures

Self-evaluations. Our approach to the measurement of the self was guided by Rosenberg's (1979) self-concept theory, which emphasizes multiple avenues through which self-evaluation occurs. In particular, we examined self-evaluation via social comparisons and reflected appraisals. To contextualize these ideas, such questions were framed within five life domains: family, friends, economics, daily activities, and health. Within each domain, respondents were asked to rate how they compared with others (social comparisons) and how they thought others viewed them (reflected appraisals). Social comparison items measured the ways in which the women saw themselves similar to or different from their age peers. A sample item in the health domain was "In general, I see myself as healthier than most other people my age." Reflected appraisal items measured a kind of feedback the women received from others. A sample item from the daily activities domain was "People around me seem to be surprised at how full my life is." For each life domain, four items (balanced between negative and positive phrasing) were written for social comparisons and reflected appraisals. The response format consisted of a 5-point scale ranging from 1 (strongly disagree) to 6 (strongly agree), were social comparison scores were highly correlated with reflected appraisal scores within each domain (at Time 1, r ranged from .67 to .78, with an average of .70; at Time 2, r ranged from .69 to .86, with an average of .76). These scales were combined to form an eightitem social self-evaluation composite score for each domain. Assessed separately for each self-evaluation scale had internal consistency reliability scores that ranged from .83 to .91 at both Time 1 and Time 2.

Psychological centrality. Also building on Rosenberg's (1979) conceptual framework, items were generated to assess the importance of each life domain to the participant's self-concept. Four items were written for each life domain. A sample item from the daily activities domain was "My outside activities are not a central part of my life." The response format consisted of a 5-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). Empirical analyses of the health and educational centrality measures resulted in a three-item scale. The psychological centrality measures showed internal consistency reliability ranges from modest to good. For the friends, family, and daily activities domains, the reliabilities for the psychological centrality measure ranged from .78 to .83 at both Time 1 and Time 2. The reliabilities of the economics psychological centrality measure were .41
and 46 at Time 1 and Time 2, respectively. For the health domain, the reliability at Time 1 and Time 2 were .35 and .41, respectively. The lower coefficient for the latter may reflect the coverage of both health and fitness items for the health domain. We note, however, that our multiple-item approach to the measurement of the centrality construct constitutes a methodological advance over previous work, which has employed single-item indicators of the change in predicting changes (e.g., Hoelter, 1986; Hoge & McClelland, 1984; Marsh 1986, 1995).

Psychological well-being. Respondents completed a self-report inventory designed to measure six different facets of psychological well-being ( Ryff, 1989), which included autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. These dimensions were derived from the literature on life span development, mental health, and personal qualities (Ryff, 1989a). Each dimension was assessed with a 14-item scale. In previous studies, internal consistency (alpha) coefficients ranged from .86 to .85, and test-retest reliability over a 6-week period ranged from .81 to .88 (Ryff & Essex, 1995). Recent analyses with reduced measures, administered to a national probability sample, supported the hypothesized multidimensional structure of the well-being domain (Ryff & Keyes, 1995). Self-esteem and depression measures were assessed using the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1979), and the Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977).

Procedures. The data collection method consisted of self-report questionnaires that were completed as part of a larger study. The questionnaires were completed once before the move and once again within 1 to 2 months after the move.

RESULTS

The first series of analyses investigated mean-level differences in the independent and dependent variables from premove to postmove. Hierarchical regression analyses were then performed to test specific hypotheses regarding the effect of changes in self-evaluations when combined with changes in psychological centrality. Finally, an illustrative case is provided to convey the dynamic nature of the social psychological process of interest.

The independent measures in the main analyses were change patterns in social self-evaluations and psychological centrality across life domains. When social self-evaluations made after the move were compared with those made before the move, the economic domain was the only domain to show significant mean-level differences across time. In general, respondents rated the economic domain more favorably after the move (premove and postmove M’s = 28.16 and 29.92, respectively), t(99) = 5.55, p < .01. Cross-time correlations for the social self-evaluations measures were higher in the domain and ranged from .72 to .86. Premove and postmove scores for psychological centrality did not differ significantly from one another in any of the five domains (all p’s > .10). The cross-time correlations for the psychological centrality measures were significant and ranged from .50 to .77.

The absence of mean-level changes in social self-assessments and psychological centrality ratings does not necessarily imply individual stability of scores. In the daily activities domain, for example, 43% of the respondents experienced change of 4 or more points on the social self-evaluation scale (with 22% reporting an improvement and 21% reporting a decrement). Thus, although measures of central tendency convey a picture of stability, individual scores suggested considerable fluctuation.

Changes in Well-Being

The dependent measures in the main analyses were the six dimensions of psychological well-being, as well as the self-esteem and depression measures. In general, recent relocation resulted in higher levels of well-being. After the move, respondents reported higher levels of autonomy (premove and postmove M’s = 61.17 and 62.81, respectively), t(99) = 2.59, p < .01; self-acceptance (premove and postmove M’s = 61.14 and 63.13, respectively), t(99) = 2.51, p < .01; personal growth (premove and postmove M’s = 62.30 and 67.66, respectively), t(99) = 2.54, p < .05; and environmental mastery (premove and postmove M’s = 62.84 and 64.70, respectively), t(99) = 2.55, p < .05. Cross-time correlations coefficients for the psychological well-being subscales were significant and ranged from .70 to .82. Self-esteem, depression, personal relationships, and purpose in life scores did not change significantly from Time 1 to Time 2.

Regression Analysis

Hierarchical regression analyses were conducted to test the impact of changes in domain-specific self-evaluations on well-being as they interacted with changes in the psychological centrality of that domain to influence well-being. Specifically, it was hypothesized that the added variance of changes in self-evaluation changes could be mitigated by a simultaneous decreasing of domain centrality. For example, if social self-evaluations about health were more negative after the move, respondents who lowered the importance of health would report greater well-being than respondents who increased the importance of health.

Within each life domain, separate regression analyses were conducted for each of the six well-being scales, the self-esteem scale, and the depression scale. Hierarchical regression analyses were conducted to test the impact of changes in domain-specific self-evaluations as they interacted with changes in the psychological centrality of that domain to influence well-being. To control for initial level of well-being, the premove well-being scores were entered on the first step. Initial self-concept level was controlled by entering premove social self-evaluation and psychological centrality ratings for the particular domain in the second step. Time 1 to Time 2 raw change in self-concept and centrality ratings were entered simultaneously in the third step. The essential question, consistent with our focus on the dynamics of life transitions, was the extent to which changes on the self-concept variables were predictive of changes in well-being. The interaction of the two change scores entered in the final step as the key test of the hypothesis that changes in psychological centrality would have differential impact on well-being depending on the directionality of the self-evaluation changes.

Main effect analyses of the change scores revealed that the three positive, higher, and the three positive, higher levels of well-being were reported (see Table 1). Positive self-evaluation change in the daily activities domain predicted positive change in all six of the psychological well-being scales. In the health domain, positive change in self-esteem predicted positive changes in five of the six well-being scales. Positive self-evaluation changes predicted positive well-being changes in four of the six scales in the friendships domain. Changes in economic self-evaluation predicted changes in self-acceptance only. The findings for the self-esteem and depression scales mirrored the well-being findings. For all five life domains, positive self-evaluation changes predicted higher self-esteem at Time 2. Lower depression scores were associated with positive self-evaluation changes in the health, personal growth, and psychological well-being domains.

Psychological centrality changes influenced changes in well-being to a lesser degree. In the daily activities domain, as the domain became more important, respondents reported higher levels of purpose in life, self acceptance, personal growth, and self-esteem. As the health domain became more important, respondents reported higher levels of personal growth. As economies became more important, respondents reported lower levels of autonomy.

Table 1 indicates that 12 of the 40 interaction effects were significant at an alpha of .05. We chose this conventional, rather than a more stringent, significance level because of the demonstrated difficulty of obtaining interaction effects (e.g., McClelland & Judd, 1995). Briefly, interaction effects evidenced from our research data are statistically inefficient for the following reasons: Interaction terms necessarily have lower reliability than the main effect variables (the reliability of any interaction term is the product of the reliability of the main effect variables), and the variability of measures in field research is typically smaller than that obtained in the laboratory (which further limits the variability of the interaction term, thus compromising its ability to predict significant amounts of variance in the outcome measure). In sum, the statistical factors that mitigate against obtaining significant interaction effects, combined with the fact that our analyses were not exploratory but were driven by theoretical considerations, suggest that we may not be able to retain a significance level of .05 (for further discussion of the issues surrounding interaction terms, see Aiken & West, 1991; Jaccard, Turrisi, & Wan, 1990; Jaccard & Wan, 1996; McClelland & Judd, 1993).

Although significant interactions indicate that the effect of one variable differed according to the level on the other variable, further analyses are required to describe the exact nature of the relationship. To summarize the multiple interactions, post hoc analyses of the slope of the centrality change were conducted at two different levels of self-esteem. Analyzing these data considere more efficient than presenting a series of predicted value graphs. Specifically, separate regression analyses to predict changes in psychological well-being were conducted on change scores (i.e., those whose self-evaluation scores improved after the move and those whose scores declined after the move) (see Silverberg & Steinberg, 1990). By comparing the resulting slopes for the movement of scores as a function of change in centrality, the pattern of the interaction becomes evident.

We predicted that increasing domain importance in the face of positive self-evaluation changes would be associated with higher levels of well-being. Focusing on those respondents who experienced positive self-evaluation changes, a positive slope for centrality changes in psychological well-being would confirm this hypothesis. We also hypothesized that decreasing domain importance would be associated with higher levels of well-being when negative self-evaluation changes were reported. Focusing on those respondents who experienced negative self-evaluation changes, a negative slope for centrality change would confirm this hypothesis.

Within the health domain, self-evaluation and centrality changes interacted to predict change in mental health outcomes. Across the negative and positive change groups, comparison of the slope signs for centrality changes in Table 2 reveals that the hypothesized crossover interaction emerged when predicting posture in life and environmental mastery scores. That is, when negative self-evaluations were accompanied by a decrease in domain centrality, well-being was higher than when the same negative changes were accompanied by an increase in domain centrality. Conversely, when positive changes were experienced, those
### TABLE 1: Results From the Final Two Stages of the Hierarchical Regression Analyses: Effects of Social Self-Evaluation Changes (SSE A) and Psychometrically Controlled Changes (PC A) on Psychological Well-Being, Self-Esteem, and Depression (After Controlling for Time 1 SSE, Time 1 PC, and the Outcome Measure at Time 1)

<table>
<thead>
<tr>
<th>Health</th>
<th>Life Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
<tr>
<td>Positive relations</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
<tr>
<td>Personal growth</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
<tr>
<td>Depression*</td>
<td>SSE A</td>
</tr>
<tr>
<td></td>
<td>PC A</td>
</tr>
</tbody>
</table>

**NOTE:** N = 100. The percentage of variance explained by the regression model ranged from .07 to .60 for autonomy, .68 to .76 for positive relations, .52 to .70 for purpose in life, .71 to .80 for self-acceptance, .55 to .82 for personal growth, .64 to .74 for environmental mastery, .56 to .65 for self-esteem, and .77 to .94 for depression. For the Center for Epidemiological Studies Depression Scale, the sign of the coefficient was reversed so that a positive coefficient indicates lower levels of depression and a negative coefficient indicates higher levels of depression.

### TABLE 2: Post-Hoc Analyses of Interaction Effects: Regression Coefficients Assessing the Relationship Between Centrality Changes and Well-Being (Positive and Negative Self-Evaluation Subgroups)

<table>
<thead>
<tr>
<th>Life Domain</th>
<th>Dependent Variable</th>
<th>Positive Change</th>
<th>Negative Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Purpose in life</td>
<td>-.19</td>
<td>.50</td>
</tr>
<tr>
<td>Health</td>
<td>Environmental mastery</td>
<td>-.14</td>
<td>.60</td>
</tr>
<tr>
<td>Friends</td>
<td>Autonomy</td>
<td>-.03</td>
<td>.92</td>
</tr>
<tr>
<td>Family</td>
<td>Purpose in life</td>
<td>-.01</td>
<td>.97</td>
</tr>
<tr>
<td>Family</td>
<td>Self-acceptance</td>
<td>-.01</td>
<td>.67</td>
</tr>
<tr>
<td>Family</td>
<td>Positive relations</td>
<td>-.01</td>
<td>.97</td>
</tr>
<tr>
<td>Family</td>
<td>Self-esteem</td>
<td>-.01</td>
<td>.97</td>
</tr>
<tr>
<td>Economics</td>
<td>Self-esteem</td>
<td>-.01</td>
<td>.97</td>
</tr>
<tr>
<td>Daily activities</td>
<td>Purpose in life</td>
<td>-.05</td>
<td>.97</td>
</tr>
<tr>
<td>Daily activities</td>
<td>Self-acceptance</td>
<td>-.05</td>
<td>.97</td>
</tr>
<tr>
<td>Daily activities</td>
<td>Environmental mastery</td>
<td>-.05</td>
<td>.97</td>
</tr>
</tbody>
</table>
| NOTE: CES-D = Center for Epidemiological Studies Depression Scale. Respondents whose self-evaluation scores were (for the same at Time 1 and Time 2 were excluded from these analyses (between 7 and 16 per domain). For the CES-D Scale, the sign of the coefficient was reversed so that a positive coefficient indicates lower levels of depression and a negative coefficient indicates higher levels of depression.

An illustrative example

One 74-year-old respondent experienced negative changes in her health self-evaluations as she went through the community relocation transition. At Time 1, she rated her health as 80 out of a possible range of 0 to 100. By Time 2, her health had declined to 40 on the scale. At the same time, her health ratings declined, she reported that the health domain had become more important to her self-concept. The latter change was greater than one standard deviation above the mean change score on the importance of health. The negative effects of such a pattern of changes, as was demonstrated in the first series of regression analyses, were especially apparent in this respondent’s profile of well-being scores, all of which declined from Time 1 to Time 2. On the Self-Acceptance, Autonomy, and Positive Relations With Others Scales, her decline was larger than one standard deviation away from the mean change score. In addition to the effects on psychological well-being, she reported lower self-esteem and higher levels of depression at Time 2. Although her declining health self-evaluations certainly contributed to her declining well-being measures, the regression analyses suggest that this particular combination of increasing self-evaluations and increasing centrality was especially detrimental to her well-being.

**DISCUSSION**

Longitudinal analysis of life transitions provides unique opportunities to examine the dynamic nature of the self-concept. A central question of this study was whether life transitions prompt changes in psychological centrality that are protective or harmful to one’s well-being. The interaction is evident in that the magnitude of the slopes for both positive and negative change groups are positive. Thus, these outcome measures, regardless of the direction of self-evaluation change, increases in centrality were associated with higher levels of well-being. The interaction is evident in that the magnitude of the slopes for the positive and negative change groups differs from each other. When negative self-evaluation changes were experienced, increasing domain importance had a more positive effect than when positive self-evaluation changes were experienced. For the remaining outcome measures—environmental mastery and depression—the influence of centrality changes depended on whether positive or negative self-evaluation changes were experienced. When negative self-evaluation changes were experienced, increasing domain importance was associated with higher levels of well-being. When positive self-evaluation changes were experienced, increasing centrality had no effect (environmental mastery) or was associated with higher levels of depression.
being: We explored these issues by following older women through the experience of community relocation. Of interest was whether women who saw themselves doing less well in particular life domains after the move could reduce the negative consequences of such perceptions by attaching less importance to those life domains. The key hypothesis of this study was supported in select life domains. That is, in the realms of health and friends, the reductions in self-evaluation and centrality changes were obtained for three different outcome measures. Specifically, negative self-evaluation changes that were accompanied by lowered ratings of domain importance predicted higher levels of perceived well-being in environmental mastery, and autonomy. Thus, among women who felt that their health and friendships compared less favorably with others around them after the move (and perceived that their significant others were aware of these changes), those who lowered the importance of these life domains felt better about multiple aspects of their well-being than those who increased the importance of the domain.

In the remaining three life domains, changes in psychological centrality operated differently. In general, when self-evaluations of the daily activities, family, and economic status decreased after the move, increasing domain importance was associated with greater well-being. These unexpected findings challenge the proposed process changes in psychological centrality were believed to provide a positive self-image. The implication is that shifts in psychological centrality may serve the self-esteem motive in diverse and more complex pathways than originally conceived.

The literature on coping processes, particularly distinctions between "emotion-focused" and "problem-focused" coping (Folkman & Lazarus, 1980; Pearlin & Schooler, 1978) and other orientations that were contrary to predictions. Emotion-focused coping is accomplished through cognitive acts that reframes the distressing situation to control the emotional response. Such cognitive coping may include intellectualized detachment, denial, or reinterpretation of the past (Lazarus & DeLongis, 1983). Alternatively, problem-focused coping involves "changing the troubled person-environment relationship (Folkman & Lazarus, 1980, p. 290). The distinction between these two forms of coping has been demonstrated in multiple samples including students (Mechanic & Prochaska, 1993) and older adults (Folkman & Lazarus, 1980, and older populations (Kahana, Kahana, & Young, 1987). Furthermore, researchers have demonstrated that such coping strategies vary by life domains (Folkman, 1980; Heidrich & Kyff, 1992; Pearlin & Schoeler, 1978).

In the present study, centrality changes in the health and friends domains appeared consistent with a cognitive coping model. That is, when negative changes were experienced in these domains, rating the domain as less important was associated with greater well-being. Thus, by diminishing the salience of the domain, the impact of perceiving negative changes after the move was minimized. This can be contrasted to the static nature of both problem-focused and emotion-focused coping. When positive changes were experienced, however, centrality shifts appeared to serve the self-esteem motive. Instead, the nonparallel changes in centrality in self-evaluation by greater importance to the domain.

In all remaining life domains, the pattern of centrality changes appeared to reflect problem-focused coping. That is, negative self-evaluation changes after the move in the realms of family, economics, and daily activities were associated with greater well-being when accompanied by increases in domain importance. This increase in psychological centrality could reflect a calling of attention to the domain and, hence, could signal the onset of problem-focused coping. If so, increasing psychological centrality may be the first step in becoming a "psychological activist" in the face of life challenges (Thoits, 1994). As opposed to centrality shifts acting as a call to action, the importance of a domain during which experiencing positive self-evaluation may indicate a lessening of attention or need to "fix" the realm. Economics, for example, was the only domain to show significant improvements from the pre-to-postmove transition. By moving to a living situation in which the rent was lower, respondents may have relieved stresses associated with monthly budgeting. With such worries addressed, energy and attention could be diverted to other domains. Hence, a lowering of domain importance in the face of positive self-assessment changes could have contributed to better well-being. Within the daily activities domain, however, main effects of centrality changes suggested that increasing the centrality of daily activities was beneficial to well-being, regardless of self-evaluation changes in this realm. It is possible that respondents viewed relocation as a unique opportunity to become more involved in various activities. Thus, increases in domain centrality may have reflected an increase of energy toward self-actualization. In addition to self-directed activities following their move to a new environment. Consistent with the problem-focused explanation, increasing domain importance had a more positive effect on well-being when negative self-evaluation changes in daily activities were reported; the importance shift thus signaled a proactive response of attending to a problem that needed to be fixed.

These interpretations are, of course, provisional and require additional data to be tested. They are also limited by the lack of replicative evidence and the need for better measures of certain constructs (e.g., health centrality). In addition, the self-assessment measures, such as emotional responses to the move, should be investigated (e.g., Smidler, Easoe, & Kyff, 1996). Nonetheless, the framework points to a possible model of self-concept change during a life transition that combines elements of both problem-focused and emotion-focused coping.

Implicit in our interpretation of the data is the assumption that changes in self-evaluations lead to changes in psychological centrality. With only two waves of data, however, the implied causal direction cannot be elegantly tested. Time-ordered data that extend beyond the first postmove assessment is needed to document that the self-evaluation changes, in fact, set in motion psychological centrality changes. Alternatively, or concomitantly, our discussion of increased psychological centrality as a marker of problem-focused coping suggests that centrality changes can lead to more positive self-evaluations as proactive coping begins to take effect. The hypothesized impetus for the centrality change in this instance is a negative self-evaluation change, which serves as a warning signal, setting problem-focused coping into motion. Thus, centrality and self-evaluation changes may exert reciprocal influences on each other as the individual perceives negative change about the self, which, in turn, leads to centrality shifts to fix the problem areas, which, in turn, leads to perceived positive change. Because the Relocation Project involves three waves of postmove data collection, it will be possible to test such complex directional influences.

In the current study, the self-concept and psychological well-being were both considered to be multidimensional constructs. By focusing on the multiple role of the self-concept through questions that range from social and family relationships, to how one spends one's leisure time, to how one manages one's finances, to how one perceives one's health. The six psychological well-being scales capture the diversity of well-being as it is conceived of in diverse theoretical literatures. The richness of this multidimensional approach is illustrated by the fact that self-concept changes interacted in predicting positive relations with others, an interpersonal aspect of well-being, only when changes in the self-concept changed in a direction of change. An interactive finding, main effects analyses reveal that as the daily activities domain became more important, respondents reported greater self-esteem, personal growth, self-acceptance, and purpose in life. In contrast, as the eco- nomic domain became more important, respondents reported less autonomy. This mapping of life changes onto particular aspects of well-being demonstrates that it is possible when both the self and well-being are conceived of as multidimensional constructs. All aspects of well-being are not influenced by particular life domain evaluations, and all life domains do not have consequences for particular dimensions of well-being.

In sum, the present study brought the concept of psychological centrality to life. Instead of conceptualizing centrality as a static feature of the self-concept, it was construed as a dynamic aspect of the self that shifts in response to changes experienced during a life transition. The findings underscore the complexity and vitality of the self as individuals negotiate life changes.

NOTES

1. Three respondents were missing data on the depression scale and were excluded from analyses using these measures.

2. Age of respondent, time spent in her previous home, time between the move and the Time 1 interview, and time between the move and the Time 2 interview were investigated as potential covariates. Because these four variables proved to be unrelated to any of the measures, they were deleted from further analysis.

3. To minimize multicollinearity, the change scores were centered prior to the analysis (Alken & West, 1991).

4. The analyses conducted for Table 2 are for descriptive purposes. The level of significance for each interaction was determined using the full model; the results of which are presented in Table 3. By limiting the respondents into positive and negative change groups, variability on the self-evaluation change score was truncated. This necessary result in an underestimation of the slope for the psychological centrality change.

REFERENCES


