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Original article

Validation of the Self-Discrepancies Scale (S-DS). A tool to investigate the self in clinical and research settings

Validation du questionnaire d'écart des sois : un outil pour explorer le soi en recherche et en clinique

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ABSTRACT

Introduction. – Self-discrepancies (the distances between the perceived self and the ideal or the socially prescribed selves) are a hallmark in psychological distress. However, a clinical tool evaluating these discrepancies is lacking.

Objective. – To investigate the validity, the psychometric characteristics and the clinical relevance of the Self-Discrepancy Scale, an instrument designed to assess with multiple indices discrepancies between mental representations of the self: the actual self, on the one hand and ideal or socially-prescribed selves, on the other hand.

Method. – The Self-Discrepancy Scale has been administered to a large community sample, together with measures of depression, anxiety, self-esteem, and self-efficacy. It was also proposed to an additional clinical sample composed of clients with a diagnosis of mood or anxiety disorders seeking psychotherapeutic help.

Results. – A factor analysis evidenced three underlying dimensions to self-discrepancies: the size of the discrepancies, the resulting distress and the presence to unwanted traits. Test-retest consistency is in the acceptable range. Different profiles of self-discrepancies distinguished clinical groups suffering from different disorders.

Conclusions. – The data suggest that the Self-Discrepancy Scale is a valid measure of self-discrepancies and a valuable predictor of emotional vulnerability, especially with regards to abstract global judgments of discrepancies and of discrepancy induced distress. It is concluded that the Self-Discrepancy Scale offers a valuable help in clinical settings.

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R É S U M É

Introduction. – Les écarts des sois (les distances entre le soi perçu et les sois idéal ou socialement prescrit) sont très souvent présents dans les situations de détresse psychologique. Cependant, on manque d'un outil clinique évaluant ces écarts.

Objectif. – Explorer la validité, les caractéristiques psychométriques et la pertinence clinique de l'Échelle d'Écart des Sois, un instrument conçu pour évaluer avec des indices multiples les écarts entre les représentations mentales du soi : le soi actuel, d'une part, et les sois idéal et socialement prescrit, d'autre part.

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Méthode. – L'Échelle d'Écarts des Sois a été administrée à un large échantillon tout-venant, en même temps que des mesures de dépression, d'anxiété, d'estime de soi et d'efficacité personnelle. Il a aussi été proposé à un échantillon clinique de patients répondant à un diagnostic de trouble de l'humeur ou d'anxiété.

Résultats. – Une analyse factorielle a mis en évidence trois dimensions sous-tendant les écarts des sois : l'amplitude des écarts, la détresse qu'ils induisent et la présence de traits non désirés. La stabilité test-retest est acceptable. Différents profils des écarts des sois distinguent des groupes cliniques présentant des diagnostics différents.

Conclusions. – L'Échelle d'Écarts des Soi semble être une mesure valide des écarts des sois et un prédicteur de la vulnérabilité émotionnelle, spécialement en ce qui concerne les jugements globaux et abstrait des écarts et de la détresse qu'ils induisent. L'Échelle d'Écarts des Sois constitue une aide précieuse en contexte clinique.

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Many people seeking psychotherapy complain of not being the person they would like to be, or of having the feeling that they disappoint significant others. Rogers (1951, 1959) has pointed to the discrepancy between real and ideal selves as a source of emotional distress. The notion of self-discrepancy has been further theorized by Higgins (1987), who distinguished between two types of discrepancies. He proposed that the discrepancy between the perceived actual self (who people believe they are) and the socially prescribed or "ought" self (who people believe others would want them to be) is uniquely related to anxiety, while the discrepancy between the actual self and the ideal self (who people ideally would want to be) is uniquely related to depression. Despite these clinical roots and implications, the construct of self-discrepancy is rarely used in clinical psychology and psychotherapy, while it has been very successful in social and personality psychology research (for a review, see Hardin & Lakin, 2009).

The lack of interest for self-discrepancy in clinical settings might stem from uncertainty on how to best evaluate it. Indeed, several measures of self-discrepancies have been proposed, but all have been criticized and no consensus has emerged around a standard and practical measure. Higgins has proposed an idiographic method, the Selves Questionnaire, to measure self-discrepancies (Higgins, Klein, & Strauman, 1985). It requires participants to generate lists of up to 10 attributes each for their actual, ideal, and socially prescribed selves, from their own standpoint and from the standpoint of a significant other, hence generating six self-descriptions. Discrepancies are evaluated by comparing the attributes listed for pairs of self-representations (actual-ideal; actual-socially prescribed, from both standpoints) and computing the difference between the number of matches (same or synonymous words listed in each self-representation) and mismatches (opposite words listed in each self-representation). This questionnaire has been criticized for being long and tedious (e.g. Tangney, Niedenthal, Covert, & Barlow, 1998), as it requires participants to generate six lists of 10 characteristics, hence a total of 60 traits. Also, the scoring of the questionnaire is long and subject to interpretation, as it requires the coders to identify possible synonyms and antonyms in the lists generated by the participants. Furthermore, Boldero and Francis (2000) noted that the questionnaire underestimates self-discrepancies: Across four studies using the Selves Questionnaire, they observed that only between 4.3 and 26% of their participants actually obtained scores indicating the presence of self-discrepancies. All these characteristics make the Selves Questionnaire impractical in clinical settings.

In order to address some of these shortcomings, other measures of self-discrepancy have been proposed. For instance, Watson (2004, <http://www.wm.edu/research/watson>) developed three instruments that assess discrepancies between the actual self and the ideal or socially prescribed selves. In two of these instruments, the idiographic "Self-Concept Questionnaire–Personal Constructs"

and the nonidiographic "Self-Concept Questionnaire–Conventional Constructs", participants are requested to describe their actual, ideal and socially prescribed selves on either bipolar scales (first instrument) or unipolar scales (second instrument) anchored with traits related to the self. In the last instrument, which is content-free and abstract, participants indicate in general to which extent their actual self and their ideal self are alike, and the extent to which their actual self and their socially prescribed self are alike, by selecting a pair of intersecting squares or circles that pictorially represents degrees of similarity. In a series of comparison studies, Watson, Bryant and Thrash (2010) observed good psychometric validity for the first two measures, but weaker validity for the abstract instrument, especially with regards to indices related to the socially prescribed self. Convergence with other measures was particularly strong for the first, idiographic questionnaire. The authors have consequently advised researchers to rely on the idiographic measures of self-discrepancies in clinical and personality research.

Another attempt to overcome the limits of Higgins's Self-discrepancy questionnaire has been formulated by Hardin and Lakin (2009): the Integrated Self-Discrepancy Index (ISDI). The ISDI assesses ideal and socially prescribed self-discrepancies from the participants' own standpoint and from the standpoint participants attribute to a significant other. It comprises two components. In the idiographic component, participants are requested to list up to five characteristics that best describe each of the four target selves (ideal and socially prescribed selves, from either their own standpoint or the standpoint of a significant other). After generating traits for each self, in the nomothetic component, participants are shown a list of 100 traits from which they can choose to complete (if fewer than five attributes were listed) or modify their lists. Finally, participants have to rate each trait on a 5-point scale, indicating the extent to which each of the traits listed actually describes their ideal or socially prescribed self. Self-discrepancy scores are the average of the ratings of the five attributes generated for each of the self-states. Hardin and Lakin reported two studies conducted on undergraduate samples showing good convergent validity of the ISDI. In addition, they observed that socially prescribed self-discrepancies were more specifically related to agitation but not to dejection (after partialling out other self-discrepancies), whereas ideal self-discrepancies were uniquely related to dejection but not to agitation (also after partialling out other self-discrepancies).

Given the qualities reported by Hardin and Lakin (2009), the ISDI seems very promising: it captures participants' idiographic self-discrepancies, it is accessible to a diverse sample of participants (as it does not require an extended vocabulary about personality traits) and it can be objectively scored. Yet, it leaves unanswered at least two questions. First, it is unclear how the averaged discrepancy scores, stemming from the individual trait ratings, relate to

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