



Understanding the relationship between actual:ideal discrepancies and depressive symptoms: A developmental examination

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ABSTRACT

Self-discrepancy theory (SDT) is one framework for understanding how goal failure is associated with depressive symptoms. The present studies sought to examine the variance in depressive symptoms explained by actual:ideal discrepancies, beyond what is accounted for by actual-self ratings. Additionally, gender and grade were examined as potential moderators in the relationship. In Study 1 ($N = 228$), discrepancies accounted for additional variance in the level of depressive symptoms beyond what was explained by actual-self ratings in a college sample. In Study 2 ($N = 192$), while similar global patterns were found, gender and grade differences emerged. For boys, the relationship between actual:ideal discrepancies and depressive symptoms was due to actual-self ratings. For girls, a developmental pattern suggested that actual:ideal discrepancies become more important to the prediction of depressive symptoms among older girls. Implications for the emergence of the discrepancy–depression association are discussed.

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As most adult mental health problems and psychiatric disorders begin in childhood and adolescence (Kessler, Chiu, Demler, & Walters, 2005), it is important for researchers to study the emergence of psychopathology from a developmental psychopathology perspective. Beginning in early adolescence, the prevalence of depression increases (Zahn-Waxler, Shirtcliff, & Marceau, 2008), and by middle adolescence, rates of subclinical and clinical depression are similar to adults (Flemming & Offer, 1990). Among adolescents, the lifetime prevalence rate of major depressive disorder is approximately 15% (Kessler & Walters, 1998). There are also gender differences in the development of depressive symptoms. Although boys and girls have similar levels of depression during childhood (Zahn-Waxler et al., 2008), rates of depression in boys begin to be surpassed by rates of depression in girls with the onset of adolescence, with rates in girls two to three times higher than in boys (Nolen-Hoeksema & Girgus, 1994; Zahn-Waxler, Crick, Shirtcliff, & Woods, 2006). This study examines how one theory, self-discrepancy theory (SDT; Higgins, 1987), may help explain the development of depressive symptoms and the age and gender differences that emerge in adolescence.

Self-discrepancy theory

SDT represents a prominent framework for understanding how discrepancies between individuals' goals and self-perceptions induce different types of negative affect. Within SDT, the actual-self reflects individuals' self-perceptions,

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and both the ideal- and ought-self reflect individuals' self-guides, or the goals they have for themselves. In other words, the actual-self represents how positively (or negatively) individuals perceive themselves to actually be. The ideal-self guide encompasses the hopes, wishes, and desires that individuals have, and the ought-self guide encompasses the perceived duties and obligations individuals have (Higgins, 1989). The distance between the actual-self and ideal-self (i.e., actual:ideal discrepancy), is believed to represent the absence of positive outcomes or the nonattainment of hopes and desires (Higgins, 1987, 1989). When individuals perceive themselves as failing to achieve their desired goals, the discrepancies are hypothesized to produce dejection-related emotions, such as depression. In comparison, discrepancies between the actual-self and ought-self are believed to represent the presence of negative outcomes or anticipated punishment (Higgins, 1987, 1989). Large discrepancies are hypothesized to produce agitated-related emotions, such as fear or anxiety.

While there are inconsistent, conflicting findings as to whether the affect-specific predictions set forth by SDT hold true (i.e., unique relationships between actual:ideal discrepancies and depressive symptoms, and actual:ought discrepancies and anxiety, respectively; e.g., Ozgul, Heubeck, Ward, & Wilkinson, 2003; Phillips & Silvia, 2010; Tangney, Niedenthal, Covert, & Barlow, 1998), one of the more robust findings related to SDT is the association between actual:ideal discrepancies and depressive symptoms. Both correlational studies and experimental studies have supported SDT's hypothesized link between actual:ideal discrepancies and dysphoric affect (Higgins, Klein, & Strauman, 1985; Strauman & Higgins, 1987, 1988), and Higgins (1987, 1989) demonstrated that actual:ideal discrepancies are uniquely associated with dejected-related problems, above and beyond the influence of agitated-related emotions. This relationship has also been studied and supported in clinical samples (Fairbrother & Moretti, 1998; Jones, Papadakis, Hogan, & Strauman, 2009; Scott & O'Hara, 1993; Strauman, 1989, 1992). Actual:ideal self-discrepancies have been found to be vulnerability markers that predict future clinical depression (Strauman, 1992; Strauman & Higgins, 1988). Additionally, these discrepancies have been shown to decrease following treatment for depression (Strauman et al., 2001). Thus, given the particularly robust association between actual:ideal discrepancies and depressive symptoms, this study focuses on the actual:ideal discrepancies and their link to dejection-related emotions, specifically, depressive symptoms.

The most frequently employed method for measuring self-discrepancy is the Selves Questionnaire (Higgins et al., 1985), which instructs individuals to provide a list of adjectives that describe themselves as they are, as they ideally want to be, or as they think they ought to be. The discrepancy score is calculated using a computerized thesaurus and is based on the number of synonymous matches, synonymous mismatches, and antonymous mismatches that the participant lists for the two selves being compared (e.g., actual-self and ideal-self, or actual-self and ought-self). However, any attributes that are listed for the actual-self, with no synonymous or antonymous counterpart listed for their ideal- or ought-selves, are excluded from further calculation. This is problematic as researchers would be ignoring information important to the individual (Hardin & Lakin, 2009). Additionally, the Selves Questionnaire has been criticized as being too difficult for both participants and researchers alike (Tangney et al., 1998). For the participant, making different lists of attributes for the various domains of the self may put a strain on their vocabulary. For the researchers, determining the number of synonymous matches, synonymous mismatches, and antonymous mismatches between lists is highly subjective and complicated to score. Moreover, some researchers have questioned the utility of measuring discrepancies, suggesting that perhaps the variance in self-discrepancy scores primarily reflects how positive, or negative, people perceive themselves to actually be (Hoge & McCarthy, 1983). The traditional Selves Questionnaire does not assess actual-self ratings (which can be used as a proxy for how positive individuals perceive themselves to actually be), and thus, limits the utility of the measure for addressing Hoge and McCarthy's (1983) argument. While the Selves Questionnaire is the most frequently employed measure of self-discrepancies, various modifications of the measure which address the aforementioned limitations have been used by others (e.g., Carver, Lawrence, & Scheier, 1999; Hardin & Lakin, 2009; Shah, Higgins, & Friedman, 1998).

In order to test whether actual:ideal discrepancies contribute to negative emotions beyond what can be accounted for by actual-self positivity, Moretti and Higgins (1990) examined the associations between actual:ideal discrepancies and self-esteem, controlling for actual-self ratings. They found that discrepancies do contribute to the prediction of self-esteem above and beyond that of actual-self ratings. In a later study, Moretti and Wiebe (1999) examined gender differences in the contribution of overall level of self-discrepancies (i.e., actual:ideal, actual:ought, various standpoints) to internalizing symptoms in older adolescents (grades 9–12), after controlling for actual-self positivity, and found a marginally significant gender by discrepancy interaction. Findings suggested that for girls, self-discrepancies were a significant predictor of internalizing problems; for boys, however, only actual-self positivity (i.e., how positive individuals perceive themselves to be) was a significant predictor. Collectively, these findings provide evidence that it is not only actual-self positivity that is associated with emotional outcomes, but also how much those perceptions differ from individuals' goals or standards (Moretti & Higgins, 1990; Moretti & Wiebe, 1999). While the association between an aggregate of self-discrepancies and internalizing symptoms, after controlling for actual-self positivity, was examined in the aforementioned studies, it is important to examine the unique contribution of actual:ideal discrepancies to depressive symptoms, specifically. Although Moretti and Wiebe (1999) found evidence of gender differences in the high school students, other developmental factors (e.g., cognitive development) were not examined. Additional developmental factors may be particularly important to consider, as one possible explanation for the observed gender differences in the strength of the goal systems may be related to gender differences in cognitive development.

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