

# Relational Self-Regulation: Gender Differences in Risk for Dysphoria

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## Abstract

This study examined gender differences in the level and psychological significance of discrepancy with own ideal standards versus ideal standards held by parents and close others. Women showed higher levels of discrepancy with their own ideal standards than with the inferred ideal standards of parents and close others, suggesting that women may seek congruency with others' hopes and wishes at the price of failing to attain their own aspirations. Men showed equal levels of discrepancy with their own and significant-other ideal standards. Discrepancy with own ideal standards was associated with increased dysphoria in *both* men and women, but discrepancy with others' ideal standards was associated with significantly elevated levels of dysphoria *only* in women. Beliefs that failing to meet others' standards would result in abandonment and rejection (self-other contingency beliefs) contributed independently from discrepancy in predicting dysphoria. These findings suggest that the tendency to modulate affect, self-esteem and behaviour from a relational perspective (relational self-regulation) may increase risk for psychological distress. Women may be more likely to adopt this regulatory style as a function of their socialization experiences.

## Article

The role of the self in depression and dysphoria has been the topic of numerous investigations. Generally these studies have adopted a social-cognitive perspective in seeking to understand the particular qualities of self-representation that contribute to feelings of depression. Early theories focussed on the role of negative content in the self-schema as a correlate to depression (for a review see Segal, 1988) and as a factor that enhanced the processing of negative self-relevant information (e.g., Moretti et al., 1996; Segal & Gemar, 1995; Segal & Swallow, 1994). Other models concentrated on the structural relationships within the self-system, demonstrating, for example, the unique role of actual-self:ideal-self discrepancies as a correlate and vulnerability factor in depression (Higgins, 1987; Higgins, Klein, & Strauman, 1985; Strauman, 1989, 1992; Strauman & Higgins, 1987, 1988).

Only recently, however, has the role of the self in women's depression become a focus of attention. Theoretical models and research stemming from work at the Stone Center (Gordan, Kaplan, Miller, Stiver, & Surrey, 1991) have approached the issue of women's depression from a relational model of self-development. This approach argues that women construct their identities within a relational context that emphasizes

"connectedness" rather than "distinctiveness" between self and other. As a consequence of their orientation toward "relatedness," women may tailor themselves to the perceived expectations of significant others (Jack, 1991). When women experience loss within interpersonal relationships, depression may ensue because this entails a fundamental loss of self.

The notion that women's identity, behaviour and psychological well-being is influenced by their relational context is consistent with a broad range of research examining gender differences. Based on a recent review of the literature on gender differences in cognition, motivation, emotion, and social behaviour, Cross and Madson (1997) proposed that women in North America are socialized to construct and maintain an "interdependent" self-system. In contrast, males are socialized to develop and maintain an "independent" self-system. Others have argued that the gender differences summarized by Cross and Madson (1997) are a reflection of differences in how men and women maintain connectedness, with men seeking connection to the broader social context and women seeking connection in intimate relationships (Baumeister & Sommer, 1997). Alternatively, it has been suggested that lower social status and power may motivate women to be sensitive to the perspectives that others hold, particularly others who exert control and power (Martin & Ruble, 1997).

Despite these somewhat different interpretations of the motivational factors that underlie gender differences in the importance of a relational context, all of these perspectives share the view that women's self-worth and behaviour are highly influenced by their close relationships with others. The tendency of women to regulate in terms of their relational context may be associated with risk for depression and dysphoria. Although a relational theory of women's depression is intuitively appealing, there has been relatively little direct research to support this view (Carr & Gilroy, 1996; Gratch & Bassett, 1995; Jack & Dill, 1992; Page & Stevens, 1996; Thompson, 1995). In the current research we specifically explore the role of relational self-regulation in women's dysphoria. We have chosen the term relational self-regulation to refer to the tendency to regulate a broad range of processes, including modulation of self-esteem, affect and behaviour, from a relational perspective.

#### *Self-Regulation and Emotional Distress*

Self-discrepancy theory (Higgins, 1987, 1989) provides a comprehensive model of self-regulation. The basic premise of the theory is that self-regulation can be conceptualized as a function of dynamic relationships between various self-state representations. The model identifies three domains of self-representations: the *actual-self*, the *ideal-self* (i.e., hopes and wishes for the self),

and the *ought-self* (i.e., duties and obligations for the self). Each of these self-domains can be considered from two perspectives or standpoints. First, one's *own perspective* includes those attributes one believes one possesses (own actual-self perspective), and those attributes one ideally wishes to possess or feels one ought to possess (own ideal-self perspective and own ought-self perspective, respectively). Second, self-domains can be considered from the *inferred perspectives of others* on the self. This standpoint on the self includes those attributes that one's parents (or close others) believe one possesses, wishes one possessed or feels one ought to possess (parent actual-self perspective, parent ideal-self perspective, and parent ought-self perspective, respectively).

The ideal- and ought-self, from one's own perspective or the inferred perspectives of others, offer important standards or *self-guides* for regulation of the actual-self. When the actual-self is experienced as discrepant from these self-guides, individuals are likely to suffer from emotional distress and to be motivated to reduce discrepancy. Self-discrepancy theory predicts that actual-self:ideal guide discrepancy represents the loss of positive outcomes and is specifically related to dejection-related emotions, including depression and low self-esteem. Past research focussing on the role of actual-self:ideal-guide discrepancy has provided ample support for this hypothesis (Higgins, 1987, 1989, 1996; Higgins, Klein, & Strauman, 1985; Moretti & Higgins, 1990a; Strauman, 1989, 1992; Strauman & Higgins, 1987, 1988).

Although self-discrepancy theory conceptualizes domain and standpoint as two equally important orthogonal dimensions underlying self-representation, little attention has been directed toward understanding the importance of different standpoints on the self (i.e., own standpoint versus inferred standpoint of others on the self). This aspect of self-discrepancy theory may be particularly relevant to understanding dysphoria. To the extent that individuals engage in relational self-regulation, the perceived views of others on the self will be an important determinant of their self-worth.

As previously noted, research suggests that women are socialized to regulate in terms of others' standards and perspectives to a greater degree than are men. Thus, it is likely that women will be motivated to meet the standards that others hold for them, and consequently they are likely to attempt to ensure that they are not discrepant from others' standards. Indeed, women may seek congruency with others' standards at the price of discrepancy from their own standards for themselves. Because of the regulatory significance of others' standards for women, they may experience a keen sense of loss and associated feelings of dysphoria if they perceive their actual-self as discrepant from the hopes and wishes that others hold for them (i.e., other-ideal standards). In

TABLE 1  
Mean Discrepancy, Contingency and BDI Scores for Females, Males and All Participants

Variable	Females		Males		All Participants	
	M	SD	M	SD	M	SD
Discrepancy						
Own-Ideal Discrepancy	0.05	3.24	-0.74	3.19	-0.14	3.23
Parental-Ideal Discrepancy	-0.86	2.08	-0.51	2.02	-0.77	2.06
Close Other-Ideal Discrepancy	-1.07	2.52	-0.60	2.52	-0.96	2.52
Interpersonal Contingency Beliefs						
Parental Contingency	14.47a	8.66	17.53b	10.74	15.23	9.29
Close Other Contingency	11.21a	7.03	14.13b	7.85	11.92	7.33
Beck Depression Inventory	8.71	6.40	7.17	5.67	8.33	6.25

*Note.* Higher negative scores indicate lower levels of discrepancy (as discrepancy scores approach or exceed zero, discrepancy increases). Means in the same row that do not share the same subscripts differ at  $p < .05$ .

contrast, men may not be strongly motivated to meet the standards of others, particularly intimate others (Baumeister & Sommer, 1997). Thus men may be less likely to tailor themselves to achieve congruency with others' standards for the self, especially at the cost of discrepancy from their own standards for themselves. In addition, men may not become distressed when they fail to meet the standards that others hold for them.

Although women may be more motivated than men to meet the standards that others hold for them, this does not necessarily imply that they will be any less distressed than men when they fail to attain their own hopes and wishes for the self (i.e., own-ideal standards). Discrepancy between the actual-self and one's own hopes and wishes for the self is likely to be associated with a sense of loss and dysphoria for both men and women.

In summary, we predicted gender differences in both the level and psychological consequences of ideal discrepancy. Women were hypothesized to show lower levels of discrepancy between the actual-self and others' hopes and wishes for them than their own hopes and wishes for themselves (i.e., lower parental-ideal and close other-ideal discrepancy than own-ideal discrepancy). In contrast, men were hypothesized to show higher levels of discrepancy between the actual-self and others' hopes and wishes for them than with their own hopes and wishes for themselves (i.e., higher parental-ideal and close other-ideal discrepancy than own-ideal discrepancy). We also predicted that discrepancy between the actual-self and others' hopes and wishes would be associated with heightened dysphoria only in women. However, discrepancy between the actual-self and one's own hopes and wishes was expected to be associated with increased dysphoria in *both* men and women. Because ideal discrepancy has been specifically associated with the experience of loss and feelings of dysphoria, we examined the unique relationship between ideal discrepancy (own, parental or close other) and dysphoria, controlling for the influence of ought discrepancy.

### *Self-Other Contingency Beliefs*

The impact of discrepancy between the actual-self and others' hopes and wishes for the self may depend on the types of beliefs that individuals hold regarding the consequences of meeting or failing to meet these standards. Some individuals believe that their failure to live up to the standards of others will result in rejection or criticism, whereas other individuals believe that others will not react so harshly. Higgins and his colleagues coined the term "self-other contingency beliefs" to refer to these beliefs (Higgins, 1989b, 1991, 1996; Higgins, Loeb, & Moretti, 1995; Moretti & Higgins, 1990b, 1997). Parents can communicate the nature of their standards for their children separately from the consequences for meeting or failing to meet these standards. Thus, while some parents communicate that their acceptance and love of their child is contingent on meeting particular standards, other parents may offer acceptance and love even when their child fails to meet these standards. Higgins, Klein and Strauman (1985) have shown that discrepancy with others' standards produces greater dysphoria if individuals believe that failing to meet others' standards will result in rejection or abandonment.

In the current study we investigated the hypothesis that self-other contingency beliefs moderate the impact of discrepancy on distress. We predicted that the relationships between ideal discrepancy (parent or close other) and dysphoria would be stronger when individuals anticipate high levels of abandonment and rejection as a consequence of failing to meet others' standards.

## METHOD

### *Participants*

Participants were 190<sup>1</sup> undergraduates (143 females, 47

1. Sample sizes vary in analyses as only 165 participants (122 females, 43 males) were able to report on parental standards and only 181 participants (137 females, 44 males) were able to report on close others.

TABLE 2  
Intercorrelations Among Actual-self: Guide Discrepancies and Self-Other Contingency Beliefs for All Participants

Variable	1	2	3	4	5	6	7	8
Nonresidualized								
Discrepancy Scores								
1. Own-Ideal	—	.60***	.58***	.83***	.28***	.27..	.02	.10
2. Parental-Ideal		—	.62***	.33***	.58***	.28..	.09	.03
3. Close Other-Ideal			—	.33***	.30***	.71.	-.01	.03
Residualized								
Discrepancy Scores								
4. Own-Ideal					.23***	.21***	.01	.09
5. Parental-Ideal					—	.19*	-.03	-.07
6. Close Other-Ideal							-.06	-.05
Self-Other Contingency Scores								
7. Parental							—	.55***
8. Close Other								

\* $p < .05$ . \*\* $p < .005$ . \*\*\* $p < .001$ .

males) at Simon Fraser University. Mean ages were 21.6 years for females ( $SD = 4.3$ ) and 23.8 for males ( $SD = 7.1$ ). The scores on the Beck Depression Inventory (BDI) for the sample ranged from 0 to 30. Mean BDI scores are presented separately for males and females in Table 1. No significant gender differences were found in level of dysphoria.

#### Measures

*Selves Questionnaire* (Higgins, Bond, Klein, & Strauman, 1986). This questionnaire instructs participants to spontaneously generate sets of up to 10 traits or attributes that describe their actual-self (i.e., attributes they believe they actually possess), ideal-self (i.e., attributes they ideally wish or hope to possess), and ought-self (i.e., attributes they believe they should or ought to possess). In addition, they are asked to generate separate lists of attributes that they believe their parents hope they possess (mother-ideal, father-ideal) or feel they should possess (mother-ought, father-ought). Participants rate the extent to which they believe they actually possess, ideally wish to possess or ought to possess each self-state attribute on a four-point scale ranging from 1 (slightly) to 4 (extremely). In the current study, participants were also asked to generate additional lists describing the attributes that their romantic partner or best friend (close other) hopes they possess (close other-ideal) or feels they should possess (close other-ought).

Attributes listed in the self-guides were compared to those listed in the actual-self to determine whether they were congruent (synonymous match), discrepant (synonymous mismatch or antonymous mismatch) or unrelated (nonmatch) (see Moretti & Higgins, 1990 for an extended description of the scoring procedure). Reliability of coding was established between two coders on a subset of 20 questionnaires and results showed a high degree of agreement ( $r = .90, p < .0001$ ). The current study used the following discrepancy scores: actual-self:own-ideal

discrepancy, actual-self:parental-ideal discrepancy and actual-self:close other-ideal discrepancy.

*Interpersonal Contingency Beliefs Measure.* This nine-item questionnaire was designed specifically to assess the degree to which individuals believe that failing to meet the standards of parents and close others will result in particular types of negative outcomes. Two separate subscales were developed to assess different types of beliefs regarding outcomes for failing to meet others' standards. The first subscale consists of four items which represent beliefs regarding the "absence of positive" consequences (e.g., "When I failed to meet the standards my parents held for me as a child, I expected that they would take away their love/affection"; "When I fail to meet the standards that significant others (i.e., partner, best friend) hold for me, I expect that they will take away their emotional support"). The second subscale consists of five items which represent beliefs about the "presence of negative" consequences (e.g., "When I failed to meet the standards my parents held for me as a child, I expected that they would scold me"; "When I fail to meet the standards that significant others hold for me, I expect that they will ridicule me").

The items in this measure were derived from Higgins' (1989b) conceptualization of self-other contingency beliefs. These items were designed to assess individuals' beliefs about expected outcomes independent of their feelings about the desirability of these outcomes (i.e., reference to affective consequences were not included in items). This procedure was used to ensure that responses on this measure and the measure of dysphoria were not confounded.

The current study combined the two subscales into one scale assessing negative outcome beliefs (summing across all nine items). Participants rated how strongly they believed particular outcomes would occur in response to failing to meet others' standards on a five-

TABLE 3  
Zero-Order Correlations Between Actual-self: Guide Discrepancy, Contingency Beliefs, and BDI Scores for Females, Males and All Participants

Variable	Females	Males	All Participants
Nonresidualized			
Discrepancy			
Own-Ideal	.36***	.27	.35***
Discrepancy			
Parental-Ideal	.36***	.09	.30***
Discrepancy			
Close Other-Ideal	.37***	.05	.28***
Discrepancy			
Residualized			
Discrepancy			
Own-Ideal	.32***	.30*	.32***
Discrepancy			
Parental-Ideal	.23*	-.12	.13~
Discrepancy			
Close Other-Ideal	.19*	-.15	.11
Discrepancy			
Interpersonal			
Contingency Beliefs			
Parental	.27**	.04	.19*
Contingency			
Close Other	.24**	.11	.19*
Contingency			

- $p < .10$ . \* $p < .05$ . \*\* $p < .005$ . \*\*\* $p < .001$

point scale from 0 (not at all) to (5) very much. These ratings were completed once for parental figures and once for close others (i.e., romantic partner, best friend). Good internal reliability was established for the contingency beliefs scales with Cronbach's alphas equal to .89 and .86 for parental contingency and close other contingency, respectively.

*The Beck Depression Inventory (BDI; Beck & Steer, 1987).*

This measure asks individuals to report on symptoms of dysphoria that they have experienced during the past week. The BDI is a commonly used, effective instrument for detecting symptoms of dysphoria in college samples (Clark & Watson, 1991; Pace & Trapp, 1995; Santor & Ramsay, 1994).

#### Procedure

Participants were informed that the purpose of the study was to assess how people think about themselves and how this relates to their general attitudes and behaviours. All participants completed a consent form that outlined the nature of the study and were assured confidentiality of responses. This questionnaire package was completed in large group settings. The Selves Questionnaire was completed prior to the other measures. The order of the Interpersonal Contingency Beliefs Measure and the Beck

Depression Inventory was varied to control for possible effects due to position. Following completion of the measures, participants received a written debriefing.

## RESULTS

### *Level of Discrepancy*

Mean discrepancy scores for males and females are presented in Table 1 and zero-order correlations among the discrepancy scores for all participants are presented in Table 2. Two 2 x 2 ANOVAs with type of discrepancy as a within-subject factor and gender as a between-subject factor revealed significant two-way interactions for own-ideal versus parental-ideal discrepancy by gender,  $F(1, 169) = 5.59, p < .05$ , and own-ideal versus close other-ideal discrepancy by gender,  $F(1, 182) = 8.28, p < .005$ . The main effects for type of discrepancy and gender were not significant.

For females, own-ideal discrepancy was significantly larger than both parental-ideal discrepancy,  $t(127) = 3.94, p < .001$ , and close other-ideal discrepancy,  $t(139) = 4.74, p < .01$ . In contrast, for males own-ideal discrepancy was slightly smaller, but not significantly different from parental-ideal discrepancy and close other-ideal discrepancy.

The results of these analyses are consistent with our prediction that women seek congruence between their actual-self and others' standards for the self, even when it appears that this is at the cost of discrepancy with their own standards for themselves. Males were no more discrepant from others' standards than they were from their own standards.

### *Relationship of Discrepancy to Dysphoria*

In order to assess the unique relationship of ideal discrepancy to dysphoria, each of the subsequent analyses was completed using a residualized ideal discrepancy score that controlled for the correlation between ideal and ought discrepancy.<sup>2</sup> Three hierarchical regression analyses were completed to examine gender differences in the significance of own, parent, and close other discrepancy in predicting dysphoria. In each analysis, residualized ideal discrepancy and gender were entered as a block in the first step of the analysis and the two-way interaction was entered in the second step of the analysis. This analysis was completed separately for own-ideal, parental-ideal, and close other-ideal discrepancy.

The hierarchical regression analysis with own-ideal discrepancy, and gender entered as predictors of dysphoria revealed a significant main effect for own-ideal

<sup>2</sup> All analyses examining the relationships between discrepancy and dysphoria were also completed using the nonresidualized ideal discrepancy scores. These results were found to be comparable to those using the residualized ideal discrepancy scores.

TABLE 4  
Summary of Hierarchical Regression Analysis for Parental-Ideal Discrepancy, Parental Contingency Beliefs, and Gender in Predicting Dysphoria

Variable	<i>r</i>	<i>pr</i>	<i>B</i>	<i>SEB</i>	$\beta$
Step 1: Parental Discrepancy	.13	.14	0.72	0.39	.14~
Parental Contingency	.15	.18	0.13	0.05	.18*
Gender	-.15	-.18	-2.47	1.08	-.18*
Step 2: Parental Discrepancy	.13	.18	2.71	1.17	.53*
Parental Contingency	.15	.25	0.51	0.16	.73***
Gender	-.15	.07	1.78	2.03	.13
Gender x Parental Discrepancy	.07	-.20	-2.20	0.85	-.62*
Gender x Parental Contingency	.01	-.19	-0.26	0.11	-.66*
Discrepancy x Contingency	.10	.11	0.06	0.04	.23
Step 3: Parental Discrepancy	.13	.02	0.49	2.44	.10
Parental Contingency	.15	.26	0.57	0.17	.82***
Gender	-.15	.09	2.31	2.09	.16
Gender x Parental Discrepancy	.07	-.03	-0.62	1.74	-.18
Gender x Parental Contingency	.01	-.21	-0.30	0.11	-.76**
Discrepancy x Contingency	.10	.11	0.19	0.13	.75
Discrepancy x Contingency x Gender	.05	-.08	-0.09	0.08	-.57

Note.  $R^2 = .07, p < .01$  for Step 1;  $\Delta R^2 = .07, p < .01$  for Step 2;  $\Delta R^2 = .01, ns$  for Step 3.  
~ $p < .10$ . \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .005$ .

discrepancy,  $\beta = .32, p < .001$ . The main effect for gender was not significant. In addition, the discrepancy by gender interaction entered in the second step of the regression was not significant beyond the main effects in predicting dysphoria. This result is consistent with the zero-order correlations presented in Table 3, that show significant positive relationships between residualized own-ideal discrepancy and dysphoria for both male and female participants.

The hierarchical regression analysis with parental-ideal discrepancy, gender and the interaction term entered as predictors revealed a significant parental-ideal discrepancy by gender interaction effect,  $\beta = -.49, p < .05$ . In addition, a significant main effect for parental-ideal discrepancy,  $\beta = .60, p < .05$ , and a marginally significant main effect for gender,  $\beta = -.15, p = .06$ , were found. Similarly, the hierarchical regression with close other-ideal discrepancy, gender and the interaction term entered as predictors produced a significant close other-ideal discrepancy by gender interaction effect,  $\beta = -.48, p < .05$ . Main effects were found to be significant for dose other-ideal discrepancy,  $\beta = .53, p < .05$ , and marginally significant for gender,  $\beta = -.13, p < .09$ . Zero-order correlations computed separately for males and females showed that parental-ideal and close other-ideal discrepancy were significantly correlated with dysphoria in females but not in males.

In summary, these analyses confirmed our predictions that discrepancy between the actual-self and own-ideal standards would be associated with dysphoria in both males and females, but that discrepancy between the actual-self and parental-ideal standards, and close other-

ideal standards would be associated with increased dysphoria only in women.

*Discrepancy, Self-Other Contingency Beliefs and Dysphoria.* Initial analyses were completed to examine gender differences in the nature of contingency beliefs. Results revealed that males were more likely than females to anticipate negative consequences for failing to meet the standards of their parents,  $t(186) = -1.97, p < .05$ , and close others,  $t(182) = -2.36, p < .05$ . These self-other contingency scores are presented in Table 1 and the intercorrelations among these scores and the discrepancy scores are presented in Table 2. The zero-order correlations presented in Table 3 show that, for the entire sample, level of dysphoria increased as self-other contingency beliefs became more negative; however, separate correlations for males and females indicated that these relationships were only significant for females. The difference between the zero-order correlations for males and females was marginally significant for parental contingency beliefs and dysphoria,  $z = 1.37, p = .09$ , but was not significant for close other contingency beliefs and dysphoria,  $z = .77, ns$ .

Two hierarchical regression analyses were completed (one for parental and one for close other) to assess the moderating influence of self-other contingency beliefs on the relationship between discrepancy and dysphoria. As in the previous analysis, a residualized ideal-discrepancy score that controlled for the correlation between ideal and ought discrepancy was utilized to assess the unique relationship of ideal discrepancy with dysphoria. In each regression analysis, type of discrepancy was matched

TABLE 5

Summary of Hierarchical Regression Analysis for Close Other-Ideal Discrepancy, Close Other Contingency Beliefs, and Gender in Predicting Dysphoria

Variable	<i>r</i>	<i>pr</i>	<i>B</i>	<i>SEB</i>	<i>p</i>
Step 1: Close Other Discrepancy	.11	.13	0.42	0.25	.12-
Close Other Contingency	.20	.24	0.21	0.07	.24***
Gender	-.11	-.16	-2.32	1.10	-.16*
Step 2: Close Other Discrepancy	.11	.18	2.00	0.82	.58*
Close Other Contingency	.20	.16	0.41	0.20	.47*
Gender	-.11	-.01	-0.37	2.27	-.03
Gender x Close Other Discrepancy	.06	-.12	-0.90	0.58	-.35
Gender x Close Other Contingency	.08	-.08	-0.16	0.15	-.30
Discrepancy x Contingency	.08	-.08	-0.06	0.06	-.15
Step 3: Close Other Discrepancy	.11	.04	0.76	1.55	.22
Close Other Contingency	.20	.14	0.37	0.20	.42-
Gender	-.11	-.03	-0.91	2.34	-.06
Gender x Close Other Discrepancy	.06	.01	0.08	1.20	.03
Gender x Close Other Contingency	.08	-.07	-0.13	0.15	-.25
Discrepancy x Contingency	.08	.04	0.01	0.18	.24
Discrepancy x Contingency x Gender	.02	-.07	-0.07	0.07	-.43

Note.  $R^2 = .08, p < .005$  for Step 1;  $\Delta R^2 = .03, ns$  for Step 2;  $\Delta R^2 = .01, ns$  for Step 3.  $p < .10$ . \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .005$ .

with type of interpersonal contingency beliefs (parental-ideal discrepancy with parental contingency beliefs and close other-ideal discrepancy with close other contingency beliefs). Main effects (discrepancy, contingency beliefs and gender) were entered in the first step of the analysis. All two-way interactions were entered in the second step and the three-way interaction was entered in the third step.

The hierarchical regression analysis entering parental-ideal discrepancy, parental contingency, and gender as predictors of dysphoria revealed a marginal main effect for parental-ideal discrepancy,  $\beta = .14, p = .07$ , and significant main effects for parental contingency beliefs,  $p = .18, p < .05$ , and gender,  $\beta = -.18, p < .05$  (Table 4). However, two-way interactions entered in the second step of the regression were significant beyond the main effects in predicting dysphoria,  $F$  change (3, 158) = 3.99,  $p < .01$ . Entering the three-way interaction was not significant.

Once the two-way interaction effects were entered in the second step of the regression, predictors of dysphoria included significant main effects for parental-ideal discrepancy,  $\beta = .53, p < .05$ , and parental contingency beliefs,  $\beta = .73, p < .005$ , and significant interaction effects for parental-ideal discrepancy by gender,  $\beta = -.62, p < .05$ , and parental contingency by gender,  $\beta = -.66, p < .05$ . These two-way interaction effects were further examined by conducting separate regression analyses for males and females. Results showed that the relationships between both parental-ideal discrepancy and parental contingency, and dysphoria were significant for females,  $\beta = .23, p < .01$ , and  $\beta = .27, p < .005$  (for discrepancy and contingency respectively) but not for males,  $\beta = -.12, ns$ ,

and  $\beta = -.08, ns$ . In summary, these analyses showed that both parental-ideal discrepancy and parental contingency beliefs were significant predictors of dysphoria in women but not in men. Parental contingency beliefs did not appear to moderate the impact of parental-ideal discrepancy; rather, each predictor (discrepancy and contingency beliefs) directly influenced level of dysphoria.

The hierarchical regression analysis entering close other-ideal discrepancy, close other contingency beliefs, and gender as predictors of dysphoria showed a marginally significant main effect for close other-ideal discrepancy,  $\beta = .12, p < .10$ , and significant main effects for close other contingency beliefs,  $\beta = .24, p < .005$ , and gender,  $\beta = -.16, p < .05$  (Table 5). Two-way interactions entered in the second step of the regression, and the three-way interaction term entered in the third step were not significant beyond the main effects in predicting dysphoria. In summary, this analysis showed that for both males and females close other-ideal discrepancy was marginally related to dysphoria, and close other contingency beliefs were significantly associated with dysphoria. Again, contingency beliefs did not moderate the relationship of close other-ideal discrepancy with dysphoria; rather, each predictor directly influenced level of dysphoria.

#### DISCUSSION

The findings of this study point to a gender difference in the regulatory significance of others' standards for the self. As predicted, women showed lower levels of discrepancy between their actual-self and the hopes and wishes that they believed others desired of them (both parental and close other) than with their own hopes and

wishes for themselves. In contrast, men were no more or less likely to show congruence with others' standards versus their own standards for themselves. The psychological significance of discrepancy with others' ideal standards also differed for men and women. While women who perceived their actual-self as discrepant from others' hopes and wishes for them reported elevated levels of dysphoria, this other-ideal discrepancy was not associated with distress in men.

We also found that, as predicted, discrepancy from one's own hopes and wishes was associated with dysphoria in both men and women. Thus, men suffer if they are unable to attain congruence with their own hopes and wishes for the self. In contrast, the risk of discrepancy in women is two-fold of that for men: women suffer if they are unable to attain their own hopes and wishes for the self and they also suffer if they are unable to live up to the hopes and wishes that they believe others hold for them. They can only escape this two-fold risk if their own hopes and wishes are essentially the same as the hopes and wishes that others hold for them, or if they reduce the psychological significance of one standpoint on the self.

One might suspect that gender differences in the importance of discrepancy from others' ideals in predicting distress could be due to females simply having a greater number of parental and close other ideal guides represented within the self-system, compared to males. To investigate this possibility, we examined the number and range of parental and close other guide attributes reported by males and females. No significant gender effect emerged. Alternatively, gender differences in the psychological significance of discrepancy from others' standards could be moderated by differences in beliefs regarding the consequences of discrepancy (i.e., gender differences in self-other contingency beliefs). Perhaps women's greater distress could be explained as moderated by more negative beliefs about abandonment and rejection by others should they fail to live up to their standards. Yet we found no evidence to this effect; indeed, our results showed that men held significantly more negative beliefs about the consequences of failing to meet others' standards than did women.

We predicted that negative self-other contingency beliefs would moderate the effect of discrepancy on dysphoria. Contrary to this prediction, our results showed that increased discrepancy from parental ideals and more negative parental contingency beliefs both contributed to increased dysphoria in women but not in men. There was no evidence of a moderation effect. Results also showed that increased discrepancy with close other ideals and more negative close other contingency beliefs were associated with increased dysphoria in both men and women, although it is clear from the

zero-order correlations that these effects were stronger for women than men.

The results of this study are consistent with the writings of Jack (1991) and others (Chodorow, 1978; Kaplan, 1986; Miller, 1976) that stress the importance of relational aspects of women's self-representation and well-being. The findings are also congruent with Cross and Madson's (1997) proposal that women are oriented toward an "interdependent" self-concept. The current study adds to this literature by offering a model of self-representation that measures and differentiates relational versus nonrelational aspects of self. In addition, this model emphasizes a regulatory approach to understanding own versus other standpoints on the self.

A relational self-regulatory perspective may be particularly useful in understanding the increased risk of females to depression that emerges during adolescence. During adolescence, girls and boys develop the capacity to simultaneously represent and compare multiple perspectives on the self (Higgins, 1989a, 1991; Higgins, Loeb, & Moretti, 1995; Moretti & Higgins, 1990b, 1997). This shift in representational capacity likely occurs to the same degree for girls and boys. To the extent that girls are overly socialized to attend to and regulate in terms of others' perspectives on the self, however, they may be presented with a overwhelming task of integrating divergent perspectives on the self as they move through adolescence. Moreover, a preoccupation with others' standards for the self may disrupt the consolidation of an internally based self-esteem and contribute to the development of relational self-esteem and a false self presentation (Harter, 1998). In effect, girls may become preoccupied with the task of constructing the self to ensure connectedness with others. This process could be exacerbated by the use of non-instrumental coping strategies, such as rumination (Nolen-Hoeksema, 1987, 1990), and ultimately this could undermine girls' sense of self-confidence and self-worth. These speculations provide interesting hypotheses to explore in future studies.

It is important to understand that although our findings show gender differences, relational self-regulation is better conceptualized as an individual difference variable that more closely reflects socialization experiences rather than a sex difference per se. Alternatively, our gender differences may be better explained by individual differences in perception of social status and power (Martin & Ruble, 1997). However, our results for males should be viewed with caution. It may be the case that males are also influenced by other regulatory perspectives that were not measured in this study. For example, males may be more sensitive to the standards that they believe are set by societal expectations than by parental standards or standards of intimate others (Baumeister & Sommer, 1997). Future studies should



examine a broad range of regulatory standards and factors that may underlie what appears on the surface to be a gender difference.

There are other important limitations to our findings. First, although research shows that the rate of depression is typically found to be twice as high in women as compared to men (Culbertson, 1997; Nolen-Hoeksema, 1990; Weissman & Olfson, 1995), it is important to note that gender differences in the rate of depression are not typically found in college samples (e.g., Hammen & Padesky, 1977; Stangler & Printz, 1980). Nonetheless, research using college samples can be useful in isolating gender differences in the types of factors that contribute to variance in dysphoria within these samples. However, it is critical for researchers to understand the limitations of this research and to avoid direct generalization to clinical samples. Further work with clinically depressed individuals would be an important next step in this research. Second, our results were based on a small sample of males and replication with a larger sample is necessary. Third, our measure of self-other contingency beliefs requires further psychometric evaluation.

It is also important to recognize that in the current study we examined "own" and "other" standpoints as separate perspectives on the self. Clearly, there is overlap between our own self-guides and the guides that we believe others hold for us, and this overlap may have particularly important implications for self-regulation. Our ongoing research has developed in this direction and preliminary findings suggest that this is an important issue to focus on in future research (Moretti & Higgins, in press; Moretti & Wiebe, 1998). Finally, the current study relied on internal representations of standards that individuals believe others hold for them, and although these representations are clearly important, the "real" aspects of relationships are also critical to examine. Further studies that examine *both* the internal representation of relationships and real interpersonal events may shed more light on the role of relational self-regulation in dysphoria.

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