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TOWARDS AN UNDERSTANDING OF SELF
REPRESENTATION IN DEPRESSED WOMEN

by

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THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS
in the Department
of
Psychology

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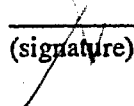
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Towards an Understanding of Self Representation in Depressed Women

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Abstract

Numerous attempts to explain the higher prevalence of depression among women, compared to men, have been inconclusive. Recently, relational theories propose that depression in women is characterized by silencing of the self in an attempt to maintain relationships. These relational models have not been empirically tested. The purpose of this research was to investigate relational theories of depression in women, by means of self-discrepancy theory. Four questionnaires (Selves, Beck Depression Inventory, Symptom Check List, and Self-Other Contingency Beliefs) were administered to 141 female and 47 male undergraduate students. The results indicated that women tend to meet others' standards at the expense of meeting their own. For men, the opposite pattern was found. Furthermore, other-discrepancy, or not meeting others' standards, was more predictive of psychological distress in women than in men. In terms of contingency beliefs, men held more punitive expectations regarding the consequences of failing to meet others' standards. For both men and women, these contingency beliefs were somewhat predictive of depression. Contrary to what was expected, contingency beliefs did not interact with other-discrepancies in predicting depression and distress. Recommendations for future research focus on exploring sex differences in the development of self representations.

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Table of Contents

Approval	ii
Abstract	iii
Acknowledgements	iv
Table of Contents	v
List of Tables	vi
Introduction	1
Relational Model of Depression in Women	4
Developmental aspects	4
Implications for adult functioning.	5
Consistency of the relational model to other models of depression	7
Limitations of the relational model	9
Self-Discrepancy Theory	10
Developmental aspects	11
Implications for Adult Functioning	12
Sex Differences in Emotional Vulnerability	15
Own-Other Dimension	18
Integrating the Relational Model & Self- Discrepancy Theory	19
Method	23
Subjects	23
Materials	23
Procedure	26
Results	26
Sex Differences In Discrepancy Patterns	27
Relationship of Discrepancy to Psychological Distress	28
Other Discrepancy	29
Own Discrepancy	31
Strength of Contingency Beliefs	32
Relationship of Contingency to Psychological Distress	33
Interaction of Discrepancy and Other Contingency	34
Summary	35
Discussion	36
Limitations	43
Risks & Benefits	45
References	47
Appendix A	62

List of Tables

Table	Page
1. Means and Standard Deviations for Dependent Variables	51
2. Sex Differences in Discrepancy Ratings	52
3. Summary of Hierarchical Multiple Regression Total-Other Discrepancy By Sex	53
3A. Summary of Hierarchical Multiple Regression for Total-Other Discrepancy	54
4. Summary of Hierarchical Multiple Regression for Parental Discrepancy By Sex	55
4A. Summary of Hierarchical Multiple Regression for Parental Discrepancy	56
5. Summary of Hierarchical Multiple Regression for Significant-Other Discrepancy By Sex	57
5A. Summary of Hierarchical Multiple Regression for Significant-Other Discrepancy	58
6. Summary of Hierarchical Multiple Regression for Own Discrepancy	59
7. Means and Standard Deviations for Contingency Sores	60
8. Summary of Hierarchical Multiple Regression for Contingency By Sex	61

Introduction

Research on sex differences in depression has consistently demonstrated that rates of depression are higher among women than men. In western, industrialized countries rates of depression tend to be, on average, two times higher in women than men (Nolen-Hoeksema, 1987; Weissman & Klerman, 1977; 1987). These findings are consistent across psychiatric and community populations, and across self report measures and diagnostic interviews, although self report measures tend to detect higher rates of moderate and severe depression in both women and men (Nolen-Hoeksema, 1987). Some exceptions exist. Research in non-westernized countries (India, Nigeria, Egypt, Rhodesia & Iraq) has been equivocal. Many studies have not found significant sex differences. However, critical evaluation of some of these studies reveals serious methodological flaws (Nolen-Hoeksema, 1987). Other exceptions to the sex differences findings are evident among certain subcultures, including university students, members of an Amish community and bereaved adults (Hammen & Padesky, 1977; Stangler & Prints, 1980, cited in Nolen-Hoeksema, 1987). In these populations, equal rates of depression have been found. However, analyses of the Beck Depression Inventory (BDI) and of the Depression subscale of the MMPI, reveal that significant sex differences were noted among college students, in the pattern of their responses (Hammen &

Padesky, 1977; Padesky & Hammen, 1987). Women's responses reflected indecisiveness and self dislike, whereas men's responses reflected an inability to cry, loss of social interest, a sense of failure and somatic complaints.

In a critical review, Nolen-Hoeksema (1987) concluded that explanations, to date, have inadequately accounted for sex differences in depression. These attempts at explanation include artifact, biological and psychoanalytical explanations (Newman, 1984; Hammen & Padesky, 1977). In addition, in a review of past research, Stoppard (1989) concluded that current cognitive and behavioral theories of depression were unable to account for the predominance of depressed women. Stoppard also articulated concerns about these "male-biased" theories and their inadequacy for furthering an understanding of women and depression. Although Stoppard draws our attention to some viable concerns regarding cognitive and behavioral theories of depression, her arguments need to be considered with some caution as her review has been extensively criticized for flaws in citing and interpreting previous research findings (Costello, 1989; Gotlib, 1989; Moretti & Meichenbaum, 1989).

Contemporary psychodynamic explanations of sex differences in depression focus on the inferior status of women, restriction of sexual expression and the conflicts between traditional roles and needs for self development or

independence (Horney, 1967). These theories, however, have received little empirical attention.

More recently, psychosocial theories regarding sex role socialization have been proposed (Aneschensel, Frerichs & Clark, 1981 cited in Nolen-Hoeksema, 1987; Gove and Tudor, 1973; Linville, 1987), providing a means to explore neoFreudian concepts within an empirical framework.

Research on role conflict suggests that having incompatible expectations, such as those derived from roles as mother and employee, may be associated with depression (Aneschensel et al., 1981 cited in Nolen-Hoeksema, 1987). However, alternative theories suggest that having multiple roles may actually provide protection against depression (Gove and Tudor, 1973; Linville, 1987). It is also suggested that sex differences in depression may be related to the attribution of lesser value to the female role and the resulting lesser gratification women receive from fulfilling that role (Gove & Tudor, 1973). One of the major concerns regarding sex role theories is the lack of a well defined process that describes how role conflict or undervaluation may lead to depression (Nolen-Hoeksema, 1987). In addition, the sex role theories do not explain why some women do not become depressed.

Consistent reports of sex differences in depression provide strong support for a belief that depression in women is a unique phenomenon that deserves attention. This

belief, coupled with the insufficient explanations of sex differences, provides an impetus to pursue an alternative understanding of depression in women.

Two recent theories, self-in-relation (Kaplan, 1984) and self-discrepancy (Higgins, 1987), attempt to explore alternative explanations of depression. Self-in-Relation theory (Kaplan, 1984) focuses on the role of women's socialization and development of the self in depression, extending theories of depression in women beyond interpersonal and psychodynamic explanations. Self-discrepancy theory (Higgins, 1987) attempts to explain how conflicting beliefs about the self can lead to psychological distress. Specifically, self-discrepancy theory proposes that depression is related to the belief that one is not living up to one's ideals. An extension of self-discrepancy theory into the own-other dimensions of self representations, provides a means to further our understanding of depression in women and to empirically investigate the relational model of depression.

Relational Model of Depression in Women

Developmental aspects.

Contemporary theories of depression in women, Kaplan (1984) and Jack (1991), are based on recent theories of women's psychological development (Chodorow, 1978; Gilligan, 1982; Miller, 1986, Surrey, 1984). These theories of women's psychological development propose that sex

differences exist in the experience and construction of the self. Miller (1986) described women's sense of self as becoming "very much organized around being able to make and then maintain affiliation and relationships". According to Chodorow (1978), crucial differences in female and male development arise because women are typically the primary caregiver. These theories emphasise identification and connectedness with the mother, whereas traditional theories of personality development focus on the process of separation and differentiation (Greenberg & Mitchell, 1983).

Self-in-Relation theory (Surrey, 1984), a theory of women's development, elaborates on the earlier works of Miller, Gilligan and Chodorow. For women, the self is said to be organized and developed in the context of important relationships. Within this relational context, other aspects of the self (creativity, autonomy, assertion) can then develop. Self-in-Relation theory stresses the importance of developing a positive sense of knowing how to perceive, respond and relate to the needs and feelings of others, as well as the importance of having a mutually empathic relationship. Mutually reciprocal relationships are viewed as a fundamental component of women's self esteem and self worth, whereas failure of relationships is associated with feelings of guilt and worthlessness.

Implications for adult functioning.

Given the similarities of Kaplan's (1984) and Jack's

(1991) theories, as well as the underlying developmental premise, these theories will be considered collectively and will be referred to as the relational theory of depression in women. In summary, the key elements of these theories can be described as loss of the self, silencing of self expression and evaluation of the self based on external standards. These characteristics are said to be descriptive of women's normative development. However, for depressed women, these elements are experienced in an extreme form (Kaplan, 1984).

Loss of self was described by Kaplan (1984) as the loss of the core self-structure, or the belief that one is unable to sustain positive relationships, and by Jack (1991) as the loss of the authentic self. Accordingly to Kaplan, loss refers to "loss of confirmation of their core self-structure as one that can facilitate reciprocity and affective connection in relationships" (Kaplan, 1984, p. 5). As a result of unfavourable relationships and devaluing of relational qualities, depressed women see themselves as unable to sustain relationships. Since women's self esteem is said to be dependent on the ability to maintain mutually empathic relationships, this loss is presumed to have a profound and unique effect on women. Jack (1991) defines the core dynamic of female depression as an experience of inner division - a fundamental disconnection with themselves. Women describe themselves as "suspended in

thought", having a "split personality" or feeling like "I have two sides". Although, there are some distinctions between these two references to loss, both of these conceptions refer to a loss or sacrificing of the self in order to maintain connectedness with others.

Silencing of the self is described by both Kaplan and Jack as inhibition of anger, aggression and self-serving action. This inhibition reflects a tendency for depressed women to severely inhibit their own striving or actions in order to preserve relationships, as well as a tendency to not express their anger for fear that it will be "explosive, out of control and devastating to the receiver" (Kaplan, 1984). In other words, inhibition of any behaviors and feelings that may in any way jeopardize important relationships.

The tendency to evaluate oneself based on others' standards is primarily described by Jack (1991). However, this tendency is consistent with Kaplan's (1984) description of the tendency to put others' needs first in an attempt to preserve relationships. According to Jack (1991), in an attempt to preserve relationships and fit the cultural image of a "good" woman, depressed women lose their own sense of self and tend to judge themselves based on what they think others' think of them.

Consistency of the relational model to other models of depression.

The relational theory of depression appears to be consistent with past research. Interpersonal theories of depression focus on the relationship of marital discord and depression. Coyne & Gotlib (1983) discussed a pattern of marital conflict that involves inhibition and conflict avoidance in accordance with the proposed model. In a review of interpersonal theories, Gotlib identified the following key elements: depressed people tend to have smaller and less supportive social networks, their marital relationships are frequently characterized by discord, and they have experienced early loss of a parent or their childhood was characterized by neglect or family discord. These three findings are consistent with both Jack and Kaplan's theories of depression. However, the relational theory extends our understanding of depression by providing an underlying rationale for why these interpersonal circumstances would be related to depression in women.

Research on vulnerability factors in depression is also consistent with the "relational" theory. Brown and Harris (1978) identified the most important factor related to depression as being the lack of an intimate confiding relationship with a husband or boyfriend. Other factors of slightly less significance included the presence of three or more children at home, being unemployed and having lost a

mother during childhood. Similarly, Belle (1982) suggested that the presence of an intimate confidant provides a major barrier against depression. The relational theory provides a means to understand why these vulnerability factors are related to depression.

The relational model also extends psychodynamic theories of depression in women by focusing on loss of the ability to maintain mutually reciprocal relationships. According to Freud (1917), depression results from the sense of loss that arises from a failure to detach from a love object. In contrast, the relational model focuses on loss of the ability to connect with a love object.

Limitations of the relational model.

The relational model provides an excellent description of the interpersonal context and issues that lead to depression in women. However, it does not provide a model for understanding how these experiences become structured and represented as a self-evaluative system.

In addition, it should be noted that depression rarely exists in isolation from other psychological symptoms including anxiety. Since the relational model of depression has not been tested empirically, it is not clear if "depression" refers to pure depression or if it refers to the experience of both depression and anxiety experienced by the majority of depressed individuals. Therefore, for the purpose of this research, hypotheses generated from the

relational model will be extended to include the more general experience of psychological distress. Since women tend to experience higher rates of both depression and anxiety (American Psychiatric Association, 1980, cited in Higgins, 1988), the measurement of psychological distress should be representative of symptoms associated with both of these disorders.

Self-Discrepancy Theory

Self-discrepancy theory (Higgins, 1987) provides a general framework for understanding the relationship between self and affect. More specifically, the theory attempts to relate specific emotional vulnerabilities to specific types of discrepancies that individuals may possess among their self beliefs.

Self-discrepancy theory proposes that there are three domains of the self. These domains include the actual self (i.e., attributes one believes one actually possesses), the ideal self (i.e., attributes one wishes or hopes to possess), and the ought self (i.e., attributes one believes one has a duty or responsibility to possess). In addition, there are two perspectives from which a person may be judged. These standpoints include a person's own personal point of view and the perceived point of view of an other (mother, father, friend). Combining the domains and standpoints yields six self-representations. Actual-own and actual-other are commonly referred to as a person's self-

concept. The remaining representations (ideal-own, ideal-other, ought-own, ought-other) are commonly referred to as self-directive standards or self-guides (Higgins, 1987).

Self-discrepancy theory assumes that the various self representations act as guides or standards for self-evaluation and self-regulation. The actual self is regulated so as to maintain matches and minimize mismatches among the actual self and the self-guides. In other words, people are motivated to reduce discrepancy between the self concept and personally relevant self guides. The motivation to reduce discrepancy may arise, in part, from the outcome contingency beliefs we hold regarding the consequences of failing to meet standards or guides. Vulnerability to negative emotional experiences arises from the belief that we have failed to meet these standards and that this will result in either loss or withdrawal of love or punishment and rejection.

Developmental aspects.

Self-discrepancy theory is presented within a developmental framework, placing emphasis on the effect of parental socialization on the development of one's sense of self. More specifically, there are two important factors involved in the development of self-discrepancies and outcome contingencies: (1) developmental changes in the child's ability to form complex mental representations, and (2) the impact of parental socialization on the development

of the self-system.

Moretti and Higgins (1990) delineate five levels of development, extending from infancy to early adolescence, of the child's capacity to form mental representations as well as the implications of these developmental changes on the self-system. In general, as children develop they are able to form more complex outcome-contingencies regarding others' responses to their behaviour. In addition, they become increasingly able to experience discrepancies within the self-system.

Parental socialization affects the type of guides that develop as well as the strength of self-other contingencies. Moretti & Higgins (1988) identify four "pure" types of parenting orientations that directly relate to the development of self guides. These orientations are based on (a) the parental orientations to features of the child that match or do not match (mismatch) their guides for the child, and (b) parental orientation towards positive outcomes (absent or present) or towards negative outcomes (absent or present). For instance, parents who focus their attention on the features of a child that do not match with their hopes and wishes for the child or on the duties and obligations they have prescribed, are likely to withdraw love and support (absence of positive outcomes) or criticize and punish the child (presence of negative outcomes), respectively. Acquisition of strong self-guides is based on

frequent, consistent, and clear communication of information regarding behaviour and others' responses to that behaviour (Moretti & Higgins, 1988).

Implications for Adult Functioning.

In an initial test of the model, Higgins and colleagues found support for the two major hypotheses that (a) greater magnitude of self-discrepancy is associated with greater magnitude of emotional distress, and (b) different types of self-discrepancies are associated with different types of discomfort (Higgins, Klein, & Strauman, 1985).

Actual-ideal discrepancies, representing absence of positive outcomes, are associated with dejection-related emotions and symptoms as well as frustration-related emotions and symptoms to a lesser extent, whereas actual-ought discrepancies, representing the presence of negative outcomes, are associated with agitation-related emotions and symptoms (Higgins et al., 1985, Higgins, Bond, Klein, & Strauman, 1986).

More specifically, actual-ideal-own discrepancies are related to feelings of dissatisfaction and disappointment and actual-ideal-other discrepancies are related to feelings of embarrassment and shame. In terms of the ought-self guides, actual-ought-own discrepancies are associated with feelings of guilt and worthlessness and actual-ought-other discrepancies are associated with feelings of fear, apprehension and resentment (Higgins, 1987).

Laboratory research also supports the third hypothesis of self-discrepancy theory: increasing the accessibility of a discrepancy via priming induces the experience of the emotions or symptoms associated with that particular discrepancy (Higgins et al. 1986; Strauman & Higgins, 1988). Higgins et al. (1986) demonstrated that individuals will experience imagined negative events (contextual activation) differently depending on the particular self-discrepancy they possess. Strauman & Higgins (1987) demonstrated similar findings while exposing individuals to positive attributes of personally relevant self-guides (automatic activation).

More recent research has demonstrated a relationship between chronic emotional syndromes and self-discrepancies (Strauman and Higgins, 1988; Strauman, 1989). Strauman and Higgins (1988) found that actual-ideal-own discrepancy (AI) was predictive of disappointment/dissatisfaction, frustration and anger at self, measured two months later, whereas actual-ought-other (A00) was predictive of fear/restlessness, anger at others and resentment. Furthermore, they found that AI was more strongly related to depressive symptoms and A00 was more strongly related to social anxiety. Within a clinical sample, Strauman (1989) found that depressed individuals possessed the greatest magnitude of actual-ideal-own discrepancy whereas social phobics possessed the greatest magnitude of actual-ought-

other discrepancy. Priming of self-referential mismatches (AI and AOO) induced dejection and agitation in both depressives and social phobics. However, the intensity of these responses was related to the predominant self-discrepancy. Depressed individuals experienced the greatest response to AI-discrepant priming, whereas social phobic individuals experienced the greatest response to AOO-discrepant priming. Strauman (1989) suggested that depressed and anxious individuals may have more extensive networks of mismatch structures. In addition to experiencing a greater intensity of emotional response, these individuals are said to have a wider range of events or cues that could be activated.

The research on clinical or chronic syndrome consistently supports the proposition that depression is related to actual-ideal-own discrepancies and that anxiety is related to actual-ought-other discrepancies. These results suggest that depressed and anxious individuals may possess more extensive mismatches, thereby increasing their vulnerability to emotional distress. These individuals would experience a greater intensity of emotional response as well as vulnerability to a wider range of events (Strauman, 1989).

Sex Differences in Emotional Vulnerability.

Self-discrepancy theory has attempted to relate sex differences in emotional vulnerability to sex differences in

socialization and resulting differences in the strength of self-guides. Higgins (1988) proposes that women may develop stronger self-guides, which in turn may increase their vulnerability to negative self-appraisal and emotional problems. Research on socialization reports that mothers tend to treat girls very differently than boys. Mothers expect girls to be more nurturant and more socially responsible. They are said to be more restrictive and controlling with girls, use more individualized appeals and respond to girls' mistakes more quickly (Huston, 1983; Radke-Yarrow, M., Zahn-Waxler, C., & Chapman, M. 1983 cited in Higgins (1988). In other words, girls receive more frequent and consistent contingency information. According to Higgins (1988), girls may tend to develop stronger self-guides, whereas boys may tend to develop weaker self-guides.

The strength of self guides is defined in terms of the anticipated consequences of meeting or failing to meet these guides. Higgins (1988) suggests that stronger self-guides would result in stronger self-regulatory processes in girls than in boys and therefore may be more preventative of problematic behaviour during earlier years for girls. Support for this proposition comes from research on conduct disordered and emotionally disturbed children. Prior to adolescence, girls are less likely than boys to demonstrate all types of psychopathology, including depression and conduct disorders (American Psychiatric Association, 1980).

However, this stronger regulatory process may increase women's vulnerability to emotional distress later in life. During adolescence, there is a shift in the features of the self that are considered to be more important as well as features that are more difficult to regulate. For many of these features (body image, physical strength, leadership, extracurricular participation), girls tend to evaluate themselves more negatively (Simmons & Blyth, 1987). This shift is consistent with the shift in male versus female patterns of psychopathology or, rather, the higher rates of depression and anxiety experienced by females when compared to males (American Psychiatric Association, 1980; cited in Higgins, 1988).

Although, the issue of sex differences in contingency beliefs has yet to be tested empirically, preliminary research on self-other contingency beliefs is consistent with the proposition that contingency beliefs significantly impact one's vulnerability to emotional distress.

Higgins, Klein & Strauman, (1985) found that subjects who possess actual-ideal discrepancies and believe that failure to live up to parental hopes and wishes is associated with negative consequences reported higher levels of chronic depression than subjects who do not hold these beliefs but also possess actual-ideal discrepancies. Similarly, subjects who possess high levels of actual-ought discrepancies and believe that failure to live up to

parental wishes or obligations is associated with negative consequences reported higher levels of chronic anxiety and fear than did subjects who do not hold these beliefs but also possess actual-ought discrepancies.

Higgins and Tykocinsky (cited in Higgins, 1988) also found that individuals who strongly believe that failure to meet parental ideals would lead to a loss of positive outcomes, report greater levels of depression than do individuals who do not hold these beliefs. In contrast, individuals who believe that failure to meet parental duties or obligations would lead to the presence of negative outcomes report greater levels of anxiety than do individuals who do not hold these beliefs.

In summary, Higgins proposes that higher rates of emotional vulnerability among women may arise because women acquire stronger self-other contingency beliefs as a result of sex differences in socialization.

Own-Other Dimension.

For the most part, the own-other dimension has received little empirical attention. Research on self-discrepancy theory has primarily focused on actual-ideal and actual-ought self-discrepancies, collapsing across own and other standpoints. The limited research on own-other discrepancies compared ideal-own discrepancies to ought-other discrepancies, confounding exploration of the own-other standpoints with exploration of ideal-ought self-

guides.

Exploration of own-other discrepancies is thought to add unique contributions to our understanding of emotional distress, by means of emphasising the interpersonal elements, within a social-cognitive model. Both own discrepancy (discrepancy between actual-self and own-self, collapsed across ideal and ought) and other discrepancy (discrepancy between actual-self and other-self, collapsed across ideal and ought) are thought to be related to moderate levels of psychological distress and self-esteem (Higgins, 1987).

A high level of own discrepancy reflects the belief that "I am not who I desire to be or think I should be". This type of discrepancy may be associated with feelings of self-doubt, worthlessness and disappointment. Individuals of this nature may feel that their best is never good enough or that they are unable to do anything right.

Other discrepancies, in addition to being related to psychological distress, are thought to also be related to interpersonal difficulties since they reflect interpersonal situations to a greater degree. A high level of other discrepancy may reflect the belief that "I am not living up to the expectations or standards that others desire of me". This type of discrepancy is thought to be related to feelings of shame, embarrassment and resentment of others. Someone characterized by this discrepancy may feel rejected

by others and, as a result, tend to avoid interpersonal interactions.

Integrating the Relational Model & Self-Discrepancy Theory

Parallels between the relational theory of depression in women and self-discrepancy theory are evident. The relational theory suggests that the need to meet others' standards is particularly important for women because women are socialized to derive self-esteem based on their ability to have mutually empathic relationships. Depressed women are characterized by a tendency to fulfil the aspirations and obligations defined by others at the expense of meeting their own goals, desires and responsibilities. In terms of self-discrepancy theory, women could be viewed as motivated to reduce other discrepancy, at the expense of own discrepancy. This pattern of self-discrepancy -- congruent other, discrepant own -- is thought to be characteristic of women and associated with a vulnerability to psychological distress.

In the current research, it was hypothesized that women would be characterized by a discrepancy pattern marked by congruent other - discrepant own, reflecting their tendency to meet others' standards at the expense of meeting their own desires and obligations. This pattern was not expected for men.

In regards to the relationship of own-other discrepancies to psychological distress, the relational

theory suggests that when women believe that they are unable to meet others' standards, they will be more inclined than males to experience psychological distress and depression, since connectedness with others is crucial. It was hypothesized that the relationship between other discrepancy and depression would be greater for women than for men.

In contrast, it was expected that not living up to their own standards would be equally upsetting for both women and men. Based on sex differences in discrepancy patterns, we may infer that women are more willing than men to tolerate not meeting their own standards. In terms of discrepancy theory, this might imply that own discrepancy would be less likely to be related to psychological distress for women. However, greater discrepancy does not necessarily imply a stronger relationship to psychological distress. Moreover, this conclusion would be drawn without insight into the development of own discrepancy for men. It was hypothesized that there would be no sex differences in the relationship between own discrepancy and psychological distress.

The notion of outcome contingencies, a second component of self-discrepancy theory, also appears to be highly related to the relational model of depression. As previously discussed, outcome contingency beliefs refer to a set of beliefs about one's world and conditions of self worth in that world. Higgins (1988) proposed that women hold stronger contingency beliefs than men as a result of

sex differences in socialization processes. The current research sought to test this hypothesis.

This research also sought to explore the contributions of outcome contingencies in predicting depression in women. It was hypothesized that these beliefs would be significantly related to depression for both men and women. In other words, stronger expectations that there will be consequences for failing to meet others' standards would be related to distress, regardless of gender.

In addition, this research investigated the manner in which discrepancy and self-other contingencies interact to predict depression in women. An interaction between other discrepancy and contingency was expected. More specifically, it was hypothesized that the effect of other discrepancy would be dependent on the strength of self-other contingencies. When contingency scores are greater, it was expected that the impact of discrepancy scores on predicting psychological distress or depression would also be heightened. For instance, if people believe that they are not living up to others' standards and they believe that not living up to these standards will have punitive consequences, they would be likely to experience psychological distress than people who do not believe that the consequences will be very strong. This two way interaction was not expected for own discrepancy. Furthermore, a three way interaction among other

discrepancy, contingency and sex was predicted. It was hypothesized that other discrepancy would be more predictive of depression in women than in men among people with higher contingency scores.

In summary, the purpose of the proposed research was to test the following hypotheses:

1. Women would be characterized by the discrepant own, congruent other discrepancy pattern.
2. Other discrepancy would be more strongly related to distress/depression for women than for men.
3. No sex differences would be evident in terms of the relationships between own discrepancies and distress/depression.
4. Women would hold stronger self-other contingency beliefs than men.
5. Contingency beliefs would be significantly related to depression for both men and women.
6. Other discrepancy would be more predictive of depression/distress when contingency beliefs are greater.
7. Other discrepancy would be more predictive of depression/distress in women than in men when contingency beliefs are greater.

Method

Subjects

The subjects were 141 female and 47 male undergraduate students from Simon Fraser University. The mean age for

females was 21.6 years ($SD = 4.3$) and the mean age for the men was 23.8 years ($SD = 7.1$).

Materials

Subjects were administered the Selves questionnaire (Higgins et al., 1986), the Beck Depression Inventory, (Beck, Rush, Shaw, & Emery, 1979), the Symptom Check List (SCL-90-R) (Derogatis, 1987) and the recently developed Self-Other Contingency Beliefs Questionnaire (Moretti & Carswell, 1992). The order of these questionnaires were varied to control for order and position.

The Beck Depression Inventory (BDI; Beck et al., 1979) is a 21-item measure of the cognitive, motivational, behavioural and somatic symptoms of depression. It is a valid means of assessing depression among university students (Bumberry, Oliver, & McClure, 1978).

The Selves Questionnaire (Higgins et al., 1986) asks subjects to spontaneously generate three sets of up to 10 traits or attributes that describe their actual self, their ideal self and their ought self from the standpoints of own and other. To assess other-self standpoints, subjects were asked to generate traits that their mother, father and significant-other (partner or best friend) wished they possessed or thought they should possess. Subjects were asked to rate the extent to which they believe they possess each attribute on a scale from 1 (slightly) to 4 (extremely). Discrepancy scores were derived based on the

previously defined method (Strauman & Higgins, 1988). This analysis was slightly modified in order to obtain actual-own and actual-other discrepancy scores by collapsing scores across the ideal-ought dimension. Interrater reliability of this measure was tested by having two raters independently score 20 questionnaires. Interrater correlation was .90. In regard to the validity of this measure, numerous studies have provided support for the relationship of self-discrepancy to psychological distress using the Selves Questionnaire (Higgins, 1987).

The SCL-90-R asks subjects to rate, on a scale from 0 to 4, the amount of distress that they have experienced for each of 90 symptoms. The scale is divided into nine subscales and generates an overall index of distress. The subscales are as follows; Somatization, Obsessive-Compulsive, Interpersonal-Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation and Psychoticism. Internal consistency and test-retest reliability are high (Derogatis, 1987).

The Self-Other Contingency Beliefs Questionnaire (Moretti & Carswell, 1992), a newly developed measure, was designed to measure individuals' beliefs regarding the extent of perceived consequences if they failed to meet their own or others' standards. Subjects were asked to rate thirteen consequences indicating the extent to which they would reject or punish themselves if they failed to meet

their own standards, and the extent their parents or significant-other (i.e., partner or best friend) would reject or punish them if they failed to meet the standards they believe their parents or significant-other holds for them, respectively. A five point rating scale from 1 (not at all) to 5 (extremely) was used. This measure is a preliminary measure, and reliability and validity data have not yet been obtained.

The consequences fell within three categories: presence of negative outcome, absence of positive outcome, or no consequences. Scoring was based on averaging the ratings for the eight items that represented the presence of negative and absence of positive categories.

Procedure

Subjects were told initially that the purpose of the study was to assess how university students think about themselves and how this relates to their general attitudes and behaviour. They were told that the research consisted of three questionnaires and would take approximately 25 minutes to complete.

The subjects were asked to sign a consent form (Appendix A) before participating in the research. The consent form outlined the purpose and nature of the study, as mentioned above, and discussed the anonymity and confidentiality of the results. Subjects were also told that they could ask questions at any time during the research and that they

could discontinue participation at any time.

The subjects were thanked for their participation and informed that a debriefing form, outlining the findings and implications, would be available at the end of the following term.

Results

The focus of the present research was on the relationship of self-discrepancy (own versus other) and contingency beliefs (own, parental and significant-other) with measures of distress and depression (i.e., the global distress and depression subscales of the SCL-90 and the total score on the BDI). In addition, the interactive relationship between discrepancy and contingency was explored.

Prior to running analyses by gender, a test of homogeneity of variance was conducted on the dependent measures to ensure that the distribution of depression scores was comparable in the female and males samples. Results indicated that the variances on all three dependent measures (BDI, SCL-90 global distress and depression subscales) were not significantly different for men and women. Additionally, there were no significant sex differences in the rates of depression or distress, as measured by the means for the three dependent variables.

Insert Table 1 about here

Sex Differences In Discrepancy Patterns

It was expected that, for women, own discrepancy would be greater than total-other discrepancy. (Total-other discrepancy refers to an average of parental and significant-other discrepancy.) This pattern was not expected for men. To assess this hypothesis, an ANOVA was conducted, with sex as the between variable and own and other discrepancy as the within variables.

Results indicated that the sex by discrepancy interaction was significant ($F(1,157) = 11.35, p < .001$). No main effects were found for either discrepancy or sex. As predicted, for women, own discrepancy ($M = -.68$) was significantly greater than total other discrepancy ($M = -1.02; t=2.16, df=117, p < .05$). (smaller absolute value indicates greater discrepancy.) In contrast, for men, total other discrepancy ($M = -.63$) was significantly greater than own discrepancy ($M = -1.30; t=2.92, df=40 p < .001$).

Insert Table 2 about here

Relationship of Discrepancy to Psychological Distress

Zero order correlations indicated that own discrepancy was significantly correlated with total-other discrepancy

($r=.77$, $p<.01$), parental discrepancy ($r=.71$, $p<.01$) and significant-other discrepancy ($r=.69$, $p<.01$). Given the strength of the relationship between own discrepancy and each measure of other discrepancy, hierarchical regression analyses were conducted in order to determine the unique contribution of each independent variable.

More specifically, a series of forced entry multiple hierarchical regression analyses were conducted to determine the unique contributions of other discrepancy (over and above own discrepancy) and own discrepancy (over and above other discrepancy) to psychological distress. Analyses explored whether the predictor variable of interest (i.e., other discrepancy) accounted for significant, additional variance over and above the other type of discrepancy (i.e., own discrepancy) and vice versa. Separate analyses were conducted based on other discrepancy being defined as total-other (average of parental and significant-other), parental or significant-other discrepancy. To assess sex differences, analyses were conducted by entering discrepancy scores (i.e., own followed by other, or other followed by own), sex and the discrepancy by sex interaction. Further to this, separate analyses for females and males were conducted.

Other Discrepancy.

It was hypothesized that the unique contribution of total-other discrepancy, over and above own discrepancy,

would be more predictive of distress and depression for women than for men.

As predicted, regression analyses revealed that the sex by total-other discrepancy interaction was significant for two of the three dependent measures (SCL-90-Depression Subscale, $R=.36$, $p<.05$; BDI, $R=.41$, $p<.05$) and marginally predictive for the third measure (SCL-90-Global Severity Index, $R=.33$, $p=.09$).

Insert Tables 3 and 3A about here

For females, total-other discrepancy, over and above own discrepancy, significantly predicted depression on all three dependent measures (SCL-90-Global, $R=.38$, $p<.05$; SCL-90-Depression, $R=.40$, $p<.05$; BDI, $R=.43$, $p<.01$). For males, total-other discrepancy, independent of own discrepancy, was not significantly predictive for any of the measures.

Analyses were also conducted to assess whether these results were found for other discrepancy measured solely as parental discrepancy or as significant-other discrepancy. Results revealed a marginally significant interaction effect for parental discrepancy by sex on only one measure (BDI, $R=.38$, $p<.10$). The interaction of significant-other discrepancy by sex significantly contributed to the prediction of global distress (SCL-90-Global, $R=.35$, $p<.05$) and marginally contributed to the prediction of depression

on the other two measures (SCL-90-Depression, $R=.36, p<.10$;
BDI, $R=.38, p<.10$).

Insert Tables 4 and 5 about here

For women, parental discrepancy was significantly predictive on the BDI measure ($R=.39, p<.01$) and marginally predictive on the global severity index SCL-90 ($R=.37, p=.10$) and on the SCL-90 depression subscale ($R=.37, p<.10$). Likewise, for women, significant-other discrepancy was significantly predictive of all three measures (SCL-90-Global, $R=.40, p<.01$; SCL-90-Depression, $R=.41, p<.05$; BDI, $R=.40, p<.01$). For men, neither parental nor significant-other discrepancy were predictive of distress or depression.

Insert Tables 4A and 5A about here

Own Discrepancy.

It was hypothesized that no sex differences would exist in the predictive ability of own discrepancy. To assess the unique contribution of own discrepancy to psychological distress a series of forced entry regressions were conducted. Separate analyses were conducted to assess the contribution of own discrepancy independent of total-other discrepancy, parental discrepancy and significant-other discrepancy.

Results indicated that own discrepancy, over and above total-other discrepancy, did not account for any additional significant variance on any of the dependent measures. Contrary to the predictions, the interaction of sex by own discrepancy was found to be marginally predictive of depression as measured by the SCL-90 ($R=.35$, $p<.10$). However, an analysis by gender revealed that own discrepancy, independent of total-other discrepancy, was not significantly predictive for either females or males.

Insert Table 6 about here

Own discrepancy, controlling for parental discrepancy, was marginally predictive of the depression subscale measure (SCL-90-Depression, $R=.29$, $p<.10$). As predicted, no significant sex differences were found for any of the three measures.

Own discrepancy, over and above, significant-other discrepancy, was not predictive on any of the dependent measures. Likewise, no significant sex difference were found.

Strength of Contingency Beliefs

It was also hypothesized that a sex difference would exist in the strength of self-guides. More specifically, it was expected that women would hold stronger or more punitive beliefs than men regarding the consequences of failing to

meet others' (parental and significant-others) standards.

To assess sex differences in the strength of contingency scores, t-tests were conducted on the parental contingency score and the significant-other contingency score. Contrary to predictions, males ($M = 1.06$) reported significantly more punitive significant-other contingency beliefs than did females ($M = .84$; $t=2.20$, $df=182$, $p<.05$). Similarly, males ($M = 1.29$) tended to hold more punitive parental contingency beliefs than did females ($M = 1.07$; $t=2.33$, $df= 186$, $p<.05$).

Although no specific hypotheses were made regarding own contingency, it is of interest to note that no significant sex differences were found.

Insert Table 7 about here

Relationship of Contingency to Psychological Distress

It was also hypothesized that people who held more punitive beliefs about the consequences of failing to meet others' standards would be more likely to experience depression.

Own contingency was significantly correlated with parental contingency ($r=.47$, $p<.01$) and significant-other contingency ($r=.43$, $p<.01$). Likewise parental contingency and significant-other contingency were also significantly correlated ($r=.56$, $p<.01$). Given the moderate correlations

among the measures of contingency, regression analyses were conducted.

To assess the unique contribution of parental contingency beliefs, a series of regression analyses were conducted, entering significant-other contingency and own contingency prior to parental contingency. Sex and the sex by parental contingency interaction were also entered into the regression analyses to assess sex differences in the predictive nature of parental contingency. Similar analyses were conducted to assess the unique contribution of significant-other contingency in predicting psychological distress.

Insert Table 8 about here

Consistent with what was predicted, results indicated that the unique contribution of significant-other contingency was significantly predictive of global distress ($R=.40$, $p<.01$) and marginally predictive of depression as measured by the depression subscale on the SCL-90 ($R=.45$, $p<.10$). For the unique contribution of parental discrepancy, there appeared to be a trend towards significance on the SCL-90 depression subscale measure ($R=.45$, $p=.11$).

As predicted, no sex differences were found for either of these relationships.

Interaction of Discrepancy and Other Contingency

It was hypothesized that the effect of other discrepancy would be dependent on the strength of self-other contingencies.

To assess the interactive relationships between discrepancy (own and other) and contingency (own, parental, and significant-other), the interaction effect was entered into a hierarchical regression analysis following the main effects for each independent variable. No significant interaction effect was found between other discrepancy and other contingency in predicting distress or depression, regardless of whether total-other, parental or significant-other was assessed. Likewise, the interaction effect between own discrepancy and own contingency was not significant. In a somewhat less conservative approach, the predictor variables were entered into the regression analyses without attempting to account for any shared variance (i.e., entering only parental discrepancy, parental contingency, and parental discrepancy by contingency). Even with a less conservative test, the interaction effects were not significant. It was also hypothesized that other discrepancy would be more predictive of depression in women than in men as contingency scores increased. Results indicated that these interaction effects were not significant.

Summary

In summary, the general pattern of results suggests that significant sex differences exist in the relationship between discrepancy and psychological distress. Women were more likely to have smaller total-other discrepancy than own discrepancy. In contrast, men were characterized by larger other than own discrepancy.

In addition, the present findings suggest that, total-other discrepancy was significantly more likely to predict distress and depression for women, than for men. Further analysis revealed that these sex differences were somewhat more pronounced for significant-other discrepancy than for parental discrepancy. The sex by discrepancy interactions were significant or marginally significant on all three dependent measures for significant-other discrepancy while only marginally significant on one measure for parental discrepancy.

Contrary to the predictions, women did not hold stronger other contingency beliefs regarding the consequences for failing to meet others' standards when compared to males. In fact, men tended to hold significantly more punitive beliefs. However, these stronger beliefs did not result in greater prediction of distress. In fact, although other contingency beliefs were somewhat predictive of distress, no sex differences were found. Surprisingly, no interactions were found between

discrepancy and contingency in predicting distress.

Discussion

The present research provides empirical support for the relational theory of depression in women (Kaplan, 1984; Jack, 1991) which proposes that depression is related to the tendency to evaluate one's self based on others' standards and the loss of one's sense of self as a relational being. The relational theory suggests that women, more so than men, are motivated to meet others' standards at the expense of meeting their own standards in order to maintain relationships. Results of the present research supported this claim. Women's sense of self was more congruent with how they thought others wanted them to be, than how they themselves wanted to be. Furthermore, the opposite pattern was found for men. Men's sense of self was more congruent with the standards they held for themselves than with the standards they perceived others' held for them.

The relational theory also asserts that women are predisposed to experience depression because of their need to maintain mutually empathic relationships and because of a tendency to evaluate themselves based on others' standards. The findings indicated that, when women felt that they were not living up to others' expectations, they experienced psychological distress and depression. For men, this relationship did not hold.

The present research contributes to our understanding

of depression by providing a rationale for why interpersonal difficulties are related to depression in women. Past research exploring depression in women, in particular interpersonal theories, have connected depression in women to marital discord and lack of supportive networks (Coyne & Gotlib, 1983). Yet these interpersonal theories have not explained the underlying psychological mechanisms of why these interpersonal consequences are related to depression. In the relational model, failure in relationships is associated with depression in women because women's sense of self revolves around connectedness with others. In addition, the present research, by employing self-discrepancy theory, provides an additional explanation of why these characteristics are related to depression. Self-discrepancy theory suggests that the self-system operates as an internal self-evaluative and regulatory system. The key aspect of this research is that sex differences in depression are related to sex differences in the internal configuration of the self and its role in depression.

This research is also valuable because it provides a framework for exploring the underlying developmental premise of the relational theory since both the relational theory and self-discrepancy theory exist within a developmental framework. The relational theory is based on the premise that women's psychological growth occurs within the context of connectedness (Chodorow, 1978). Chodorow proposes that,

as a result of being mothered by women, female development is said to be more continuous, encouraging rather than suppressing, the development of relational capacities. Self-discrepancy theory attributes the formation of internal self-representations to early childhood experiences and child-parent interactions. By employing self-discrepancy theory as a framework for exploring the relational theory, we can investigate the role of socialization and asymmetrical parenting in the development of relational capacities and intrapsychic structure. More specifically, self-discrepancy theory provides a model for investigating the differential role of each parent in the formation of self-representations and how these differences are related to depression.

The present research also extends our understanding of self-discrepancy theory. To date, research on self-discrepancy theory has not explored sex differences in the configuration of self-representations nor in the psychological impact of discrepancies. The present research found not only that women had a different pattern of discrepancies than men, but that sex differences existed in the relationship between other-discrepancy and psychological distress. Contrary to self-discrepancy theory, discrepancy with the standards of others was not predictive of psychological distress in men. Moreover, for men, neither own nor other discrepancy were predictive of psychological

distress.

In the present research, the lack of significant findings among the male sample may have been due to the smaller sample size. However, significant findings have been found among considerably smaller samples in past self discrepancy research (Strauman, 1989).

Interestingly, the majority of self-discrepancy research has been conducted with introductory psychology students, a sample that typically is comprised of considerably fewer male than female subjects. Perhaps self-discrepancy findings, to date, best describe the relationship between self and affect for women. Future research needs to explore sex differences in self-discrepancy theory.

In addition to providing insight into depression in women and sex differences in self-discrepancy theory, this research is valuable because it provides further documentation of the importance of the own-other dimension in self-discrepancy theory. To date, the majority of self-discrepancy research has focused on the relationship between different types of affect (i.e., depression versus anxiety) and ideal versus ought discrepancy. The present research suggests that exploration of the own-other dimension provides additional insight into understanding underlying mechanisms of psychological distress.

The present research also sought to extend our

understanding of the role of the self in depression, by exploring the nature of people's beliefs regarding the consequences of not meeting their own versus others' standards. Contrary to the hypothesis, the results indicated that men held significantly stronger other-contingency beliefs than women. Men were more likely than women to expect that significant-others would impose consequences on them if they failed to meet others' standards. Likewise, to a slightly lesser degree, men were more likely than women to believe that their parents would impose consequences on them.

In hindsight, higher contingency scores for men seem to make intuitive sense. If men tend to be less motivated to meet others' standards, it is likely that others may attempt to impose more punitive consequences with the goal of motivating them. In other words, for women the drive to meet others' standards comes from the need to maintain relationships. In contrast, since men do not have the same internal drive to live up to others' expectations, others may be more likely to impose punitive consequences upon them. Likewise, if women attempt to meet others' expectations more than men do, they may experience fewer and less severe punitive consequences, which in turn reduces their expectations that punitive consequences will arise.

Notwithstanding the previous explanation, these results may have been confounded by the wording on the contingency

questionnaire. This questionnaire queried perceptions about what others might do to us if we fail to meet others' standards, as opposed to what we might do to ourselves. If the questionnaire was worded differently, women may have reported that they would impose consequences upon themselves. For example, not meeting others' standards may be stressful for women because they feel guilty for letting others down. However, it could also be argued that for women, the need to meet others' standards results from a fear of the consequences that others may impose, such as loss of love.

Additionally, these findings may have to do with the assumptions regarding socialization processes and how strength of contingency beliefs was operationalized. Higgins (1988) proposed that girls may develop stronger contingency beliefs because they tend to receive more frequent and consistent information regarding what is expected from them. In this sense, strength of contingency belief refers to the degree to which consequences were expected. In the present research, strength of contingency belief was measured by averaging the expectancy ratings for eight punitive consequences. By averaging the ratings it is difficult to determine if these scores represent the belief that many consequences will arise or a greater expectation that some consequences will arise. Therefore, relatively higher ratings among the male sample may indicate

that men expect more consequences and therefore endorse many of the eight items, as opposed to having greater expectations that any one consequence will occur.

Interestingly, no significant differences were found among the frequency of own contingency beliefs. Women and men both held equal expectations regarding their beliefs that they would do something to themselves if they did not meet their own standards.

Further analysis should explore the validity of this measure to assess the strength of contingency beliefs as well as developmental differences in the acquisition of contingency beliefs.

Contrary to predictions, the results did not indicate an interaction between discrepancy and contingency, although intuitively, the relationship seems more than likely. Part of the problem may concern the way in which we operationalized strength of contingency belief, as mentioned earlier. It appears that the measure actually examines the expectation that many consequences would occur rather than the expectation that something negative will happen, since the score is based on averaging the ratings for eight items. By measuring contingency beliefs in this manner, much of the power of this analysis is lost. In hindsight, we need to find a way to score the measure so that it reflects certainty rather than frequency of expected consequences.

Limitations

One major limitation with research on sex differences is that it tends to treat each gender as a homogenous group, blurring many crucial difference within these groups. In particular, in this research, there was no attempt to explore the role of race, class and sexual orientation. Part of the rationale for comparing men and women, stems from the consistency of depression rates across different samples (Nolen-Hoeksema, 1987). In addition, the relational theory of depression is based on the premise that these differences arise because of the impact of women's mothering on female development (Chodorow, 1978). Girls, regardless of race, class or sexual orientation, for the most part are raised by their mothers. Yet, depression from the relational model is also understood within the context of socialization. Women's perceptions of others' expectations are derived, in part, through the process of socialization. Society defines the standards to which women must adhere. If depression is also a product of women's socialization, then we need to explore the role of social factors such as race, class and sexual orientation.

Future research should explore cultural differences in terms of the role of parental values and own values. For instance, first or second generation immigrants may have a strikingly different configuration of discrepancies due to the conflict of their own cultural values and imposed North

American values. Likewise, it would be of interest to test the validity of the present findings across different socioeconomic classes. In terms of sexual orientation, the relational theory of depression seems to have a somewhat inherent heterosexual bias. Although it is not stated explicitly, the theory refers to women in traditional roles and relationships with men. Future research should explore whether the same patterns are found among lesbian women.

Another potential limitation of this study was that it relied on a university sample in which rates of depression tend to be consistent among women and men, as was the case for the present research. However, since this theory is based on the premise that women's experience of depression is consistent with women's normative development, it was assumed that the mechanisms underlying depression in women would be found among all women, including university students. The remaining question is whether or not these findings can be replicated across clinical samples and nonuniversity samples.

Finally, it must be recognized that the research on the role of contingency is based on a newly developed measure. Further research is needed to assess the reliability and validity of this measure. In hindsight, it appears that this measure confounds the question about expectations of consequences for not meeting others' versus one's own standards with the issue of who will impose the

consequences. Additionally, further consideration needs to be given to the way in which strength of contingency belief was operationalized.

Risks & Benefits

It should be noted that the relational theory of depression is not a deficiency model of women's development. The need for connectedness is conceptualized as a positive aspect of women's development, to be celebrated and valued. However, this model runs the risk of being interpreted as yet another model that speaks to pathological flaws in women's development.

Prior theories of development (Greenberg & Mitchell, 1983) focus on women having difficulty with separation and individuation, as a result of merging boundaries. In these traditional theories, women's capacity for connectedness and the need to develop mutually empathic relationships is perceived as dependency and weakness. Traditional theories attempt to explain women's experience by comparing it to what is said to be the norm, men's development. In western society, independence and competitiveness are valued and rewarded, whereas women's tendency to sacrifice personal gain for relatedness, is neither valued nor rewarded. However, it is expected. Hopefully, the relational model of depression provides women with the opportunity to reevaluate their experience and recognize the positive aspects of having developed within a context of connectedness.

Furthermore, by recognizing connectedness as an enhanced capacity we, as women, can begin to find ways to integrate relatedness and achievement.

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Table 1

Means and Standard Deviations for Dependent Variables

<u>Dependent Variable</u>	<u>Sex</u>	<u>Mean</u>	<u>SD</u>	<u>N</u>
Global Distress SCL-90	Female	62.1	45.3	143
	Male	56.7	49.1	47
Depression SCL-90	Female	.91	.64	141
	Male	.80	.67	44
BDI	Female	8.7	6.4	142
	Male	7.1	5.7	47

Table 2

Sex Differences in Discrepancy Ratings*

<u>Sex</u>	<u>Total-Other Discrepancy</u>		<u>Own Discrepancy</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Females (<u>n</u> =118)	-1.02	1.83	-.68	2.69
Males (<u>n</u> =41)	-.63	1.83	-1.31	2.55

*Greater numeric value (i.e., smaller absolute value) indicates greater discrepancy.

Table 3

Summary of Hierarchical Multiple Regression for
Total-Other Discrepancy By Sex

<u>Predictor Variables</u>	<u>Dependent Variables</u>		
	<u>Distress</u>	<u>Depression</u>	<u>BDI</u>
	<u>R</u>	<u>R</u>	<u>R</u>
Own Discrepancy	.26***	.28***	.29***
Total-Other Dis.	.29p=.09	.31p=.10	.34*
Sex	.30	.33	.38*
Total-Other Dis. X Sex	.33p=.07	.36*	.41*

N.B. Significance refers to the significance of R change
*** p LE .001, **p LE .01, *p LE =.05

Table 3A

Summary of Hierarchical Multiple Regression for
Total-Other Discrepancy

<u>Predictor Variables</u>	<u>Dependent Variables</u>					
	<u>Distress</u>		<u>Depression</u>		<u>BDI</u>	
	<u>F</u>	<u>R</u>	<u>F</u>	<u>R</u>	<u>F</u>	<u>R</u>
Own Discrepancy	.31***	.07	.34***	.05	.33***	.12
Total-Other Dis.	.38*	.07	.40*	.05	.42**	.12

N.B. Significance refers to the significance of R change
*** p LE .001, **p LE .01, *p LE =.05

Table 4

Summary of Hierarchical Multiple Regression for Parental Discrepancy By Sex

<u>Predictor Variables</u>	<u>Dependent Variables</u>	
	<u>Distress</u>	<u>Depression</u>
	<u>R</u>	<u>R</u>
Own Discrepancy	.26***	.28***
Parental Discrepancy	.28	.29
Sex	.29	.31
Parental Dis. X Sex	.30	.33
		<u>R</u>
		.29***
		.32p=.09
		.36*
		.38p=.06

N.B. Significance refers to the significance of R change
 *** p LE .001, **p LE .01, *p LE =.05

Table 4A

Summary of Hierarchical Multiple Regression for Parental Discrepancy

<u>Predictor Variables</u>	<u>Dependent Variables</u>					
	<u>Distress</u>		<u>Depression</u>		<u>BDI</u>	
	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>
Own Discrepancy	.32***	.07	.34***	.05	.33***	.12
Parental Discrepancy	.35	.09	.37p=.10	.05	.39*	.12

N.B. Significance refers to the significance of R change
 *** p LE .001, **p LE .01, *p LE =.05

Table 5

Summary of Hierarchical Multiple Regression for Significant-Other Discrepancy by Sex

<u>Predictor Variables</u>	<u>Dependent Variables</u>		
	<u>Distress</u>	<u>Depression</u>	<u>BDI</u>
	<u>R</u>	<u>R</u>	<u>R</u>
Own Discrepancy	.26***	.28***	.29***
Sig-Other Disc.	.30*	.32*	.33*
Sex	.31	.34	.35p=.07
Sig-Other Disc. x Sex	.35*	.36p=.07	.38p=.07

N.B. Significance refers to the significance of R change
 *** p LE .001, **p LE .01, *p LE =.05

Table 5A

Summary of Hierarchical Multiple Regression for Significant-Other Discrepancy

<u>Predictor Variables</u>	<u>Dependent Variables</u>					
	<u>Distress</u>		<u>Depression</u>		<u>BDI</u>	
	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>
Own Discrepancy	.32***	.07	.34***	.05	.33***	.12
Sig-Other Discrepancy	.40**	.16	.41*	.05	.40**	.13

N.B. Significance refers to the significance of R change
 *** p LE .001, **p LE .01, *p LE =.05

Table 6

Summary of Hierarchical Multiple Regression for Own Discrepancy By Sex

Dependent Variables

<u>Predictor Variables</u>	<u>Distress</u>			<u>Depression</u>			<u>BDI</u>		
	<u>R</u>			<u>R</u>			<u>R</u>		
Total-Other Disc.	.29***			.30***			.33***		
Own Discrepancy	.29			.31			.33		
Sex	.30			.33			.38*		
Own Dis. x Sex	.32			.35p=.10			.39		
Parental Dis.	.26			.26***			.30***		
Own Discrepancy	.28			.29p=.10			.32		
Sex	.29			.31			.36*		
Own Disc. x Sex	.30			.33			.37		
Sig-Other Disc.	.28***			.31***			.32***		
Own Discrepancy	.30			.32			.33		
Sex	.31			.34			.35p=.07		
Own Dis. x Sex	.32			.36			.36		

N.B. Significance refers to the significance of R change
 *** p LE .001, **p LE .01, *p LE =.05

Table 7

Means and Standard Deviations for Contingency Scores

<u>Contingency Variable</u>	<u>Sex</u>	<u>Mean</u>	<u>SD</u>	<u>N</u>
Parental	Female	1.07	.64	141
	Male	1.29	.80	47
Sig-Other	Female	.84	.54	139
	Male	1.06	.59	45
Own	Female	.96	.59	140
	Male	.97	.51	46

Sex Differences in Contingency Beliefs

<u>Variable</u>	<u>t-Value</u>	<u>2-tail prob.</u>
Parental	-1.93	.06
Sig-Other	-2.20	.03
Own	-.54	N.S.

Table 8

Summary of Hierarchical Multiple Regression for Contingency By Sex

<u>Predictor Variables</u>	<u>Dependent Variables</u>		
	<u>Distress</u>	<u>Depression</u>	<u>BDI</u>
	<u>R</u>	<u>R</u>	<u>R</u>
Own Contingency	.36***	.43***	.51***
Parental Cont	.36	.43	.52
Sig Other Cont	.40**	.45p=.09	.52
Sex	.40	.45	.53
Sig-Other Cont. x Sex	.41	.46	.53
Own Contingency	.36***	.43***	.51***
Sig Other Cont	.39*	.44	.51
Parental Cont	.40	.45	.52
Sex	.40	.45	.53
Parental Cont x Sex	.40	.45	.53
Parental Contingency	.15*	.15*	.19**
Sig-Other Cont	.29**	.25**	.23p=.10
Own Cont	.40***	.45***	.52***
Sex	.40	.45	.53
Own Cont x Sex	.42	.46	.53

N.B. Significance refers to the significance of R change
 *** p LE .001, **p LE .01, *p LE =.05

Appendix A

Psychology Experiment Consent Form

I hereby volunteer to participate in a questionnaire study being conducted by Amy Rein, under the supervision of Marlene Moretti, Department of Psychology, Simon Fraser University.

I understand that the purpose of this study is to investigate the relationship between the way in which students think about their self and their general attitudes and behaviour. I understand that I will be asked to complete three questionnaires.

I understand that I may be contacted at a later point in time in case any additional information is needed. I have agreed to leave my phone number and mailing address so that I may be contacted if necessary.

I understand that the results of this study are confidential and that a code number will be assigned in order to ensure anonymity.

I understand that participation is not compulsory and that I am free to terminate my participation at any time. I also understand that I am free to ask questions at any time during the study.

I hereby agree not to discuss the nature of this research with other potential subjects until after I have been informed that the data collection period is over. I understand that this may take several months.

I have read and understand this form and its contents.

Dated at Vancouver this _____ day of _____ 1992.

Name (Please Print)

Witness (Please Print)

Participant's Signature

Witness's Signature

SELVES QUESTIONNAIRE

PART 1: Your Own Beliefs About You

In the following section of the questionnaire you will be asked to list the attributes of the type of person that YOU believe you actually are, ideally would like to be, and ought to be:

Your Actual Self:

Your beliefs concerning the attributes or characteristics you think you actually possess.

Your Ideal Self:

Your beliefs concerning the attributes or characteristics you would like ideally to possess; the type of person you wish, desire, or hope to be.

Your Ought Self:

Your beliefs concerning the attributes or characteristics you believe you should or ought to possess; the type of person you believe it is your duty, obligation, or responsibility to be.

In addition to listing the traits, you will be asked about the extent to which you believe you actually possess, would like to possess, or ought to possess each trait. Make these ratings after you have listed the attribute.

Please list the attributes of the type of person YOU believe you actually are:

	EXTENT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

For each attribute above, rate the extent to which YOU believe you actually possess the attribute, using the following scale:

- | | | | |
|----------|------------|--------------|-----------|
| 1 | 2 | 3 | 4 |
| slightly | moderately | a great deal | extremely |

Please list the attributes of the type of person YOU would ideally like to be (i.e., wish, desire, or hope to be):

	EXTENT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

For each attribute above, rate the extent to which YOU would ideally like to possess the attribute, using the following scale:

1	2	3	4
slightly	moderately	a great deal	extremely

Please list the attributes of the type of person YOU believe you ought to be (i.e., believe it is your duty, obligation or responsibility to be):

EXTENT

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

For each attribute above, rate the extent to which YOU believe you ought to possess the attribute, using the following scale:

1	2	3	4
slightly	moderately	a great deal	extremely

PART II: Others' Beliefs About You

Other people also have beliefs about the type of person you are, the type of person they would ideally like you to be, or believe you ought to be. In this section of the questionnaire you will be asked to list the attributes of the type of person that your mother and your father ideally would like you to be and believe you ought to be.

Please list the attributes of the type of person your mother would ideally like you to be (i.e., wishes, desires, or hopes you to be):

EXTENT

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

For each attribute above, rate the extent to which your mother would ideally like you to possess the attribute, using the following scale:

1	2	3	4
slightly	moderately	a great deal	extremely

Please list the attributes of the type of person your mother believes you ought to be (i.e., believes it is your duty, obligation, or responsibility to be):

EXTENT

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

For each attribute above, rate the extent to which your mother believes you ought to possess the attribute, using the following scale:

- 1 slightly
- 2 moderately
- 3 a great deal
- 4 extremely

Please list the attributes of the type of person your father would ideally like you to be (i.e., wishes, desires, or hopes you to be):

	EXTENT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

For each attribute above, rate the extent to which your father would ideally like you to possess the attribute, using the following scale:

1 2 3 4
slightly moderately a great deal extremely

Please list the attributes of the type of person your father believes you ought to be (i.e., believes it is your duty, obligation, or responsibility to be):

	EXTENT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

For each attribute above, rate the extent to which your father believes you ought to possess the attribute, using the following scale:

1	2	3	4
slightly	moderately	a great deal	extremely

Please list the attributes of the type of person your significant other (i.e. partner or best friend) would ideally like you to be (i.e. wishes, desires, or hopes you to be):

	EXTENT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

For each attribute above, rate the extent to which your significant other would ideally like you to possess the attribute, using the following scale:

- | | | | |
|----------|------------|--------------|-----------|
| 1 | 2 | 3 | 4 |
| slightly | moderately | a great deal | extremely |

Please list the attributes of the type of person your significant other (i.e. partner or best friend) believes you ought to be (i.e. believes it is your duty, obligation, or responsibility to be):

EXTENT

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

For each attribute above, rate the extent to which your significant other believes you ought to possess the attribute, using the following scale:

1	2	3	4
slightly	moderately	a great deal	extremely

INSTRUCTIONS:

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please fill in one of the numbered circles to the right that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST WEEK INCLUDING TODAY. Mark only one numbered circle for each problem and do not skip any items. If you change your mind, erase your first mark carefully. Read the example below before beginning, and if you have any questions please ask the technician.

EXAMPLE	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
HOW MUCH WERE YOU DISTRESSED BY:					
1. Bodyaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

HOW MUCH WERE YOU DISTRESSED BY:	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Nervousness or shakiness inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Repeated unpleasant thoughts that won't leave your mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Faintness or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Loss of sexual interest or pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling critical of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The idea that someone else can control your thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feeling others are to blame for most of your troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Trouble remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Worried about sloppiness or carelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Feeling easily annoyed or irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Pains in heart or chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Feeling afraid in open spaces or on the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Feeling low in energy or slowed down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Thoughts of ending your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Hearing voices that other people do not hear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Feeling that most people cannot be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Poor appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Crying easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Feeling shy or uneasy with the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Feelings of being trapped or caught	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Suddenly scared for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Temper outbursts that you could not control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Feeling afraid to go out of your house alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Blaming yourself for things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Pains in lower back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Feeling blocked in getting things done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Feeling blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Worrying too much about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Feeling fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Your feelings being easily hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Other people being aware of your private thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the following page

HOW MUCH WERE YOU DISTRESSED BY:

		NOT AT ALL	A LITTLE BIT	MODERATELY	VERY A LOT	EXTREMELY
36. Feeling others do not understand you or are unsympathetic	36	0	1	2	3	4
37. Feeling that people are unfriendly or dislike you	37	0	1	2	3	4
38. Having to do things very slowly to insure correctness	38	0	1	2	3	4
39. Heart pounding or racing	39	0	1	2	3	4
40. Nausea or upset stomach	40	0	1	2	3	4
41. Feeling inferior to others	41	0	1	2	3	4
42. Soreness of your muscles	42	0	1	2	3	4
43. Feeling that you are watched or talked about by others	43	0	1	2	3	4
44. Trouble falling asleep	44	0	1	2	3	4
45. Having to check and double-check what you do	45	0	1	2	3	4
46. Difficulty making decisions	46	0	1	2	3	4
47. Feeling afraid to travel on buses, subways, or trains	47	0	1	2	3	4
48. Trouble getting your breath	48	0	1	2	3	4
49. Hot or cold spells	49	0	1	2	3	4
50. Having to avoid certain things, places, or activities because they frighten you	50	0	1	2	3	4
51. Your mind going blank	51	0	1	2	3	4
52. Numbness or tingling in parts of your body	52	0	1	2	3	4
53. A lump in your throat	53	0	1	2	3	4
54. Feeling hopeless about the future	54	0	1	2	3	4
55. Trouble concentrating	55	0	1	2	3	4
56. Feeling weak in parts of your body	56	0	1	2	3	4
57. Feeling tense or keyed up	57	0	1	2	3	4
58. Heavy feelings in your arms or legs	58	0	1	2	3	4
59. Thoughts of death or dying	59	0	1	2	3	4
60. Overeating	60	0	1	2	3	4
61. Feeling uneasy when people are watching or talking about you	61	0	1	2	3	4
62. Having thoughts that are not your own	62	0	1	2	3	4
63. Having urges to beat, injure, or harm someone	63	0	1	2	3	4
64. Awakening in the early morning	64	0	1	2	3	4
65. Having to repeat the same actions such as touching, counting, or washing	65	0	1	2	3	4
66. Sleep that is restless or disturbed	66	0	1	2	3	4
67. Having urges to break or smash things	67	0	1	2	3	4
68. Having ideas or beliefs that others do not share	68	0	1	2	3	4
69. Feeling very self-conscious with others	69	0	1	2	3	4
70. Feeling uneasy in crowds, such as shopping or at a movie	70	0	1	2	3	4
71. Feeling everything is an effort	71	0	1	2	3	4
72. Spells of terror or panic	72	0	1	2	3	4
73. Feeling uncomfortable about eating or drinking in public	73	0	1	2	3	4
74. Getting into frequent arguments	74	0	1	2	3	4
75. Feeling nervous when you are left alone	75	0	1	2	3	4
76. Others not giving you proper credit for your achievements	76	0	1	2	3	4
77. Feeling lonely even when you are with people	77	0	1	2	3	4
78. Feeling so restless you couldn't sit still	78	0	1	2	3	4
79. Feelings of worthlessness	79	0	1	2	3	4
80. The feeling that something bad is going to happen to you	80	0	1	2	3	4
81. Shouting or throwing things	81	0	1	2	3	4
82. Feeling afraid you will faint in public	82	0	1	2	3	4
83. Feeling that people will take advantage of you if you let them	83	0	1	2	3	4
84. Having thoughts about sex that bother you a lot	84	0	1	2	3	4
85. The idea that you should be punished for your sins	85	0	1	2	3	4
86. Thoughts and images of a frightening nature	86	0	1	2	3	4
87. The idea that something serious is wrong with your body	87	0	1	2	3	4
88. Never feeling close to another person	88	0	1	2	3	4
89. Feelings of guilt	89	0	1	2	3	4
90. The idea that something is wrong with your mind	90	0	1	2	3	4

THE OOI

On the following pages you will be asked about various expectations you may have experienced as a result of meeting or failing to meet standards that you hold for yourself and that others hold for you.

We all hold certain standards for ourselves, others may also hold standards for us. In addition, we have expectations about what may or may not occur if we meet or fail to meet these standards.

In this questionnaire you will be asked to rate the extent to which you hold certain expectations about what will happen if you meet or fail to meet the standards that a) you hold for yourself b) your parents held for you as a child and c) most people you know hold for you.

In addition, you will be asked to rate the extent to which these expectations may effect your behavior. For example, your expectations may influence you to pursue or approach some situations, or to avoid particular situations. It will be your task to decide whether or not a particular expectation has this effect on you and to what extent.

Please think about each question carefully. Try to be as honest as you can in responding - your answers will be kept confidential.

When I fail to meet the standards
I hold for myself I expect to...

	Extent to which I hold this expectation	Extent to which this expectation effects my behavior
1) Scold myself.....	_____	_____
2) Physically discipline myself.....	_____	_____
3) Physically hurt myself.....	_____	_____
4) Take away something I value.....	_____	_____
5) Take away care/concern from myself.....	_____	_____
6) Hurt myself emotionally.....	_____	_____
7) Not really do anything.....	_____	_____
8) Take away love/affection from myself.....	_____	_____
9) Ridicule myself.....	_____	_____
10) Not make a big deal about it.....	_____	_____
11) Take away emotional support from myself.....	_____	_____
12) Not really notice it.....	_____	_____
13) Not really care about it.....	_____	_____

Extent Rating Scale

For each of the above outcomes, please rate the extent to which each outcome
1) is true for you, and 2) effects your behavior.
If you have never experienced a particular expectation, simply put a
'0' in the respective extent column(s). Otherwise use the following scale:

1	2	3	4	5
Not at all				Very much

When I failed to meet the standards my parents held for me as a child I expected that they would

	Extent to which I hold this expectation	Extent to which this expectation effects my behavior
1) Scold me.....	_____	_____
2) Physically discipline me.....	_____	_____
3) Physically hurt me.....	_____	_____
4) Take away something I value.....	_____	_____
5) Take away their concern from me.....	_____	_____
6) Hurt me emotionally.....	_____	_____
7) Not really do anything.....	_____	_____
8) Take away their love/affection.....	_____	_____
9) Ridicule me.....	_____	_____
10) Not make a big deal about it.....	_____	_____
11) Take away their emotional support.....	_____	_____
12) Not really notice it.....	_____	_____
13) Not really care about it.....	_____	_____

Extent Rating Scale

For each of the above outcomes, please rate the extent to which each outcome 1) is true for you, and 2) effects your behavior. If you have never experienced a particular expectation, simply put a '0' in the respective extent column(s). Otherwise use the following scale:

1	2	3	4	5
Not at all				Very much

When I fail to meet the standards that significant others (i.e., partner, best friend) hold for me I expect that they will....

	Extent to which I hold this expectation	Extent to which this expectation effects my behavior
1) Scold me.....	_____	_____
2) Physically discipline me.....	_____	_____
3) Physically hurt me.....	_____	_____
4) Take away something I value.....	_____	_____
5) Take away their care/concern from me.....	_____	_____
6) Hurt me emotionally.....	_____	_____
7) Not really do anything.....	_____	_____
8) Take away their love/affection.....	_____	_____
9) Ridicule me.....	_____	_____
10) Not make a big deal about it.....	_____	_____
11) Take away their emotional support.....	_____	_____
12) Not really notice it.....	_____	_____
13) Not really care about it.....	_____	_____

Extent Rating Scale

For each of the above outcomes, please rate the extent to which each outcome 1) is true for you, and 2) effects your behavior.

If you have never experienced a particular expectation, simply put a '0' in the respective extent column(s). Otherwise use the following scale:

1	2	3	4	5
Not at all				Very much

BECK INVENTORY

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 I do not feel sad.
 1 I feel sad.
 2 I am sad all the time and I can't snap out of it.
 3 I am so sad or unhappy that I can't stand it.

2. 0 I am not particularly discouraged about the future.
 1 I feel discouraged about the future.
 2 I feel I have nothing to look forward to.
 3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
 1 I feel I have failed more than the average person.
 2 As I look back on my life, all I can see is a lot of failures.
 3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
 1 I don't enjoy things the way I used to.
 2 I don't get real satisfaction out of anything anymore.
 3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
 1 I feel guilty a good part of the time.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.

6. 0 I don't feel I am being punished.
 1 I feel I may be punished.
 2 I expect to be punished.
 3 I feel I am being punished.

7. 0 I don't feel disappointed in myself.
 1 I am disappointed in myself.
 2 I am disgusted with myself.
 3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
 1 I am critical of myself for my weaknesses or mistakes.
 2 I blame myself all the time for my faults.
 3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
 1 I have thoughts of killing myself, but I would not carry them out.
 2 I would like to kill myself.
 3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
 1 I cry more now than I used to.
 2 I cry all the time now.
 3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated now that I ever am.
 1 I get annoyed or irritated more easily than I used to.
 2 I feel irritated all the time now.
 3 I don't get irritated at all by the things that used to irritate me.
12. 0 I have not lost interest in other people.
 1 I am less interested in other people than I used to be.
 2 I have lost most of my interest in other people.
 3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
 1 I put off making decisions more than I used to.
 2 I have greater difficulty in making decisions than before.
 3 I can't make decisions at all anymore.
14. 0 I don't feel I look any worse than I used to.
 1 I am worried that I am looking old or unattractive.
 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 3 I believe that I look ugly.
15. 0 I can work about as well as before.
 1 It takes an extra effort to get started at doing something.
 2 I have to push myself very hard to do anything.
 3 I can't do any work at all.
16. 0 I can sleep as well as usual.
 1 I don't sleep as well as I used to.
 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
 1 I get tired more easily than I used to.
 2 I get tired from doing almost anything.
 3 I am too tired to do anything.

18. 0 My appetite is no worse than usual.
 1 My appetite is not as good as it used to be.
 2 My appetite is much worse now.
 3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any, lately.
 1 I have lost more than 5 pounds.
 2 I have lost more than 10 pounds.
 3 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less.
 Yes _____ No _____

20. 0 I am no more worried about my health than usual.
 1 I am worried about physical problems such as aches and pains: or upset stomach: or constipation.
 2 I am very worried about physical problems and it's hard to think of much else.
 3 I am so worried about my physical problems that I cannot think about anything else.

21. 0 I have not noticed any recent change in my interest in sex.
 1 I am less interested in sex than I used to be.
 2 I am much less interested in sex now.
 3 I have lost interest in sex completely.