Delusional Beliefs

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CHAPTER 5

Standard Utilization and the Social-Evaluative Process: Vulnerability to Types of Aberrant Beliefs

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Aberrant beliefs and delusions occur in a variety of medical and psychological conditions (World Health Organization, 1973). Despite the contributions of many outstanding theoreticians and researchers (Bleuler, 1950; Kraepelin, 1919/1971; Freud, 1923/1961; Sullivan, 1953), an empirically based and clearly conceptualized model of these symptoms has failed to emerge. The limited theoretical and research development of the field is reflected by the fact that several fundamental issues remain unresolved. Researchers continue to debate on the primary characteristics that distinguish an unusual or aberrant belief from a delusion. A related question concerns the possible etiological and phenomenological heterogeneity of delusional symptoms. In addition, researchers continue to struggle in their attempts to understand the relation between types of delusional symptoms and various forms of psychopathology.

In the midst of this uncertainty, clinicians and researchers continue to recognize that delusional symptoms tend to occur in particular types of psychological disorders and are indicative of severe psychological disturbance. The Research Diagnostic Criteria (RDC) (Spitzer, Endicott, & Robins, 1978) list eight “active phase” symptoms in schizophrenia, of which

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four refer to delusional features. In the *Diagnostic and statistical manual of mental disorders* (DSM-III) (American Psychiatric Association [APA], 1980), delusional symptoms are represented in three of the six active phase criteria for schizophrenic disorders. Although less diagnostic, delusional symptoms may also be present in affective disorders.

In light of the continued attention that clinicians and researchers pay to these symptoms and to the difficulty they present in treatment, the need for the development of new models that can provide a framework for understanding empirical findings and clinical observations has been raised in several reviews (see Arthur, 1964; Winters & Neale, 1983). In the current chapter we propose a potential framework derived from a model of social evaluation recently developed by Higgins and his colleagues (see Higgins, 1987; Higgins, Bond, Klein, & Strauman, 1986; Higgins, Strauman, & Klein, 1986a).

**Normative Standard Utilization and the Formation of Beliefs**

The DSM-III (APA, 1980) defines a delusion as:

A false personal belief based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not ordinarily accepted by other members of the person’s culture or subculture (i.e., it is not an article of religious faith).

When a false belief involves an extreme value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility.

(p. 356)

Note that delusional ideation is confined to a context in which clearly incongruent information is readily available. Hence, by definition, the development and maintenance of the aberrant belief or delusion cannot be traced to some qualitative differences in the nature of available information. While unusual beliefs may indeed arise when an individual is confronted with insufficient or unusual types of information, this is by no means a common characteristic in the genesis of aberrant beliefs or delusions (see Chapman & Chapman, this volume). In addition, unusual beliefs that arise from unusual or insufficient information are often relinquished in the face of additional or clarifying information (Johnson, Ross, & Mastria, 1977). This mutability does not characterize aberrant beliefs or delusions. Clinical observation suggests that individuals who hold such beliefs do not perceive available information as incongruent with their beliefs. In fact, information that is presented to them in an attempt to alter their beliefs (i.e., information that
others would perceive as highly incongruent), is often assimilated in a peculiar manner as additional evidence supporting the aberrant belief.

Although by definition aberrant beliefs and delusions do not arise from the atypical quality of available information, they could nevertheless arise from the atypical manner in which this information is evaluated. We propose that aberrant beliefs and delusions reflect atypical or nonnormative judgments and interpretations of information. Further, we suggest that judgments and interpretations will be deviant to the extent that normative considerations have been violated in the selection and the application of standards during information processing.

Deviations from normative standard utilization may occur along two dimensions. First, deviations in standard utilization may occur along a dimension of normativeness in standard selection. Individuals may deviate in selecting a nonnormative type of standard for processing information. In this case, the content of the standards in themselves may not be unusual or peculiar, but their use to evaluate particular events is nonnormative. Deviations in standard selection will be predictive of the nature of the distortion constituting the aberrant belief or delusion; that is, whether the belief reflects an enhanced (positive distortion) or a devalued (negative distortion) perception of the self. Negative distortion arising from nonnormative standard selection is illustrated in the following example: In evaluating one's own artistic creativity and skill, an individual may select a standard based on the creativity and skill demonstrated in the works of a renowned artist. The selection of this standard by an individual who has dedicated a good deal of time and energy to their development as a professional artist may be appropriate and normative. The selection of this standard by an individual who has only recently been introduced to the study of art, however, would be nonnormative and could possibly contribute to the formation of negative beliefs and expectations about their current skills and potential for artistic development. In this case, a more appropriate or normative standard would be the average performance of others who are at a similar point in training.

Deviations in standard utilization may also occur along a dimension of normativeness in standard application. That is, individuals may deviate in the extent to which standards are applied at nonnormative stages during information processing. Here, the standard selected to evaluate an event may be normative but its application at a given stage of processing violates normative rules. As we pointed out in our previous example, for some individuals the evaluation of artistic creativity and ability based on a standard of the works produced by a renowned artist is normative. Normatively this standard would be applied to appraise one's performance. An individual may interpret his or her work as successful based on how it compares to the work of other artists with comparable training, but may appraise his or her work
as poor because it fails to approach the work of a great artist. The premature application of this standard for interpreting whether one's work is a success or a failure is nonnormative and could possibly lead to overly negative evaluations of one's artistic creativity and potential. Deviations in the stage at which standards are applied will be predictive of the degree of deviation or severity of distortion reflected in the aberrant belief or delusion. Of course, individuals may demonstrate both forms of deviation in standard utilization.

When individuals' judgments and interpretations are based on nonnormative standard utilization, they are nevertheless judged by others as if they were based on normative standard utilization (unless explicitly or implicitly specified otherwise), and hence are perceived as atypical or even bizarre. It is important to note that individuals need not be aware and often are not aware of the standards they employ during information processing. In addition, social evaluations based on nonnormative standard utilization may become dissociated from the context in which they were derived, just as judgments based on normative standard utilization can become contextually dissociated, and this may lead to distortions in subsequent memory and judgments (Higgins & Stangor, 1987).

The analysis we propose is most useful for understanding aberrant self-evaluative beliefs and delusions. Aberrant beliefs or delusions that are not primarily self-evaluative in nature are not easily explained within this model. The current analysis assumes that both the content and utilization of standards vary culturally and historically (see Heise, this volume). Thus, the correctness of standard selection and application is a matter of social consensus. We also assume that all judgments and interpretations vary along a

| TABLE 5.1. Aberrant Beliefs and Delusions as a Function of Standard Use in Social Evaluation |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Assumption. The atypical use of standards leads to unusual (strange, out of the ordinary, bizarre) judgments and interpretations of social stimuli. | Hypothesis 1. The greater an individual's deviation in the use of standards from what is typical for the individual's community, the greater the likelihood that the individual's judgments and interpretations will be perceived as aberrant or delusional. | Corollary $H_1$. There are quantitative differences in the severity of deviation reflected in a belief that parallel the extremity of deviation in the use of standards. | Hypothesis 2. The nature of the aberrant belief or delusion an individual displays is a function of the type of deviation in the individual's use of standards from what is typical for the individual's community. | Corollary $H_2$. There are qualitatively different types of aberrant beliefs and delusions that reflect the type of nonnormative selection of standards and/or the type of nonnormative application of standards. |
continuum of normativeness in standard utilization. This assumption is consistent with growing evidence that a wide range of ideational distortions is found in both psychiatric and nonpsychiatric populations (Chapman & Chapman, this volume; Strauss, 1969). An outline of our perspective, basic assumptions, and hypotheses is provided in Table 5.1.

Standards as Determinants of Social Experience

Psychologists have been concerned with the consequences of standard utilization for many years. Sherif (1936) and Lewin (1951) state that judgments and experiences of success and failure take place within some frame of reference, where the frame of reference can be the interiorization of the norms and values of one’s culture, the achievements of others, one’s own level of aspiration (i.e., one’s personal goals), or one’s own past performance. The literature on reference groups, in which judgments are anchored to membership and nonmembership groups, describes two basic kinds of social group influence on individuals’ self-judgments (e.g., Hyman, 1942; Kelley, 1952; Merton & Kitt, 1952; Newcomb, 1952; Sherif, 1948). First, there are social groups that serve as a comparison point against which a person can evaluate himself or herself (considered to be a “perceptual” standard). Second, there are norm-setting and norm-enforcing social groups whose code defines the acceptability or propriety of a person’s behavior (considered to be a “motivational” standard). In addition to social groups, it has been suggested that particular individuals can serve as standards for evaluation (see Festinger, 1954; Freud, 1923/1961; Mead, 1934; Merton & Kitt, 1952), either because the individual is salient or emotionally significant in one’s life or because the individual’s attributes permit a valid assessment of one’s ability (see Goethals & Darley, 1977).

Different self-concepts or ego states have also been proposed as functioning as standards for self-evaluation, such as James’ (1890/1948) ideal social self and spiritual self, Freud’s (1923/1961) superego, and Rogers’ (1961) ideal self (see Higgins et al., 1986a, for a review of these kinds of standards). Bandura (1982) distinguishes between such personal standards and the social referential comparison standards described earlier. Recently, it has been suggested that self-evaluation can even involve comparisons to constructed or imaginary standards, such as mental simulations (Kahneman & Tversky, 1982), constructed norms and alternatives to reality (Kahneman & Miller, 1986), or possible selves (Markus & Nurius, 1987), which can consist of dreams and fantasies as well as logical possibilities (see also Freud’s (1923/1961) discussion of the ego-ideal).

From even this brief review, it is evident that many different kinds of standards for self-evaluation have been identified in the literature. The
framework proposed by Higgins (1987) systematically organizes and distinguishes among these, and other varieties of standards have been proposed (Higgins, Strauman, & Klein, 1986a). In the next section we provide a brief overview of two major types of standards—factual points of reference and acquired guides. This will be followed by a discussion of the consequences of nonnormative selection of standards.

**Factual Points of Reference**

One major type of standard involves the evaluator’s belief about the actual performance of attributes of one or more persons that is used as a point of reference relative to which the evaluator judges his or her own attributes or performance—factual points of comparison. It must be noted that although the point of reference is subjectively or phenomenologically factual, this does not imply that it is objectively accurate. There are four basic kinds of factual reference points—social category, meaningful other, autobiographical, and social context comparison points.

**Social Category Reference Point**

A social category reference point is a factual standard defined by the average performance of attributes (e.g., mean, median, modal, prototypic) of the members of some social category or group. The evaluator may or may not be a member of the group and may or may not have any direct social interaction with the group members (see Merton & Kitt, 1952; Newcomb, 1952). Moreover, the size of the social category or group can vary greatly, from “people in general” to “closest friends.” Changes in the social category to which one compares one’s performance have been shown to influence one’s self-evaluation (Hyman, 1942), as well as one’s evaluations of others (Higgins & Lurie, 1983).

**Meaningful Other Reference Point**

A meaningful other reference point is a factual standard defined by the performance or attributes of another individual who is meaningful to the evaluator either because of the relevance or appropriateness of the individual’s attributes for social comparison (see Bernstein & Crosby, 1980; Festinger, 1954; Goethals & Darley, 1977) or because of his or her emotional significance or importance to the evaluator. The meaningful other may or may not be a personal acquaintance of the evaluator (e.g., movie star) and may or may not be currently alive (e.g., one’s deceased father). Comparison to a meaningful other can influence judgments about the self (Merton & Kitt, 1952) as well as judgments about others (see Higgins & King, 1981; Nisbett & Ross, 1980; Sarbin, Taft, & Bailey, 1960).
Autobiographical Reference Point

An autobiographical reference point is a factual standard defined by the evaluator's own past performance or attributes. It can represent a single instance or a distribution of instances, and can be recent or remote. There is evidence that use of an autobiographical reference point can lead to relatively positive self-evaluation when skill acquisition shows rapid advancement (Ruble, 1983; Suls & Muilen, 1982; Veroff, 1969). Different self-evaluations can occur depending on whether an individual uses a recent or remote autobiographical comparison point.

Social Context Reference Point

A social context reference point is a factual standard defined by the performance of the immediate context of persons to whom the evaluator is currently exposed (and notices). The social context can be one or more persons. Morse and Gergen (1970), for example, found that people will evaluate themselves more highly after exposure to a person with undesirable characteristics. A social context reference point is distinct from a social category reference point in that the former is a momentary stimulus event rather than a preestablished or defined social construct that is represented in, and retrieved from, memory.

Acquired Guides

Individuals also rely on another type of standard to assess the acceptability or excellence of their performance—guides for behavior. Acquired guides differ from factual points of reference in that the former represent internalized standards or valued self-end-states while the latter refer to standards that are based on beliefs about the actual performance of self and others.

Self-discrepancy theory (Higgins, 1986) outlines two dimensions that underlie the different kinds of acquired guides. First, self-discrepancy theory distinguishes between three domains of the self—the actual self, the ideal self, and the ought self. The actual self consists of those attributes that someone (self or other) believes the person actually possesses (i.e., the self-concept); the ideal self refers to those attributes that someone (self or other) would ideally like the person to possess (i.e., hopes or wishes the person would possess); and the ought self refers to those attributes someone (self or other) believes the person should or ought to possess (i.e., believes it is the person's duty or obligation to possess).

The second dimension proposed by self-concept discrepancy theory is standpoints on the self. Standpoint is a point of view or position from which
a person is judged, reflecting a set of attitudes or values. Each of the domains of the self can be viewed from one's own standpoint, or from the standpoint of the other. Each individual can, and often does, have multiple “other” standpoints on his or her self that are meaningful or relevant (e.g., mother, father, older brother, best friend, spouse, boss, colleague).

Combining across these two dimensions of the self (domains by standpoints) yields six potentially different perspectives on the self: Actual/Own, Actual/Other, Ideal/Own, Ideal/Other, Ought/Own, and Ought/Other. The actual/own self-state, and to a lesser extent the actual/other self-state, are analogous to what is typically meant by a person’s "self-concept" (Wylie, 1979). The four remaining self-states may be selected and applied as guides in the evaluation of one’s performances.

Nonnormative Selection of Standards

Earlier we identified two classes of nonnormative standard utilization that increase the probability that one’s judgments and interpretations will deviate from what is typical given a particular culture or subculture—nonnormative standard selection and nonnormative standard application. We will now review the consequences of nonnormative standard selection with reference to the type of standards we have outlined.

Nonnormative Selection of Factual Points of Reference

Individuals may be deviant in their selection of both factual reference points or acquired guides. Factual standards may seem to be more firmly based in reality than are acquired guides and therefore their use might be construed as less likely to lead to unusual or bizarre judgments or interpretations. It must be recalled, however, that the content of the standards in themselves is of little importance. What is critical is that selection occurs within normative considerations. One can easily imagine the consequences of the nonnormative selection of social category and meaningful other reference points. Consider, for example, a graduate student who evaluates her knowledge of the field against the knowledge of the first-year undergraduate students she tutors. This nonnormative selection of a social category reference point would lead to a heightened evaluation of performance. The expression of this evaluation without specific mention of nonnormative standard selection (i.e., “I know so much about statistics.”) may be considered grandiose precisely because others interpret this evaluation as if it were based on normative standard selection (i.e., “I know so much more about statistics than my fellow graduate students do.”). Similarly, consider the graduate student who evaluates his accomplishments and contributions to the field against that of the renowned experts (nonnormative selection of a social category reference...
point), or against that of an individual professor he perceives as outstanding in his field (nonnormative selection of a meaningful other reference point). This deviation from normativeness may lead him to underestimate his performance. In fact, an extreme deviation in the selection of a meaningful other reference point—for example, comparing oneself to Napoleon—may lead to bizarre self-evaluations.

Similar examples readily come to mind when we consider the consequences of the nonnormative selection of autobiographical reference points. Selecting a relatively recent autobiographical reference point would be nonnormative for evaluating one's progress on a very difficult task that requires considerable effort and typically shows slow gains. For example, individuals who have suffered damage to verbal or motor abilities through accidents or illnesses may apply recent autobiographical reference points based on their performance prior to the accident or illness in evaluating their progress in rehabilitation. The selection of this reference point will lead to highly negative evaluations of progress and a sense of hopelessness. Indeed, in such cases it is often helpful to discuss the importance of selecting other factual points of reference in performance evaluation.

Acknowledging but failing to apply social context reference points may also lead to negative evaluations of oneself rather than to the recognition that one's experiences are common within a particular group of individuals. For example, even though a new mother may acknowledge that initial feelings of anxiety, depression, and insecurity are common among other first-time mothers in the same hospital room (social context reference point), she may disregard this standard and evaluate her feelings and performance against the happiness and confidence with which her close friend appears to embrace the role of being the mother of three children. Her continued disregard for this social context reference point may lead her to feel guilty about her negative feelings and to believe she lacks the skills necessary to cope in her new role.

It should be recalled that in all of these examples nonnormative standard utilization leads to evaluations of the self that if expressed to others may be considered biased. What is more important is that these evaluations also become personal realities—even with equivalent performances one individual may come to view himself or herself as a great success while another comes to view himself or herself as a terrible failure.

**Nonnormative Selection of Acquired Guides**

The relative accessibility or readiness with which acquired guides are applied during information processing may vary across individuals and across events depending on what is normative for a particular context. Indeed, it is more difficult to establish a baseline of normativeness in the selection of acquired...
guides than in the selection of factual points of reference. In some situations, estimates of normativeness in guide selection may be drawn from contextual information. For example, if a student finds that he or she has received a grade of 60% on an examination, it would be difficult to evaluate whether the application of an acquired guide (ideal or ought) is normative. If the student was informed that this mark was well beyond the mean grade (social context reference point), however, the application of an ideal or ought guide would seem inappropriate to interpret his or her basic success or failure on the exam.

Normativeness in the selection of acquired guides can also be evaluated in terms of the extent to which the application of a particular guide persuades the evaluation of one's attributes or performances across contexts. The importance of this chronic individual difference in understanding vulnerability to aberrant beliefs and delusions will be discussed more fully in a later section of this chapter. Let us now turn to the second parameter of the social evaluation theory proposed by Higgins et al. (1986a)—the stages in the process of social evaluation. This will be followed by a discussion of the consequences of nonnormative application of standards.

Normative Standard Application in Social Evaluation

Social evaluation involves a multi-stage process in which each stage can have emotional consequences. Higgins et al. (1986a) propose that there are four basic stages in the process of social evaluation: stimulus representation, identification, interpretation, and general appraisal.

Stimulus Representation

The stage of stimulus representation involves registration and representation of the details and features of the attribute or performance-related stimulus (i.e., action, event, performance-related outcome, etc.). This stage is restricted to describing or encoding the salient aspects of the stimulus information. Although inferential processes can be involved even at this stage (e.g., inferring that turned up corners of the mouth is a smile and not a grimace) and the judgment can be influenced by concomitant circumstances, neither the evaluative standards described earlier nor causal attributions are typically utilized at this stage.

Identification

The stage of identification involves designating the attribute or performance-related stimulus as being a particular type of entity or event. This stage involves recognizing that an attribute or performance is an instance of some previously established action class or event class (e.g., an instance of greeting
behavior). Like the stimulus representation stage, neither the evaluative standards described earlier nor causal attributions are likely to be involved at this stage. Of course, this is not to say that inference or identification does not involve comparing the degree of match or similarity between the stimulus and alternative stimulus classes (see Rosch, 1978; Tversky & Gati, 1978). This stage is more likely to produce an emotion.

**Interpretation**

The stage of interpretation involves inferring or construing the personal meaning or implications of an attribute or performance-related stimulus. In contrast to stimulus identification, interpretation necessarily involves the utilization of some standard of evaluation. Standards utilized in the interpretation stages are typically factual points of reference. More than either the stimulus representation stage or the identification stage, the interpretation stage is likely to have emotional consequences because interpretation of one's performance necessarily has personal, self-evaluative significance.

**General Appraisal**

The stage of general appraisal involves an overall estimation of the worth or value of the attribute or performance-related stimulus. Standards used in the general appraisal stage are typically acquired guides. Even more than the interpretation stage, the general appraisal stage is inherently evaluative with direct emotional impact.

**Nonnormative Application of Standards**

Violations of normative considerations in the applications of standards during information processing can produce a range of ideational distortions from mild distortions in the evaluation of performance to gross misconceptions and hallucinations regarding the very nature of the attribute and performance-related stimuli.

The application of acquired guides at the stage of interpretation is probably the mildest and most common form of nonnormative standard utilization. In such cases, the stimulus and its event class are correctly (normatively) identified, but an acquired guide rather than a factual point of reference is applied at the stage of interpretation. For example, a student may correctly represent his or her grade as 80 percent and correctly identify this event as a “pass,” but may interpret it as an unsuccessful performance because an acquired guide (Ideal/Own or Ought/Other), such as “I would like to get over 90%,” rather than a factual guide (e.g., social context reference point, such as “the average grade on the exam was 70%”) is
applied. The negative distortions that result from the premature application of acquired guides are similar in type and severity to the systematic negative distortions that Beck (1967, 1976) described as characterizing depression.

The application of acquired guides prior to the stage of interpretation would severely disturb the normative identification and evaluation of events. Using the previous example, application of an acquired guide at the stage of identification may result in preservation of the stimulus representation—the grade is seen as 80 percent—but the stimulus event is misidentified—it is identified as a “fail” rather than a “pass.”

The application of acquired guides at the stage of stimulus representation may result in gross disturbances of perception. It is important to note that guides applied at the stages of identification, interpretation, and appraisal operate in an evaluative capacity. However, when guides or standards are applied at the earlier stage of stimulus representation, they perform a distinctly different function of organizing perception in much the same way as a construct organizes perception. That is, the negative psychological situation represented by the discrepancy may be projected into the perception of events. For example, a student applying a guide at the stage of stimulus representation may experience distortions in the perception of stimuli—a grade of 80 percent is perceived as a grade of 30 percent. That is, the discrepancy standard organizes the perception of the stimulus.

VULNERABILITY TO NONNORMATIVE STANDARD UTILIZATION

Up to this point we have discussed the potential consequences of violating normative considerations in the utilization of standards on judgments and interpretations. Specifically, we have focused on the consequences of deviations in standard utilization along the dimensions of standard selection and the stage of standard application. We now turn our attention to the consideration of vulnerability factors that may predispose an individual to utilize standards in a nonnormative fashion.

In our previous discussion we noted that there exist several acquired guides or self-directive standards that individuals may utilize to evaluate their performances: Ideal/Own, Ideal/Other, Ought/Own, and Ought/Other. Self-discrepancy theory (Higgins, 1987) proposes that when the self-concept (Actual/Own or Actual/Other self-state) is perceived as discrepant from acquired guides, individuals will experience psychological discomfort, and they will be motivated to reduce this state of discrepancy. Further, the theory predicts that different types of discrepancies between actual self-states and acquired guides will have different psychological consequences. The
negative psychological situation reflected in a discrepancy represents an individual's beliefs about the consequences or significance of possessing self-attributes (actual self-state) that are discrepant from acquired guides, and this negative psychological situation has significant emotional and motivational consequences.

As we noted earlier, the relative accessibility or readiness with which acquired guides are applied in the process of evaluation is influenced by both contextual and individual difference factors. Individuals need not be aware, and are often not aware, of the contextual factors that "prime" the accessibility of standards or guides (see Higgins & King, 1981; Higgins et al., 1986a). Frequent activation of a particular acquired guide, and hence of a self-discrepancy, may lead to a state of chronic accessibility that is easily activated in response to ambiguous life events (see Higgins, King, & Mavin, 1982).

Chronic use of ideal guides for self-evaluation can create a negative psychological situation in which the attributes of the perceived self (i.e., Actual/Own) are highly discrepant from the attributes that one wishes or desires to possess (Ideal/Own) or that significant others ideally wish or desire one to possess (Ideal/Others). Individuals with such chronic ideal self-discrepancies believe that they are unable to obtain their own goals (Ideal/Own) or unable to fulfill the hopes and desires that others have for them (Ideal/Other). They are, therefore, vulnerable to the negative motivational state of experiencing an absence of (or inability to effect) positive outcomes. They feel dissatisfied with themselves, disappointed, and rejected (Ideal/Own), or shameful (Ideal/Other).

Chronic use of ought guides for self-evaluation can create a negative psychological situation in which the attributes of the perceived self are highly discrepant from the attributes that one believes one ought to possess (Ought/Own) or significant others believe one ought to possess (Ought/Other). Individuals with such chronic ought self-discrepancies believe that they have failed to uphold their duties and obligations as prescribed by themselves (Ought/Own) or as put forth by others (Ought/Other) and thus expect sanctions to be applied to them. They are, therefore, vulnerable to the negative motivational state of expecting the presence of (or inability to avoid) negative outcomes. They feel guilty and worthless (Ought/Own) or fearful and apprehensive (Ought/Other).

The extent to which an individual comes to believe through significant interpersonal relations that care and affection or punishment and criticism are contingent upon their living up to and pursuing the ideals or oughts held by themselves or by significant others will determine the psychological consequences of a self-discrepancy. If this interpersonal-outcome contingency is high (i.e., a strong belief that failing to meet ideals
or oughts has significant implications for the absence of positive outcomes or the presence of negative outcomes in their interpersonal relationships), psychological distress and the motivation to reduce the state of self-discrepancy will also be high.

Predictions based on self-discrepancy theory receive support from a review of past literature. The failure to meet one’s own ideal standards has been associated with dissatisfaction and disappointment (e.g., Adler, 1964; Allport, 1955; Duval & Wicklund, 1972; Horney, 1950; James, 1890/1948; Rogers, 1961), while the failure to meet the ideal guides of significant others has been associated with shame (e.g., Cooley, 1902/1964; Erikson, 1950/1963; James, 1890/1948; Lewin, 1935; Lewis, 1979). In contrast, the failure to meet one’s own standards of duty and obligation has been associated with feelings of guilt and worthlessness (e.g., Erikson, 1950/1963; Freud, 1923; Horney, 1950; James, 1890/1948; Lewis, 1979), while the failure to meet the standards of duty and obligation set forth by a significant other (Ought/Other) has been associated with apprehension and insecurity (e.g., Erikson, 1950/1963; Freud, 1923/1961; Sullivan, 1953).

Higgins, Klein, and Strauman (1985) found direct support for the predictions of self-discrepancy theory in the self-reports of undergraduates: Actual self-ideal guide (Ideal/Own; Ideal/Other) discrepancies were more closely associated with dejection-related emotions (e.g., dissatisfaction, shame, feeling blue) than with agitation-related emotions (e.g., guilt, panic, fear). The reverse was true of actual self-ought guide (Ought/Own; Ought/Other) discrepancies. In another study (Higgins, Klein, & Strauman, 1987) the predictive value of type of self-discrepancy for future development of depression and anxiety symptoms was evaluated. As predicted, the magnitude of discrepancy between subjects’ actual self and ideal guides was a significantly better predictor of depressive symptoms at two months follow-up than was the magnitude of discrepancy between their actual self and ought guides. Similarly, the magnitude of discrepancy between subjects’ actual self and ought guide was a significantly better predictor of anxiety symptoms at follow-up than was the magnitude of discrepancy between their actual self and ideal guides.

In their most recent studies, Higgins, Bond, Klein, and Strauman (1986) found that type and magnitude of self-discrepancy predicted subjects’ responses to either positive or negative psychological events. Specifically, subjects with high actual-ideal discrepancies but low actual-ought discrepancies and subjects with high actual-ought discrepancies but low actual-ideal discrepancies were asked to imagine either a positive event (received a grade of “A” in a course; just spent an evening with someone they admired for some time) or a negative event (received a grade of “D” in a course; a lover just left them). Subjects with high actual-ideal discrepancies who imagined a
negative event experienced greater dejection and demonstrated more psychomotor retardation (reduced writing speed) than did either subjects with high actual-ideal discrepancies who imagined a positive event or subjects with high actual-ought discrepancies who imagined a negative event. Subjects with high actual-ought discrepancies who imagined a negative event experienced greater agitation and psychomotor excitation (increased writing speed) than did either subjects with high actual-ought discrepancies who imagined a positive event or subjects with high actual-ideal discrepancies who imagined a negative event.

In a second experiment reported in the same paper, Higgins, Bond, Klein, and Strauman (1986) demonstrated that increasing the accessibility of different types of discrepancy (either actual-ideal or actual-ought) in subjects with both high actual-ideal and high actual-ought discrepancy produced different types of emotional responses: Priming aimed at increasing the accessibility of actual-ideal discrepancy produced dejection-related emotions whereas priming aimed at increasing the accessibility of actual-ought discrepancy produced agitation-related emotions. Priming in subjects with low actual-ideal and low actual-ought discrepancy failed to produce these emotions.

Chronic Self-Discrepancy as a Vulnerability Factor

How might the negative psychological situation of chronic self-discrepancy predispose an individual to violate normative consideration in the utilization of acquired guides? As previously noted, when an individual comes to believe that care, affection, or punishment are contingent on meeting particular standards, they will be motivated to monitor and evaluate their experiences in terms of these standards. The strength of this belief will vary between individuals as a function of situational factors such as the termination of an important relationship or the loss of a job, and the degree to which individuals have acquired this belief through their early relationships with parents or significant others (see Strauman, Higgins, & Klein, 1986). The stronger this belief, the stronger the motivation will be to monitor experiences in terms of salient guides so as to prevent the loss of positive outcomes (e.g., loss of love, affection) or to avoid the occurrence of negative outcomes (e.g., disapproval, punishment). In addition, the affective consequences of perceived discrepancy will add to the motivation to monitor and evaluate performance against significant guides with the goal of reducing the discrepancy. Thus, as suggested by James (1890/1948), and more recently by proponents of control theory and cybernetics (e.g. Miller, Galanter, & Pribram, 1960; Wiener, 1948), self-guides or standards are an integral component of self-regulatory behavior. Individuals with a chronic history of self-discrepancy who adhere strongly to the belief that significant
outcomes are contingent on meeting particular guides will be extremely motivated to apply these guides in the evaluation of their performance.

One consequence of chronic self-discrepancy, and the associated increase in motivation to apply particular guides in self-evaluation, is the selection of a particular guide for the evaluation of an increasing range of events or performances. In other words, the selection of a guide for performance evaluation will become increasingly determined by its chronic accessibility and the motivational state of self-discrepancy, and there will be a correspondent reduction in reliance on or sensitivity to contextual and stimulus information.

A second consequence of chronic self-discrepancy will be the introduction of particular guides at successively earlier stages of information processing. That is, as the accessibility and magnitude of a discrepancy increases, there will be an increase in psychological discomfort and the motivation to reduce the state of discrepancy. The introduction of acquired guides prior to the stage of appraisal—a nonnormative form of standard utilization—will lead to unusual, aberrant, and possibly quite bizarre beliefs.

In the next section we outline the specific consequences of chronic ideal self-discrepancies and chronic ought self-discrepancies on the utilization of guides with respect to (1) the selection of particular guides for the evaluation of an increasing range of events and performances; and (2) the introduction of guides at successively earlier stages of information processing.

Chronic Ideal Self-Discrepancy

Range of Utilization

The use of ideal guides in the evaluation of some types of events and performances serves to provide important feedback information about the level of performance and motivates individuals in the pursuit of goals. With the development of chronic ideal self-discrepancy, however, the use of ideal guides becomes pervasive in the process of evaluation. Ideal guides are used to evaluate both events for which the use of ideal guides is normative and events for which the use of ideal guides is clearly nonnormative.

In tracing the consequences of chronic ideal self-discrepancy on the formation of beliefs let us consider the following example. A young man has developed a chronic ideal self-discrepancy with respect to the attribute of intellectual competence or intelligence; he experiences his actual self as intellectually limited or "slow" but wishes to be extremely bright and witty (Ideal/Own). For this individual, his Ideal/Own self-guide may come to be applied in the evaluation of events that are not normatively evaluated in these terms. Social interactions may become increasingly dominated by the
need to demonstrate and evaluate wit or intellectual competence. Despite these attempts, and perhaps impervious to the positive responses of others, he may be disappointed in his comments and believe his opinions are unsatisfactory and inadequately formed.

Our second example is that of a young woman who had developed a chronic ideal self-discrepancy with respect to the attribute of social adequacy or interpersonal skill. She experiences her actual self as unable to attract the attention of others and lacking in social graces, and she believes that her parents would ideally like her to be entertaining and socially skilled (Ideal/Other). Not only will this self-guide be significant in the evaluation of interactions with friends and acquaintances in social situations, but it may also come to be applied in the evaluation of performances in contexts that are not primarily social in nature. Performance at work may come to be evaluated in terms of how well she feels she gets on with her superiors rather than feedback about the quality of her work per se. For example, despite her supervisor’s praise of her work, she may feel she has failed because her supervisor does not stop to chat when passing in the hall.

**Stage of Application**

Previously we noted that the application of acquired guides at the stage of appraisal was normative. It should be noted, however, that the chronic or exclusive application of a particular ideal guide even at this stage of information processing violates normative considerations and may lead to unusual judgments about events or performance. For example, some individuals may apply normative guides at the stages of identification (e.g., performance is correctly identified as acceptable) and interpretation (performance is interpreted as a success), but chronically apply a particular ideal guide at the stage of appraisal. Consequently they may feel that they are continually falling short of their goals.

The application of ideal guides prior to the stage of appraisal is nonnormative. When discrepant ideal guides are chronically applied at the stage of interpretation, judgments and evaluations about events and performance are likely to be mildly to moderately deviant and highly negative. With respect to our first case example, we would predict the application at interpretation of an ideal guide regarding intellectual competence to result in negative performance evaluation because although performance is correctly (normatively) identified as adequate, it is interpreted as unsuccessful (evidence of intellectual incompetence hence confirming the discrepancy) because it fails to meet the ideal standard. With respect to our second case example, we would predict the application of an ideal guide regarding social competence to result in the correct (normative) identification of social performance as appropriate, but the interpretation of performance as unsuccessful (evidence
of social ineptitude hence confirming the discrepancy) because it falls short of the ideal guide. The chronic application of ideal guides at the stage of interpretation is likely to lead to a highly negative and distorted evaluation of oneself.

As we have already noted, Higgins and his colleagues have found that the emotional consequences of chronic ideal discrepancy include a sense of disappointment, dejection, and despair. A secondary emotional consequence of chronic ideal-self discrepancy may be the development of a general state of frustration-anger. The relation between type of self-discrepancy and feelings of frustration-anger and resentment-anger was examined in a recent study by Higgins, Strauman, and Klein (1986b). Partial correlations controlling for ought self-discrepancy and resentment-anger toward others indicated ideal self-discrepancy was associated with frustration-anger toward the self, \( r(63) = .30, p < .02 \). However, ideal self-discrepancy was not associated with resentment-anger toward others when controlling for ought self-discrepancy and frustration-anger toward the self, \( r(63) = -.11, p > .05 \). As we point out in the next section, the pattern of results that emerged for ought self-discrepancy was strikingly different.

In conjunction with the selection of ideal standards for the evaluation of an increasing range of events, the nonnormative application of an ideal guide at interpretation could lead to a generalized and highly negative view of the self. This type of negative self-evaluation is consistent with numerous studies indicating that even though depressed individuals do not differ from nondepressives in performance on many tasks, they consistently evaluate their performance more negatively than do individuals who are not depressed (Beck, 1976; Dobson & Shaw, 1981; Lobitz & Post, 1979; Loeb, Beck, & Diggory, 1971; Smolen, 1978; Wollert & Buchwald, 1979; Zarantello, Johnson, & Petzel, 1979).

When discrepant ideal guides are chronically applied even at the earlier stage of identification, self-evaluation will be extremely distorted and highly negative. Again, using our example of the young man experiencing high ideal self-discrepancy with respect to the attribute of intellectual competence, we would expect the application of this ideal guide at the stage of identification to result in extreme negative distortion in the meaning of stimulus events—even though a particular performance is represented accurately, the individual identifies it as failing. Application of ideal guides at this stage would lead the young woman experiencing high ideal self-discrepancy with respect to the attribute of social adequacy to identify her social gestures as inappropriate (failure) even though others may respond favorably to her. Hence, even in the face of contradictory evidence, both individuals may persist in their highly aberrant beliefs of personal inadequacy. These types of judgments and beliefs about the self are likely to be viewed as highly aberrant or delusional.
The emotional consequences of applying ideal guides at this stage of information processing will be an extreme sense of disappointment and dejection. Negative beliefs about the self or delusions of self-deprecation that arise as a consequence of applying ideal guides at the stage of identification may be found in cases of major depression with mood-congruent psychotic features.

The application of ideal guides at the stage of stimulus representation will lead to gross disturbances of perception (hallucinations). Application of ideal guides at this stage would lead the individual with high ideal self-discrepancy regarding the attributes of intellectual competence to distort the stimulus representation; clear positive feedback about performance is seen or encoded as negative feedback. Similarly, the application of ideal guides at this stage would lead the individual with high ideal self-discrepancy regarding social adequacy to grossly misperceive or hallucinate with respect to the quality of her behavior with others, or to experience auditory hallucinations with deprecatory content. Running negative self-commentary about inadequacy or failure may also occur. The young woman may report hearing the voice of her mother or of others telling her that she is always saying the wrong thing; that she is inadequate, and that no one will ever come to accept her.

The recent findings of Higgins, Strauman, and Klein (1986b) support the unique relation between ideal self-discrepancy and ideal-outcome contingency with symptoms of depression but not with symptoms of anxiety. In this study, subjects' self-discrepancies were measured weeks prior to completing measures of depression and anxiety. Results indicated that high self-discrepancy in conjunction with the belief that not meeting ideal standards had significant negative implications for interpersonal relationships (i.e., failure to meet standards results in the withdrawal of love and approval—the absence of positive outcomes) and predicted self-reports of depression on both the Beck Depression Inventory, $R^2 (70) = .39, p < .001$, and the Hopkins Symptom Checklist, $R^2 (70) = .27, p < .001$. In contrast, controlling for ought self-discrepancy, the relation between ideal self-discrepancy and self-reports of anxiety and paranoid ideation on the Hopkins Symptom Checklist was not significant.

**Chronic Ought Self-Discrepancy**

**Range of Utilization**

As with ideal guides, the use of ought guides in the evaluation of some types of events and performances serves several important functions. That many needs are primarily expressed and met within a social context necessitates that behavior be monitored and controlled to meet at least some of the
demands set out by significant others (e.g., parents). The application of ought guides provides individuals with feedback information so that they may alter their behavior in this regard.

With the development of chronic ought self-discrepancy the application of ought guides becomes pervasive in the process of evaluation. In tracing the consequences of chronic ought self-discrepancy on the formation of beliefs, let us take the following two cases as examples. A young man has developed a chronic actual-ought discrepancy with respect to the attribute of being responsible, he experiences his actual self as irresponsible and unreliable and believes he should be an outstanding example of responsibility (Ought/Own). A young woman has developed a chronic ought self-discrepancy with respect to the attribute of morality; she experiences her actual self as immoral and believes that significant others (i.e., her parents) feel she should be moral and virtuous (Ought/Other). For both individuals, the presence of chronic self-discrepancy may lead to the use of ought guides for the evaluation of performances in an increasing range of contexts. In the first case, the ought guide of responsibility becomes salient in the evaluation of work, interpersonal relations, and so on. He may feel it is his responsibility to ensure that all his workers get along well, or he may walk away from meeting a casual acquaintance, berating himself for failing to offer his help in finding the individual a job or helping him to move. In the second case, the question of moral integrity and virtuousness enters in the evaluation of behavior in a wide range of contexts. She may feel nervous when she finds herself attracted to a particular individual or she may feel apprehensive if she has lunch with a married male coworker despite the fact that the lunch was clearly work-related.

**Stage of Application**

As with ideal guides, the chronic or exclusive application of a particular ought guide at the stage of appraisal is nonnormative and can lead to unusual or atypical judgments about events and performances. With reference to our two cases, even though both individuals may apply normative guides at the stages of identification and interpretation, they would be predisposed to chronically apply ought guides at the stage of appraisal. The chronic application of ought guides at the stage of appraisal would result in persistent mild anxiety associated with the evaluation of oneself as failing to act as one should.

The application of ought guides prior to the stage of appraisal is nonnormative. The application of ought guides at the stage of interpretation predisposes individuals to form judgments and beliefs that are mildly to moderately deviant and negative in nature. With reference to our first case, we would predict the application of the ought guide regarding responsibility
at the stage of interpretation to result in negative self-evaluation. Even though performance is correctly (normatively) identified as acceptable, it is interpreted as inadequate or failing to meet a level of responsibility that one should display. Similarly, in reference to our second case, we would predict the application of ought guides regarding morality at the stage of interpretation to result in negative self-evaluation because even though behavior is correctly (normatively) identified as acceptable, it is interpreted as improper or failing to meet a level of moral integrity that others believe she ought to demonstrate.

As we pointed out, negative emotional consequences of chronic ought self-discrepancy are quite distinct from the negative emotional consequences of chronic ideal self-discrepancy. Higgins and his colleagues have documented that the emotional consequences of chronic ought self-discrepancy include a sense of guilt, worthlessness, apprehension, and fear. A secondary emotional consequence of chronic ought self-discrepancy may be the development of a general state of irritability (Ought/Own), or resentment directed toward specific others because they are perceived as exerting inordinate demands and threatening punishment for failure (Ought/Other). The results of Higgins, Strauman, and Klein (1986b) support the relation between ought self-discrepancy and resentment-anger. Partial analyses controlling for ideal self-discrepancy and frustration-anger toward the self revealed that ought self-discrepancy correlated with resentment-anger toward others, \( r(63) = .26, p < .05 \). Ought self-discrepancy was not associated with frustration-anger toward the self when controlling for ideal self-discrepancy and resentment-anger toward others, \( r(63) = -.09, p > .05 \).

In conjunction with the selection of ought guides for the evaluation of an increasing range of events, the nonnormative application of ought guides at the stage of interpretation could lead to a pervasively negative view of the self and a mild to moderate sense of anxiety and irritability. This constellation of symptoms is typically found in cases of anxiety disorder (Beck, Emery, & Greenberg, 1985).

The application of ought guides at the stage of identification will result in the distortion of stimulus meaning and will lead to the formation of highly negative and distorted self-evaluations. In our first case, we would predict the application of ought guides regarding responsibility at the stage of identification to result in the failure to normatively identify stimulus meaning. Even though he may receive clear indication that he has acted responsibly in a particular situation, he will identify his behavior as irresponsible and inadequate. Hence, even in the face of clear contradictory evidence, he will persist in his belief that he has failed to act as he believes he should have. Similarly, in our second case we would predict the application of ought guides regarding morality at the stage of identification to result in distortion of stimulus
meaning. Even though she may receive clear indications that her behavior has been morally acceptable and entirely appropriate, she may persist in identifying her behavior as violating rules of morality.

The emotional consequences of applying ought guides at the stage of identification will include an extreme sense of guilt or sin and associated apprehension and vigilance. Intense resentment over others' sanctions may develop as a secondary emotional consequence. Beliefs and negative self-evaluations that arise from the application of ought standards at the stage of identification may be classified as delusions of guilt or sin, delusions of persecution, and delusions of being controlled.

When ought guides are applied at the stage of stimulus representation there may be gross disturbances of perception (hallucinations). With reference to our first case, for example, the application of ought guides regarding responsibility may result in auditory hallucinations of self-reprimands and running commentary about his irresponsibility and inadequacy. In our second case, the application of ought guides regarding morality may produce auditory hallucinations of others reprimanding her for her sins and indicating that she should be punished.

The relation between ought self-discrepancy and ought-outcome contingency with symptoms of anxiety is supported by the recent findings of Higgins, Strauman, and Klein (1986b). Subjects' self-discrepancies were measured weeks prior to their completing measures of depression and anxiety. High ought self-discrepancy in conjunction with the belief that not meeting the standards prescribed by oneself or by others will have significant negative implications for interpersonal relationships (i.e., result in punishment—the presence of negative outcomes) predicted self-reports of anxiety and paranoid ideation on the Hopkins Symptom Checklist, $R^2 (70) = .22, p < .01$ and $R^2 (70) = .24, p < .01$, respectively. In contrast, the relation between ought self-discrepancy and self-reports of depression on the Beck Depression Inventory was not significant. Similarly, controlling for ideal self-discrepancy, the relation between ought self-discrepancy and self-reports of depression on the Hopkins Symptom Checklist was not significant.

The Continuum of Vulnerability to Aberrant Beliefs

In this chapter we have outlined a framework for understanding the formation of atypical inferences. We identified two continua or dimensions along which deviations from normative standard utilization may occur. Deviations may occur along the continuum of normativeness in standard selection and along the continuum of normativeness in standard application at stages of the social evaluative process. Greater deviations from normativeness along
either or both dimensions will increase the likelihood that atypical or aberrant beliefs will be formed.

In addition, we identified a vulnerability factor—chronic self-discrepancy—that predisposes individuals to violate normative considerations in the utilization of standards. This individual difference factor influences both the selection of standards and the application of standards at different stages of the social evaluative process (see Table 5.2).

When chronic self-discrepancy exists together with the belief that the absence of positive outcomes or the presence of negative outcomes is contingent upon failing to meet particular standards, we would predict that the psychological consequences of self-discrepancy will be profound. In these cases, the state of self-discrepancy will be accompanied by extreme psychological distress and heightened motivation to monitor performance in terms of standards with the goal of reducing the discrepancy.

This model assumes that over the course of time individuals may vary in the degree to which they violate normative standard utilization, depending on the magnitude and accessibility of individuals’ self-discrepancies and their

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TABLE 5.2. Normative and Nonnormative Application of Standards
beliefs concerning the interpersonal consequences of failing to reduce them. The type of deviation they demonstrate, however, will remain relatively stable. Thus, we would predict that there should be some degree of similarity within individuals between the nature of their aberrant beliefs prior to a psychotic episode and the nature of their delusional beliefs during psychosis. Indeed, this prediction of a continuous relation between nonpsychotic aberrant beliefs and psychotic delusions is supported by the reports of several clinicians and researchers (Chapman & Chapman, this volume; Harrow, Rattenbury, & Stoll, this volume; Strauss, 1969).

One of the strengths of the current model is that it takes into consideration clinical and empirical findings regarding the formation of beliefs. The model integrates our current understanding of cognitive processes that underlie the formation of judgments and beliefs (both normative and nonnormative), as well as our understanding of individual differences in cognitive, motivational, and affective states that influence the formation of judgments and beliefs.

A second strength of the model is that it is readily open to empirical evaluation. In the current chapter we have presented preliminary results regarding the emotional consequences of self-discrepancy. Future research might examine the value of self-discrepancy in identifying individuals who may be prone to the development of aberrant beliefs or delusions; or examine the effect of changing the accessibility of self-discrepancy (e.g., by priming) on normative and nonnormative standard utilization.

We would like to point out, however, that there are several limitations of this framework. First, the explanatory power of the model seems limited to the arena of self-evaluative or self-referential aberrant beliefs. As previously noted, the self-discrepancy model is most applicable to understanding negative aberrant beliefs or delusions—self-deprecation, guilt, or sin, and delusions of persecution or being controlled. However, aberrant beliefs or delusions that are not self-evaluative and delusions of grandiosity are not well explained in the context of self-discrepancy theory.

One possibility is that delusions are not homogeneous with respect to etiology. Another possibility is that some aberrant beliefs (e.g., grandiose beliefs) involve the nonnormative application of standards within the context of social comparison. That is, some aberrant beliefs may arise because different standards are applied to the self than are applied to others. Recall our example of a graduate student who evaluates her knowledge of the field against the knowledge of the first-year undergraduates she tutors.

It would be interesting to speculate on the cognitive and motivational processes that differentiate between individuals who apply guides that lead to overly negative self-evaluation from those who apply guides that lead to overly positive self-evaluation; or that cause an individual to change the type
of guides that they apply in the evaluation of their performance. The continued investigation of cognitive, affective, and motivational factors that contribute to the formation of self-discrepancies and to the utilization of standards during self-evaluation may provide a theoretical and empirical basis from which to address these issues.

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