

## **Elevated Self-Standards and Emotional Distress During Adolescence: Emotional Specificity and Gender Differences**

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*This study examined the relation between self-standards and particular forms of emotional distress during adolescence. One hundred fifteen high school subjects completed the Selves Questionnaire, the Multidimensional Perfectionism Scale, the Beck Depression Inventory, and the State-Trait Anxiety Inventory. Actual-ideal discrepancies and self-oriented perfectionism were found to be associated specifically with depressive symptoms after controlling for anxious symptoms, whereas actual-ought discrepancies were associated specifically with anxious symptoms after controlling for depressive symptoms. In contrast, socially prescribed perfectionism was associated with general emotional distress. Compared with boys, girls reported more depressive, but not anxious, symptoms. Importantly, actual-ideal discrepancies partially mediated gender differences in depressive symptoms.*

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**KEY WORDS:** self-standards; emotional distress; adolescence; gender differences.

Psychological distress can take many forms. Over the past several decades researchers have focused extensively on depression and anxiety. Interestingly, females are approximately twice as likely to develop depression than are males (Nolen-Hoeksema, 1990; Weissman, Bruce, Leaf, Florio, & Holzer, 1991), and are also at greater risk to experience some forms of anxiety (Blazer, Hughes, George, Swartz, & Boyer, 1991; Eaton, Dryman, & Weissman, 1991). Because there is a high degree of comorbidity between depression and anxiety (Gotlib & Cane, 1989), questions have been raised concerning the specificity of putative etiologic factors in these two disorders.

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Researchers have recently attempted to differentiate depression and anxiety on the basis of their underlying cognitive structures (e.g., Ingram, Kendall, Smith, Donnell, & Ronan, 1987); in this regard, self-discrepancy theory (Higgins, 1987; Higgins, Tykocinsky, & Vookles, 1990) has proven particularly useful.

Self-discrepancy theory posits that particular types of self standards are uniquely associated with depression and anxiety. Within this theory, there are three main domains of the self that influence a person's emotional experience: *the actual self* (the cognitive representation of the attributes that a person believes he or she actually possesses), *the ideal self* (the cognitive representation of the attributes that a person believes he or she would ideally like to possess), and *the ought self* (the cognitive representation of the attributes that a person believes he or she ought to possess). The ideal and ought selves are referred to as self-guides, and the actual self consists of what is usually meant by the term self-concept (Wylie, 1979). The actual self, therefore, is composed of perceptions of the important, self-defining, attributes that individuals believe they currently possess. According to self-discrepancy theory, self-guides serve as standards by which the self is evaluated. Essentially, people may evaluate themselves from their own standpoint (i.e., how they see themselves) or from the standpoint of a significant other (e.g., how their parents or their spouses might see them).

According to the self-discrepancy model, discrepancies between the actual self and the self-guides (i.e., the ideal and ought selves) contribute to a person's vulnerability to experience negative emotions. Greater discrepancies between the actual self and self-guides are hypothesized to be associated with higher levels of emotional distress. More specifically, whereas discrepancies between the actual self and the ideal self (A:I discrepancies) are predicted to increase vulnerability to dysphoric emotions such as dissatisfaction, sadness, and disappointment, discrepancies between the actual self and the ought self (A:O discrepancies) are hypothesized to increase vulnerability to anxious symptoms such as agitation, worry, and fear. Theoretically, individuals with A:I discrepancies experience dysphoric emotions because they believe that they have not fulfilled important hopes and wishes, whereas individuals with A:O discrepancies experience anxious symptoms because they believe that they have not lived up to appropriate obligations (Higgins, 1987).<sup>2</sup> Finally, A:I discrepancies are hypothesized to

<sup>2</sup>It should be apparent that actual-ideal discrepancies emerge primarily when individuals evaluate themselves from their *own* standpoint, whereas actual-ought discrepancies involve a comparison of the actual self with how they think *others* might evaluate them. Although it is possible theoretically to separate ideal from own and ought from other, virtually all of the research examining self-discrepancy theory has assessed actual-ideal discrepancies from the *own* standpoint and actual-ought discrepancies from the *other* standpoint (e.g., Higgins, Klein, & Strauman, 1985; Strauman & Higgins, 1987). We followed this practice in the present study.

be associated with the absence of positive outcomes, whereas A:O discrepancies are predicted to be associated with the presence of negative outcomes (Higgins, 1987).

A number of studies using college analog populations (e.g., Higgins et al., 1985; Strauman & Higgins, 1987) and clinically diagnosed samples (e.g., Scott & O'Hara, 1993; Strauman, 1989) have reported correlations between self-discrepancies and various forms of emotional distress. Of primary significance for the current study are findings that high A:I discrepancies are correlated with depressive mood and symptoms, whereas high A:O discrepancies are correlated with anxious mood and symptoms. Indeed, Scott and O'Hara (1993) and Strauman (1989) reported that A:I discrepancies are associated specifically with major depressive disorder, whereas A:O discrepancies are associated with anxiety disorders. In addition to these correlational investigations, several experimental studies have examined the affective impact of activating particular self-discrepancies. For example, Higgins, Bond, Klein, and Strauman (1986) demonstrated that an individual's larger self-discrepancy (A:I or A:O) appears to determine whether he or she experiences depressive or anxious symptoms after imagining a negative event. Similarly, Strauman and Higgins (1987) found that increasing the accessibility of ideal and ought self-discrepancies results in depressive and anxious affect, respectively. Finally, Strauman (1992) demonstrated that activating discrepant self-guides enhances retrieval of negative childhood memories that appear to be associated with the developmental origins of the discrepancy. Considered collectively, this correlational and experimental evidence suggests that particular self-discrepancies contribute to specific negative emotional states.

Similar to self-discrepancy theory, Hewitt and Flett's (1991a, 1991b) model of perfectionism also suggests an association between specific forms of emotional distress and particular types of high standards. This theory has identified three dimensions, labeled *self-oriented perfectionism* (SOP), *socially prescribed perfectionism* (SPP), and *other-oriented perfectionism* (OOP). SOP involves high self-standards and motivation to achieve perfection for oneself, SPP involves the belief that other people hold one to perfectionistic standards and expectations, and OOP entails unrealistic expectations directed toward significant others.

Conceptually, SOP appears to be similar to ideal self-guides, in that this dimension involves standards set by the self. Thus, both A:I discrepancies and SOP may leave an individual vulnerable to experiencing feelings of frustration and disappointment as a consequence of unfulfilled hopes (Higgins, 1987). Similarly, SPP appears to overlap with the notion of ought self-guides, in that this dimension involves the perception of standards set by others. Both A:O discrepancies and SPP, therefore, involve the percep-

tion that one has not lived up to others' obligations and standards, leading to feelings of anxiety (Higgins, 1987). Indeed, Blatt's (1995, p. 1006) recent description of these types of perfectionism confirm the similarity of SOP and A:I discrepancies ("intrapersonal factors") and of SPP and A:O discrepancies ("interpersonal factors"). In fact, Hewitt and Flett (1991a, 1991b) have suggested explicitly that A:I discrepancies are a component of SOP and that A:O discrepancies are a component of SPP. OOP, in contrast, entails unrealistic expectations directed toward significant others, and appears to be unrelated to self-discrepancy theory.

Given the conceptual and theoretical similarity between the two dimensions of perfectionism and self-discrepancy theory, it might be expected that SOP would be associated uniquely with depression, whereas SPP would be associated specifically with anxiety. However, there is little empirical evidence for such specificity. Indeed, studies examining perfectionism have found that SOP and SPP are both linked to depression (Flett, Hewitt, & Dyck, 1989; Hewitt & Flett, 1991a, 1991b), although Hewitt and Flett (1991a) also found that SOP differentiated depressed from anxious subjects. Given the theoretical overlap between self-discrepancy theory and perfectionism, however, it is important to compare these two models directly with respect to the specificity of their consequences. This was one major objective of the present investigation.

Although little theoretical work has examined how excessive self-standards develop, it is most likely that self-discrepancies do not form until late childhood or early adolescence (Harter, 1990; Higgins, 1989). Beginning with adolescence, children's cognitive abilities progress from concrete operational thought, characterized by thinking of the world and the self in concrete, two-dimensional terms, to formal operations, marked by more abstract thinking (Piaget, 1954). As children's cognitive abilities develop into formal operations, they are able to consider themselves and others in abstract psychological terms and are able to regard themselves from multiple viewpoints, including ideal and ought perspectives. During this stage of cognitive development, the relations between the actual self and the self-guides have likely consolidated. In adolescence, therefore, the actual self and self-guides might affect each other and contribute to emotional distress in the manner predicted by self-discrepancy theory. Thus, with this increased capacity to represent various conceptions of self and others comes increased vulnerability to emotional distress. Unfortunately, investigators have assessed these forms of high self-standards and self-discrepancies exclusively in college and adult samples. Clearly, there is a pressing need to examine these processes earlier in development, during adolescence.

As we noted earlier, there is clear and consistent evidence that females are at greater risk for depression than are males. To date, however,

research has been unable to provide a convincing explanation for gender differences in depression. Biological theories, such as females having a greater genetic disposition to depression or being at risk because of hormonal variations, have not received consistent support (Nolen-Hoeksema, 1990). Furthermore, theories postulating specific gender-related personality differences, such as females being less assertive, internalizing more hostility, or being more dependent, have also been unable to explain adequately the gender differences in depression (cf. Roberts, Gilboa, & Gotlib, in press; Roberts & Gotlib, 1997).

Although depression can develop in young children (Digdon & Gotlib, 1985), gender differences do not typically emerge until about puberty (Nolen-Hoeksema, 1990). Nevertheless, it is clear that depression can be a significant problem in adolescence (e.g., Gotlib, Lewinsohn, & Seeley, 1995; Lewinsohn et al., 1994) that not infrequently results in suicide (Frederick, 1985). Of note, one study found that adolescent girls reported more stressful events and body image problems than did adolescent boys, and that these factors contributed to girls' higher levels of depressive symptoms (Allgood-Merten, Lewinsohn, & Hops, 1990). Other researchers have also focused on girls' body images and how the naturally occurring physical changes during puberty affect girls' emotional well-being (e.g., Dornbusch et al., 1984). Essentially, these researchers have pointed out the close association between body satisfaction and self-esteem. According to self-discrepancy theory, these body image concerns and standards involve ideal and ought self-guides (Strauman, Vookles, Berenstein, Chaiken, & Higgins, 1991). Potentially, therefore, developmental changes involving self-standards might help to account for the gender differences in depression. More specifically, at the same time that girls are maturing physically, they are entering the stage of formal operations. At this age girls are beginning to cognitively represent ideal and ought standards, as well as a more consolidated self-concept (i.e., actual self). As we discussed earlier, this cognitive maturity can contribute to painful emotional experiences, such as depression and anxiety, when one's actual self does not meet the standards set by the self-guides.

The primary purpose of this study was to examine the role of self-standards in depression and anxiety during adolescence. We predicted that higher ideal standards (i.e., higher A:I discrepancies and SOP) in adolescents would be associated with higher levels of depressive symptoms, and that higher ought standards (i.e., higher A:O discrepancies and SPP) would be associated with higher levels of anxious symptoms. We predicted further that girls would have both higher depressive symptomatology and higher ideal standards than would boys. Finally, we predicted that these higher

standards in girls would mediate the gender difference in depression in this sample.

## METHOD

### *Subjects*

Subjects were 115 adolescents (57 male). Participants were 9th-through 12th-grade students attending a public high school in Indiana. This school services a predominately white, middle- to upper-class, suburban community. Subjects' ages ranged from 14 to 18 years ( $M = 15.72$ ,  $SD = 1.41$ ).

### *Procedure*

Students participated in this investigation with parental consent. Permission to conduct this study was obtained by the principal of the high school, who reviewed the measures and procedures. Subject completed a battery of questionnaires in groups no larger than 25 individuals.

### *Measures*

*Self-Discrepancies.* The Selves Questionnaire (Higgins et al., 1985) is an idiographic measure designed to assess chronically accessible self beliefs and levels of self-discrepancies. Subjects write up to 10 words that describe attributes that they believe they actually, ideally, and ought to possess. There are separate pages for the actual self, ideal self, and ought self. Instructions at the top of each page state, for example, "Please list the attributes of the type of person you believe you actually are now." Subjects also rate each attribute on a 4-point "extent" rating scale (from 1 = *slightly* to 4 = *extremely*). Although several previous studies crossed ideal and ought self-guides with own and other perspectives (i.e., ideal-own, ideal-other, ought-own, ought-other), the present investigation followed the abbreviated procedure used by Scott and O'Hara (1993), which assessed ideal self-guides only from the *own* perspective and ought self-guides only from the *other* perspective. The use of this version of the Selves Questionnaire in the present study was deemed acceptable because previous studies reduced and analyzed their data either by averaging the standpoint (own or other) of the self-guide to yield an overall A:I or A:O discrepancy rating (e.g., Strauman, 1992), or by using whichever standpoint resulted in the highest

discrepancy score (e.g., Higgins et al., 1986). Thus, the Selves Questionnaire used in the present study provided a relatively conservative test of our hypotheses.

The Selves Questionnaire was scored according to a protocol developed by Scott and O' Hara (1993), in which each attribute listed by the subject for the actual self was compared with each attribute listed for the ideal self and the ought self. Attributes that were antonyms were classified as mismatches. Attributes that were synonyms and did not differ in extent rating by more than 1 were considered true matches, while synonyms that differed in extent rating by 2 or more were categorized as synonymous mismatches. To calculate a discrepancy score, raters subtracted twice the total number of true matches from the total number of mismatches and synonymous mismatches. A higher score on the A:I or A:O signified a greater discrepancy between the actual self and self-guide. Three undergraduate raters were trained on a total of 10 practice questionnaires. Average inter-rater reliability was .75 (range .73 to .77).

*Perfectionism.* The Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991b) is a 45-item inventory that measures SOP and SPP (as well as OOP). Items include, "When I am working on something, I cannot relax until it is perfect" (SOP), and "I feel that people are too demanding of me" (SPP). Subjects indicate their responses to each item on 7-point scales. Cronbach's alphas for these three subscales in the present study were very high (SOP: .94; SPP: .97; OOP: .95).

*Depressive Symptomatology.* The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) is a 21-item self-report measure of the emotional, cognitive, and vegetative symptoms of depression. Although the BDI does not indicate a full clinical syndrome of depression, it is considered a reliable and valid measure of the severity of depressive symptomatology (Beck, Steer, & Garbin, 1988; Gotlib & Cane, 1989). Cronbach's alpha for the BDI in the present study was .92.

*Anxious Symptomatology.* The State-Trait Anxiety Inventory, State version (STAI-S; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) is a 20-item questionnaire that requests individuals to describe how they feel "right now, at this moment." It measures such symptoms of state anxiety as tension, nervousness, apprehension, and worry. Cronbach's alpha for the STAI-S in the present study was .96.

*Verbal Ability.* Because verbal intelligence could play an important role in subjects' ability to consider and reflect on aspects of the self, verbal skills were measured by the WAIS-Clarke vocabulary test (Paitich & Crawford, 1971). This multiple-choice test consists of the 40 vocabulary words from the Wechsler Adult Intelligence Scale (WAIS), each with four alternatives from which subjects are required to choose a synonym. This meas-

ure was chosen because it correlates .92 with the Vocabulary subscale of the WAIS and has the advantage of being self-administered (Gotlib & Asarnow, 1979). The mean score for this sample was 24.23, which is in the average range for adolescents (Paitich & Crawford, 1971).

## RESULTS

### *Preliminary Analyses*

Means and standard deviations for the central variables are presented in Table I and the correlation matrix for these variables is presented in Table II. Age was correlated significantly with A:I discrepancy scores, A:O discrepancy scores, and SOP, such that older subjects had greater A:I and A:O discrepancies and less self-oriented perfectionism. Contrary to our expectations, self-discrepancies and dimensions of perfectionism were only weakly intercorrelated ( $r$ 's ranged from  $-.15$  to  $.35$ ), and appeared to measure different constructs. Importantly, self-standards were significantly correlated with measures of emotional distress. Adolescents who were more depressed reported higher levels of A:I discrepancies, A:O discrepancies, and SPP, and lower levels of SOP than did their less depressed counterparts. Similarly, adolescents who were more anxious reported higher levels of A:I discrepancies, A:O discrepancies, and SPP than did less anxious adolescents.

Verbal skills were negatively correlated with both SPP and BDI scores, such that adolescents with greater verbal ability reported less socially prescribed perfectionism and lower levels of depressive symptomatology. Because verbal ability was correlated with both predictor (SPP) and outcome (BDI) variables, it was controlled statistically in subsequent analyses.

### *Specificity of Emotional Distress*

Our first hypothesis was that elevated ideal self-standards (relative to the actual self) would be associated uniquely with depressive symptomatology, and that elevated ought self-standards would be associated uniquely with anxious symptomatology. To test this hypothesis we conducted partial correlations ( $pr$ s). The first set of partial correlations examined, in separate analyses, the degree of association between depressive symptoms and each of the self-standards (A:I discrepancies, A:O discrepancies, SOP, and SPP), after controlling for anxious symptoms and verbal ability. These analyses, therefore, tested whether self-standards were associated with variance in



Table I. Means and Standard Deviations of Central Variables<sup>a</sup>

Variable	Females		Males		Total	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
A:I	0.86	3.18	-0.63	3.08	0.12	3.21
A:O	-1.02	2.97	-0.75	2.80	-0.89	2.88
SPP	67.56	10.79	68.89	12.36	68.20	11.54
SOP	67.61	13.75	70.75	13.06	69.13	13.45
BDI	15.33	11.14	9.47	7.67	12.43	9.98
Anxiety	43.07	15.15	39.54	12.40	41.32	13.91
Verbal ability	24.05	4.96	24.42	4.82	24.23	4.87
Age	15.79	1.55	15.65	1.25	15.72	1.41

<sup>a</sup>Total *N* = 115 for all variables except SOP and SPP (*N* = 110); male *n* = 57 for all variables except SOP and SPP (*n* = 53); female *n* = 58 for all variables except SOP and SPP (*n* = 57); A:I = actual-ideal discrepancies; A:O = actual-ought discrepancies; SOP = self-oriented perfectionism; SPP = socially prescribed perfectionism; BDI = Beck Depression Inventory.

Table II. Correlation Matrix of Central Variables<sup>a</sup>

Measures	1	2	3	4	5	6	7
1. A:I							
2. A:O	.44 <sup>c</sup>						
3. SOP	-.14	-.15					
4. SPP	.35 <sup>d</sup>	.18	.19				
5. BDI	.48 <sup>d</sup>	.30 <sup>d</sup>	-.23 <sup>b</sup>	.38 <sup>d</sup>			
6. STAI	.33 <sup>d</sup>	.33 <sup>d</sup>	-.11	.35 <sup>d</sup>	.76 <sup>d</sup>		
7. Verbal ability	-.15	-.10	.11	-.26 <sup>c</sup>	-.34 <sup>d</sup>	-.16	
8. Age	.19 <sup>b</sup>	.19 <sup>b</sup>	-.21 <sup>b</sup>	.10	.10	.13	.03

<sup>a</sup>A:I = actual-ideal discrepancies; A:O = actual-ought discrepancies; SOP = self-oriented perfectionism; SPP = socially prescribed perfectionism; BDI = Beck Depression Inventory; STAI = State Trait Anxiety Inventory.

<sup>b</sup>*p* < .05.

<sup>c</sup>*p* < .01.

<sup>d</sup>*p* < .001.

depressive symptoms that was independent of variance in anxious symptoms and verbal ability.

As seen in Table III, after statistically controlling for anxiety and verbal ability scores, A:I discrepancies and SOP each significantly predicted depressive symptoms. Higher levels of A:I discrepancies and lower levels of SOP were associated with greater depressive symptomatology. In contrast, SPP and A:O discrepancy scores were unrelated to depressive symptoms. Consistent with our predictions, these results demonstrate that ideal self-standards (A:I discrepancies and SOP) were associated with variance in with depressive symptomatology independent of variance in anxious symptomatology.

**Table III.** Partial Correlations Between Self-Standards and Depression and Anxiety Controlling for Verbal Ability and the Alternative Form of Emotional Distress<sup>a</sup>

Self-standard	Depression	Anxiety
1. A:I	.36 <sup>c</sup>	-.06
2. A:O	.08	.16 ( $p < .09$ )
3. SOP	-.20 <sup>b</sup>	.09
4. SPP	.12	.13

<sup>a</sup>A:I = actual-ideal discrepancies; A:O = actual-ought discrepancies; SOP = self-oriented perfectionism; SPP = socially prescribed perfectionism.

<sup>b</sup> $p < .05$ .

<sup>c</sup> $p < .001$ .

The second set of partial correlations examined the degree of association between anxious symptoms and each of the self-standards (A:I discrepancies, A:O discrepancies, SOP, and SPP), after controlling for depressive symptoms and verbal ability. Thus, these analyses tested whether self-standards are associated with variance in anxious symptoms that is independent of variance in depressive symptoms and verbal ability. As seen in Table III, after controlling for depressive symptoms and verbal ability, A:O discrepancies were a marginally significant predictor of anxious symptoms,  $pr = .16$ ,  $p < .09$ . Higher levels of A:O discrepancies were associated with greater anxious symptomatology. In contrast, SOP, SPP and A:I discrepancies failed to make significant contributions to the prediction of anxious symptoms after controlling for depression and verbal ability. These results indicate that, consistent with our predictions, excessive ought self standards (A:O discrepancies) were associated specifically, albeit weakly, with anxious symptomatology.

#### *Gender Analyses*

Our second and third hypotheses predicted that girls would have both higher depressive symptomatology and higher ideal standards than would boys, and that ideal self-standards would mediate gender differences in depressive symptomatology. Consistent with these hypotheses, girls reported higher levels of depressive symptoms than did boys,  $t(113) = 3.28$ ,  $p < .001$ , and had higher A:I discrepancy scores,  $t(113) = 2.56$ ,  $p < .01$ . No other variables significantly differentiated girls and boys. Because A:I discrepancy was the only self-standard on which boys and girls differed sig-

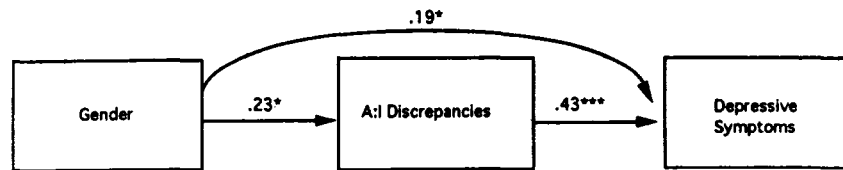


Fig. 1. Path model of relations among gender, A:I discrepancies, and BDI scores. A:I = actual-ideal; BDI = Beck Depression Inventory; \* =  $p < .05$ ; \*\*\* =  $p < .001$ .

nificantly, this was the only variable that could mediate the relation between gender and depression.

Two simultaneous regressions were conducted to test the path model illustrated in Fig. 1 (see Cohen & Cohen, 1983, pp. 352-378). With gender regressed on A:I discrepancies, the equation was significant,  $F(1, 113) = 6.54, p < .05, R^2 = .06$ , indicating that gender contributes to A:I discrepancy ( $= .23$ ). With both gender and A:I discrepancy regressed on BDI scores, the equation also was significant,  $F(2, 112) = 19.87, p < .001, R^2 = .26$ . Gender,  $t(112) = 2.32, p < .05, = .19$ , and A:I discrepancy,  $t(112) = 5.16, p < .001, = .43$ , each made unique contributions to the prediction of depressive symptoms. These results suggest that female gender leads to a greater A:I discrepancy, which, in turn, contributes to depression. However, gender also appears to make a direct contribution to depressive symptomatology.

## DISCUSSION

This study addressed two important issues: (a) whether ideal and ought self-standards are associated specifically with symptoms of depression and anxiety, respectively; and (b) whether ideal self-standards mediate gender differences in depression. These hypotheses were tested in an adolescent sample, which is important because both elevated self-standards and gender differences in depression are postulated to emerge during this developmental period.

The results of this study generally supported the hypothesis that particular types of self-standards are associated with specific forms of emotional distress in adolescence. Both A:I discrepancy scores and SOP predicted depressive symptoms after controlling for shared variance with anxious symptoms. In contrast, and consistent with the specificity hypothesis, these variables were unrelated to symptoms of anxiety after controlling for depression. Thus, it appears that ideal standards were uniquely associated with depressive symptomatology, rather than with emotional distress

in general. Results concerning ought self-standards also provided support, albeit weaker support, for the specificity hypothesis: A:O discrepancies were marginally significant predictors of anxious symptomatology after controlling for shared variance in depressive symptoms, but were not associated with symptoms of depression after controlling for anxiety. In contrast, although SPP was correlated with both depressive and anxious symptomatology in univariate analyses, controlling for either form of distress eliminated these associations. Overall, it appears that A:O discrepancies were associated specifically with anxious symptomatology, rather than with general emotional distress, whereas SPP seemed to be related to "several kinds of maladjustment" (Hewitt & Flett, 1991a), rather than to any specific form of distress.

It is important to point out that, in contrast to previous findings with adult samples (Hewitt & Flett, 1991a, 1991b), SOP was correlated *negatively* with depressive symptoms in our sample. Our results suggest that adolescents with perfectionistic expectations of the self are less distressed than are adolescents with fewer perfectionistic expectations. It may be that adolescents who score on the low end of SOP are underachievers who are frequently confronted with failures and disappointment. It may also be, however, that this finding is unique to the sample studied in the present investigation, which was composed largely of adolescents from middle- to upper-class families. Within such a group, perfectionistic tendencies may be socially rewarded. In any case, however, given the discrepancy in the direction of the correlation between SOP and depressive symptoms in samples of adults and adolescents, it is clear that this finding warrants replication.

Consistent with previous studies (Kashani et al., 1987; Nolen-Heksema, 1990), we found that adolescent girls reported significantly greater levels of depressive symptoms than did adolescent boys. Despite the fact that depression and anxiety scores were highly correlated ( $r = .76$ ), boys and girls did not differ significantly with respect to anxious symptoms. Thus, the gender difference in this adolescent sample was specific to depressive symptoms. A major objective of the current study was to explore potential mechanisms that might account for the higher level of depressive symptoms among adolescent girls than among boys. More specifically, we hypothesized that excessive ideal standards mediate the relation between gender and depression. Consistent with this formulation, we found that girls had significantly higher levels of A:I discrepancies than did boys. Moreover, path analysis suggested that these elevated levels of A:I discrepancies partially mediated the relation between gender and depressive symptoms. Although adolescent girls' higher A:I discrepancies appeared to contribute to their elevated level of depressive symptoms, they could not fully explain

this symptom elevation. Consequently, additional factors must be involved in increasing girls' risk for developing depression. Given previous findings suggesting that neuroticism (Roberts & Gotlib, 1997) and ruminative response style (Nolen-Hoeksema, Parker, & Larson, 1994; Roberts et al., in press) mediate the relation between gender and depression in older samples, it is important for future studies to examine the impact of ruminative focus on A:I discrepancies, and the effects of neuroticism on self-standards (e.g., Flett et al., 1989).

Although self-discrepancies and perfectionism both measure self-standards, there are clear differences in the conceptualization of these constructs. Inherent in self-discrepancy theory is the assumption that emotional distress results from discrepancies between how people actually perceive themselves and how they ideally want to be or how they think others expect them to be. For example, individuals who have high self-standards (ideal and ought selves), but who also have positive actual selves, would be unlikely to experience emotional distress because there is little discrepancy between these selves. On the other hand, perfectionism does not imply discrepancies per se. Instead, this construct involves the magnitude of individuals' self-standards regardless of their ability to meet them. Thus, perfectionism does not compare an individual's self-standard to some other aspect of the self. Although these two theories are similar in predicting that emotional distress results from the nature of important self-standards, the present results suggest that there may also be significant differences between these theories.

This is the first investigation of which we are aware to extend the adult literature on elevated self-standards to an adolescent population. Although cross-sectional, the results of this study are consistent with the formulation that high self-standards render adolescents vulnerable to particular forms of emotional distress. Interestingly, the present results also indicate that ideal self-standards partially mediate the gender difference in depressive symptoms in this age group. This finding is of particular importance because it appears to be in early adolescence that these gender differences first emerge. Given that the rates of depressive disorder rise sharply from childhood to adolescence (Nolen-Hoeksema, 1990), and that being depressed dramatically augments the chances of experiencing further depressive episodes (Amenson & Lewinsohn, 1981), research examining psychological processes in this age group is critical in elucidating the etiology of depression.

Although other causal pathways are possible (Higgins, 1987), high self-standards theoretically contribute to a tenuous sense of self-worth, which, in turn, is associated with vulnerability to depression (Roberts & Monroe, 1994). In this regard, a number of studies have demonstrated that

vulnerability to depressive symptoms subsequent to stressful life events is associated with self-esteem that is highly variable over time (Roberts & Gotlib, in press; Roberts & Kassel, in press; Roberts & Monroe, 1992) and reactive to daily positive and negative events (Butler, Hokanson, & Flynn, 1994). Research investigating the potential impact of excessive self-standards on the process of self-evaluation and on breakdowns in the ongoing maintenance of a stable sense of self-worth could help elucidate the mechanism by which they contribute to emotional distress.

The results of the present study suggest a number of additional directions for further research. Because this is the first study to examine the relation between magnitude of self-standards and emotional distress during adolescence, replication is clearly important. Future studies might attempt to determine exactly when elevated self-standards emerge and contribute to emotional distress. The present results suggest that elevated self-standards can emerge as early as age 14. Moreover, the discrepancies between actual and ideal/other selves are stronger for older than younger adolescents. Although no research has explicitly tested the possibility that these self-standards develop earlier, it is theoretically plausible that they emerge during ages 9 to 12 (Higgins, 1989). Prospective longitudinal studies would be invaluable in charting this developmental course. Examination of potential factors that might moderate the impact of self-standards also would be important. For example, in a recent study Hewitt and Flett (1993) found that achievement-related stress interacted with SOP, and interpersonal-related stress with SPP, to predict emotional distress. A final issue is whether distressed adolescents with excessive self-standards create their own stress and failure (see Monroe & Simons, 1991; Monroe & Steiner, 1986), which could result in chronic emotional distress.

In conclusion, this study demonstrated that excessive self-standards are associated with specific forms of emotional distress during adolescence. SOP and A:I discrepancies were related uniquely to depressive symptoms after controlling for anxious symptoms, whereas A:O discrepancies were associated uniquely with anxious symptoms after controlling for depressive symptoms. In contrast, SPP was associated with general emotional distress rather than with depression or anxiety specifically. Girls reported more depressive symptoms than did boys, and this difference was partially attributable to girls' greater A:I discrepancies. In contrast, no gender differences were evident with respect to symptoms of anxiety. The present study is important in demonstrating that excessive self-standards may play a potentially important role in the development of vulnerability to psychological distress during adolescence. It remains for further research to continue to elucidate this process.

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