

AN EXPLORATORY STUDY INVESTIGATING THE
RELATIONSHIP BETWEEN SELF-DISCREPANCIES, ANXIETY,
DEPRESSION AND COPING STRATEGIES AMONG
UNIVERSITY STUDENTS

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AN EXPLORATORY STUDY INVESTIGATING THE
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DEPRESSION AND COPING STYLES AMONG UNIVERSITY
STUDENTS

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THE AUTHOR HEREBY DECLARES THAT THIS THESIS, UNLESS
SPECIFICALLY INDICATED TO THE CONTRARY, IS A PRODUCT OF HER
OWN WORK.



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ABSTRACT

Different types of self-discrepancies are associated with different negative affects. The present study explored the relationship between self-discrepancies and depression and anxiety. In addition the relationship between self-discrepancies and coping styles was examined.

Data was gathered from questionnaires distributed to second and third year undergraduate psychology students at the University of Natal - Pietermaritzburg. The final sample consisted of 113 subjects. The data was analysed using the Pearson product-moment correlation, hierarchical multiple regression, and non parametric tests.

The results of the study showed that subjects are more bound to ideal self-guides, more so those pertaining to their own standpoint. Further, it was found that female subjects manifested higher self-discrepancies than male subjects, except in the ideal/own domain where male subjects had a relatively higher discrepancy. Female subjects manifested the highest discrepancy in the ideal/other domain. In terms of the relationship between the self-discrepancies and affect, it was found that both the total ideal discrepancy and the total ought discrepancy correlated positively with anxiety, with the total ideal discrepancy having a slightly higher correlation. Further, there was a significant positive correlation between the total ideal discrepancy and depression. More specifically a significant positive correlation between the ought/own discrepancy and depression was noted.

With regard to coping styles, the findings showed that overall, Black subjects, male subjects and subjects from the lower socioeconomic group used the acceptance style of coping more frequently. Further, some significant positive and negative correlations were noted between different self-discrepancies and different coping styles. In addition, some significant positive and negative correlations were also noted between depression and anxiety and the use of different coping styles.

The results were discussed in terms of the self-discrepancy and coping literature.

CHAPTER ONE

REVIEW OF THE LITERATURE

SELF-DISCREPANCY

1.1 Introduction

Within the social sciences and its allied disciplines, one notes, of late, a renewed interest in the self. As a subject of academic concern it has had a patchy history, with self at one stage being seen as too mentalistic and elusive a field for scientific study. Recent research, however, shows greater and wider exploration of this subject pursued not only by psychologists but philosophers, sociologists as well as anthropologists.

1.1.1 Aspects of the Self

Within the field of self psychology, an area of exploration is that of distinguishing among the different aspects of self. For example, one finds descriptions of a normative, socially prescribed self that arises as a result of a person's beliefs about what others believe they ought to be like (for example, Freud 1923/1961, James 1890/1948, Schafer 1967); a hopeful aspiring self that involves individuals' personal goals and wishes (for example, Allport 1955, Colby 1968, Rogers 1959/1961); a dutiful conscientious self that involves individuals' own sense of moral duty and obligations (for example Ausubel 1955, Colby 1968, Freud 1923/1961); and a social ideal self that involves individuals' beliefs about others' hopes, goals and aspirations for them (for example, Cooley 1902/1964, James 1890/1948, Piers and Singer 1971) (all cited in Higgins, Bond, Klein, Strauman, 1986).

In addition self concept research also yield descriptions of actual selves: that which persons actually believe they are and that which persons believe others think they are - others being either significant others or generalised others (Erikson 1950/1963, Lecky 1961 and Mead 1934) (all cited in Higgins, 1987). Further, a

number of potential selves have also been identified (Markus and Nurius 1987).

1.1.2 Self-Conflict or Self-Inconsistencies

Linked to these theories that distinguish between a variety of aspects of the self is work on self-conflicts or self-inconsistencies. With particular reference to the relationship between self-conflict and affect, it has been shown that self-inconsistencies produce emotional problems. An equally important question is: What is the nature of the self-conflict that produces these emotional problems? Many psychologists mentioned earlier have proposed theories relating to this, for example James' (1890/1948) contribution of one's ratio of actualities to selected potentialities, Freud's (1923/1961) Id, Ego and Superego conflict, Lecky's (1961) self-inconsistent environmental input, Allport's (1955) loss of inward unity, Roger's (1959/1961) actual self versus ideal self-discrepancy and self versus experience incongruence and Aronson's (1969) disconfirmation of self-expectancies (all cited in Higgins, Klein, and Strauman, 1987).

From the wide range of theories, Higgins (1987) identifies three basic types of self-conflicts or self-inconsistencies, namely:

- (i) inconsistencies between one's self-perceived attributes (or self-concept) and external behavioural feedback related to one's self-perceptions
- (ii) contradictions among one's self-perceived attributes that impede a coherent and unified self-concept
- (iii) discrepancies between one's self-perceived attributes and some standard or self-guide

1.1.2.1 Inconsistencies Between Self and External Feedback

Regarding inconsistencies between one's self and external feedback, this can occur both from one's own response and from that of others. Aronson (1969), in expounding his Cognitive dissonance theory (derived from Festinger 1957), argues that one will experience discomfort when one behaves in a way that is not consistent with one's self-concept. For example, if one sees oneself as being

essentially an honest and truthful person and then convinces another to do something that is boring, one will experience discomfort. Wicklund and Gollwitzer (1982: cited in Higgins, 1987), in their symbolic self completion theory suggest that psychological stress is experienced by people who are bound to a self-definition that has not been completely achieved. They further add that this psychological stress actually motivates people to complete it, meaning that self-focused attention increases one's awareness of the discrepancies between the real self and personal standards of correctness and that this induces motivation to reduce the discrepancy and move towards meeting this self-definition.

Another theory that looks at conflict between an individual's self and external behavioural feedback is Swann's (1983) self-verification theory. The basic tenet of this theory is that one will seek responses from others that will confirm one's self-concept; and should feedback be inconsistent with one's self-concept the result is distress (even if the feedback disconfirms a negative self conception). It is further pointed out that people seek out self consistent feedback as well as avoid self inconsistent feedback.

1.1.2.2 Inconsistencies Among Self-attributes

The second basic type of self-conflict looks at the conflict among an individual's self-attributes that prevents a unified self. Epstein's (1981) unity principle states that individuals have a basic need for unity among their self-attributes. This idea is proposed by many other theorists as well, (Allport 1955, Brim 1976, Lecky 1961 and Morse and Gergen 1960: cited in Higgins et al. 1987). A study by Harter (1986) of adolescents shows that adolescents can distinguish between those traits which they see as opposites and are in conflict with each other (for example, "smart" and "fun loving" in school) and those that are not, because they occur in different contexts (for example, "outgoing" with friends and "shy" in romantic interests). In addition, Harter's (1986) study shows that the adolescents were distressed by their conflicting traits.

1.1.2.3 Inconsistencies Between Self-perceived Attributes and Some Standard or Self-guide

The third basic type of self-conflict that is discussed in the literature relates to a person's actual self and his or her standards and values or aspirations. Theories here argue that discrepancies between the actual self and self guides or standards produce discomfort (for example Adler 1964, Cooley 1902, Freud 1923, Horney 1950, James 1890/1948, Rogers 1961 and Sullivan 1953: cited in Higgins et al., 1987). Further, Rogers (1961: cited in Higgins, Klein & Strauman, 1985) discusses the self "as of now" (the actual self) and the self a person would like to be (the ideal self).

1.1.3 The Relationship Between Self-Conflict and Affect

Having briefly looked at the nature of self-conflicts or self-inconsistencies, we now look at the relationship between affect and these. James (1890/1948: cited in Higgins et al. 1985), for example suggests that people feel disappointed when their attributes do not match their aims or pretensions. Cooley (1902/1964: cited in Higgins et al. 1985) shows that individuals feel ashamed and unworthy when they believe that their attributes do not fulfil the hopes and aspirations others have for them. Freud (1923/1961: cited in Higgins et al. 1986) argues that individuals experience guilt when their actions are not matched with their own prescriptions and sense of duty. He further argues that they experience anxiety when their actions do not conform to the prescriptions and normative expectations of significant others. Adler (1929/1964: cited in Higgins et al. 1986) shows that individuals feel hopeless when they feel that their attributes or performance cannot be changed to meet their goals. Lewin (1951: cited in Higgins et al 1986) argues that feelings of success and failure depend on one's level of performance relative to a particular frame of reference while Atkinson (1964: cited in Higgins et al. 1986) distinguishes between the capacity to experience pride in accomplishment (associated with the hope of success) and the capacity to experience shame given non-attainment of a goal (associated with the fear of failure).

The literature thus provides a picture of the links between self-conflicts or self-inconsistencies and affect. However, according to Higgins et al. (1987) there are limitations in these theories. First, they do not provide a systematic framework for fitting these various images into a unified framework. Secondly, they argue that there is no general theory that systematically relates specific kinds of self concept discrepancies to specific kinds of affective consequences.

Higgins (1987) states that though distinct types of belief incompatibilities have been postulated - for example, incongruity (Osgood & Tannenbaum, 1955), dissonance (Festinger, 1957), imbalance (Header, 1958: cited in Higgins, 1987) and self inconsistency (Epstein, 1980) - the emotional problems described by these have been discussed in very general terms - for example as tension, unpleasantness, stress, pressure etc. Higgins (1987) further argues that the general psychological literature has shown that distinct emotional syndromes/clusters do exist, for example dissatisfaction, feeling discouraged, pitiful, sad, gloomy and miserable form a cluster while guilt, anxiety, worry, fear, feeling tense, alarmed and threatened form another cluster. The former cluster is referred to as dejection related emotions and the latter as agitated related emotions. Thus Higgins (1987) argues that previous theories of belief incompatibility did not consider that distinct kinds of discomfort may be associated with belief incompatibility. These theories, then cannot predict **which** kind of discomfort or emotional problem will be induced by a particular type of belief incompatibility.

Recently, Higgins (1983: cited in Higgins et al., 1985) proposed a theory of self-concept discrepancy that attempts to integrate, organise and extend the contributions of the diverse literatures on self conflict into a single model that identifies the parameters underlying different self concepts and the factors that determine the **intensity** and quality of the discomfort induced by the different kinds of discrepancies among them.

1.2 Self Discrepancy Theory

An essential argument of self-discrepancy theory is that an individual's representation of him or herself can be described in terms of two cognitive dimensions, namely: domains of the self and standpoints of the self.

1.2.1 Domains of the Self

Self-discrepancy theory proposes that there are three basic domains of the self:

(i) **The Actual Self**

This is a person's representation of the attributes that someone (self or other) believes that the person actually possesses.

(ii) **The Ideal Self**

This is a person's representation of the attributes that someone (self or other) would like the person, ideally to possess (i.e. someone's hopes, goals or wishes for the person).

(iii) **The Ought Self**

This is a person's representation of the attributes that someone (self or other) believes that the person should or ought to possess (i.e. someone's sense of the person's duty, obligations or responsibilities)

(Higgins, Bond, Klein, Strauman, 1986).

In reviewing some of the literature on the self, one finds that the above domains have been discussed although they have not been specifically distinguished as above. Freud (1923/1961 cited: in Higgins et al., 1987), for example, distinguished between the Id, Ego and Superego. (The Id though was related to biological drives and the Superego had an ego-ideal aspect as well). Linking on from Freud, Eric Berne (1964) in his work on Transactional Analysis distinguished among the Parent, Adult and Child ego states. Also, as pointed out earlier, James

(1890/1946: cited in Higgins et al., 1987), in his writings on the self, distinguished between an individual's actualities and potentialities (potential "ideal self" and "spiritual self"). The distinction between the ideal self and ought self is also found in Schafer's (1967: cited in Higgins, 1987) discussion of the difference between moral conscience and personal ideals where he cogently argues that ideals and superego morality have been confined together when each should long ago have had a place of its own. Higgins (1987) further explains that a current real-world example of the difference between the ideal self and ought self is the conflict some women have between their own wishes to be successful professionals and some other person's beliefs that they ought to be traditional women - housewives and mothers.

1.2.2 Standpoints on the Self

In looking at the relationship between self and affect one cannot only look at the different domains of the self. One has to also distinguish between self-state representations, that is, determine whose perspective on the self is involved. This is where the idea of the standpoint of the self arises. Turner (1956: cited in Higgins et al., 1986) describes a standpoint on the self as a point of view or position that reflects a set of attitudes or values and from which a person can be judged.

The two basic standpoints on the self are:

- (i) one's **own** personal standpoint and
- (ii) the standpoint of some significant **other** (mother, father, spouse, close friend, etc.).

Use of the different domains of the self in relation to the standpoint of the self in previous theories of the self is rather mixed. While some theories explicitly state which standpoint on self is being utilized others do not consider this at all. This has led to some confusion in the literature. Higgins (1987), for example, points out that although most measures of "low self-esteem" have involved comparing an

individual's actual self and his or her **own** ideal self, some measures have involved comparing an individual's actual self and his or her beliefs about **others** ideals for him or her (which is often referred to as the "social ideal self") whilst other measures have been ambiguous with regard to whose ideal standpoint is involved (see Wylie, 1979: cited in Higgins, Bond et al., 1986).

The notion of the different standpoints on the self (as utilised in self discrepancy theory) arises primarily from the work by Turner (1956: cited in Higgins et al., 1986) who differentiated between the own standpoint on the self (or self attitudes or self viewpoint) and other standpoint on the self (viewpoint and attitudes of others). However, even as early as the 1930's theorists used notions similar to the standpoints on the self. Lewin (1935: cited in Higgins et al., 1987), for example, in talking about "level of aspiration", talked about how the expectations of an adult authority figure can elevate the level of aspiration of a child (relating to the "other" standpoint) and the child's own hopes and personal goals ("own" standpoint).

1.2.3 Self State Representations

By combining each domain of the self with each standpoint on the self, one arrives at six basic types of self state representations namely:

- (i) actual/own
- (ii) actual/other
- (iii) ideal/own
- (iv) ideal/other
- (v) ought/own
- (vi) ought/other.

The actual/own, actual/other self state representation (more so actual/own) basically refers to one's self concept, while the remaining four are one's self directive guides for being, in brief our self-guides.

1.2.4 Imagined Possibilities and Factual Points of Reference

Besides the acquired guides, two further major types of self-guides or standards of evaluation discussed in the literature are the imagined possibilities and the factual points of reference. With regard to the imagined possibilities, this refers briefly to constructed or imaginary standards, for example mental stimulations which Kahneman and Tversky (1982) posit could serve as a standard of evaluation.

With regard to the factual points of reference, the actual performance or attribute of one or more persons is used as a standard for evaluation. The individual's own attributes or performance which may not be objectively true, however, is subjectively or phenomenologically factual. The factual reference point is further divided into four basic kinds, namely:

- (1) **Social Category Reference Point**, where the standard is defined by the average performance or attributes of the members of some social category or group (Higgins et al., 1986) where the evaluator may not necessarily be a member of the group nor have any direct contact with the group.
- (2) **Meaningful Other Reference Point**: where the standard is 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 (Bernstein & Crosby 1980, Festinger 1954, Goethals & Darley 1977: cited in Higgins et al., 1986) or because of his or her emotional significance or importance to the evaluator. The meaningful other does not necessarily have to be a personal friend or someone with whom one is in contact.
- (3) The evaluator's own past performance or attributes which may range from one incidence to many and may have occurred recently or in the distant past may also be a standard, namely the: **The Autobiographical Reference Point**.

- (4) Lastly there is the Social Context Reference Point, where the standard is defined by the performance or attributes of the immediate context of people to whom the evaluator is currently exposed (and notices) (Higgins et al.; 1986).

1.2.5 Self-State Representations and their Motivational Significance

Higgins (1987) in espousing self-discrepancy theory states that people are motivated to reach a condition where their actual state matches their ideal and ought states. That is matching ones self-concept to ones self-guides. Further, self discrepancy theory also proposes that individuals will differ as to which of their self-guides they are motivated to meet with some individuals having only ideal self-guides whereas others may have only ought self-guides. In addition some individuals may have only own standpoint self guides whereas others may have only other standpoint self guides.

In terms of standards (especially the ideal and ought standards) being motivators, a review through the literature shows that some theorists have discussed this. James (1890/1948: cited in Higgins, 1987), for example, shows that standards directly causes actions and in self evaluation arouses emotions which are in themselves motivating. Higgins (1987) further points out that theories of level of aspiration, although focussing on the relation between performance and standard setting (see Festinger 1942, Lewin 1935, Rotter 1942: cited in Higgins, 1987) have traditionally assumed that people need high "ideal" goals or aspiration levels in order to motivate performance.

A central feature of Carver and Scheier's Cybernetic Model of Self Regulation (1981: cited in Pyszczynski, Greenberg, Solomon & Hamilton, 1991) is the negative feedback loop, in which a comparator assesses discrepancies between perceptual input of some kind and a reference value. Detection of discrepancies then sets in motion processes aimed at closing the gap between the perceptual input (which could be ones self concept) and the reference value (which could be

one's self-guide).

Further, Carver and Scheier (1991) state that they believe that human behaviour is regulated in a system of feedback control. In this view, people continually establish goals, standards and intentions for themselves (both very short term and much longer term goals), which they then use as a reference point. As people act, they self-attentively monitor their actions with regard to those reference points. When necessary, they make adjustments to bring their actions into closer conformity with the intended or desired actions. Such discrepancy reductions are basic to the self regulation via feedback control.

Similarly, in their theory of objective self awareness, Duval & Wicklund (1972: cited in Gibbons, 1991) maintain that focussing attention on the self necessarily engages a self evaluation process by which an individual compares his or her current status on the salient (self) dimension with an ideal or standard that he or she maintains on that dimension. They further define a standard as a "criterion of correctness" or an ideal. In other words, the way the person thinks he or she **should** behave, what they should be and what they should believe and so forth. This comparison between the actual and "the should" inevitably produces evidence of a discrepancy - the self is seldom seen as being as good as it could be - and it is the awareness of this discrepancy that motivates a response (Gibbons, 1991).

A common idea in these theories is the motivational significance of matching to standards. According to Higgins (1987) self discrepancy theory differs from these other theories in proposing that different types of chronic discrepancies between the self concept and different self guides, and between different self guides are associated with different motivational predispositions.

An important way then in which self discrepancy differs from other theories of belief incompatibility (e.g. Heider's Balance Theory and Festinger's Cognitive Dissonance Theory) is on its emphasis that each type of discrepancy is related to

a particular type of negative psychological situation that is linked with specific emotional and motivational problems.

Feelings of sadness or disappointment are associated with the belief that a desired goal has been lost or will never be obtained; while apprehension or feeling threatened are feelings associated with a belief that something terrible is going to happen. Thus, there are two basic kinds of negative psychological situations associated with different kinds of emotional states (see for example Jacobs, 1971; Lazarus, 1968; Mowrer, 1960; Roseman, 1984; Stein and Jewett, 1982: cited in Higgins 1987):

- (a) *the absence of positive outcomes* (actual or expected) which is associated with dejection related emotions, for example dissatisfaction, disappointment, sadness and
- (b) *the presence of negative outcomes* (actual or expected) which is associated with agitation related emotions, for example fear, threat, edginess

Higgins, Bond et al. (1986) further add that just as the motivational or emotional response to a performance is determined by an individual's beliefs about the consequences or significance of the performance per se, the motivational or emotional effects of an individual's actual-self attributes are determined not by the nature of the attributes per se but by the individual's beliefs about the consequence or significance of possessing such attributes, which in turn reflect their *relation* to his or her self-guides.

1.3 Types of Self-discrepancies and Quality of Discomfort

Following on from here, Higgins (1985) in espousing self discrepancy theory describes how the different types of relations represent different types of negative psychological situations, namely:

1.3.1 Actual/Own versus Ideal/Own

This reflects a situation where (from his or her standpoint) the current state of an individual's actual attributes does not match the ideal state that he or she wishes to or personally hopes to attain. In terms of the general psychological situation, this discrepancy represents the absence of positive outcomes (the non attainment of one's goals and desires), hence the individual is predicted to be vulnerable to dejection related emotions and more particularly disappointment and dissatisfaction as these emotions are related to the individual's belief that their personal goals and hopes have not been fulfilled. According to Higgins (1987) most psychological analyses of these emotions have described them as being associated with (a) the individual's **own** standpoint or agency (e.g. James 1890/1948, Kemper 1978, Roseman 1984, Wierzbicka 1972: cited in Higgins 1987) and (b) a discrepancy from his or her hopes, desires or ideals (e.g. Abelson 1983, Carver & Ganellen 1983, Durkheim 1951, Duval & Wicklund 1972, Horney 1950, James 1891/1948, Kemper 1978, Rogers 1961, Wierzbicka 1972: cited in Higgins 1987). From a motivational stance, this type of discrepancy may be associated with frustration from unfulfilled desires.

1.3.2 Actual/Own versus Ideal/Other

In this situation, the current state of an individual's actual attributes (from his or her own standpoint) does not match the ideal state that the individual believes some significant other wishes him or her to attain. Again this discrepancy represents the general psychological situation of the absence of positive outcomes (namely, the non-attainment of some significant other's hopes and wishes). Hence, the individual is predicted to be vulnerable to dejection-related emotions - more particularly **shame, embarrassment or feeling downcast**. When one believes that one has failed to attain the wishes or hopes that some significant other has for one, one then believes that the significant other is disappointed or dissatisfied with one. Higgins (1987) again points out that in the psychological analyses of "shame" and related emotions, these are associated with (a) the standpoint or agency of one or more **other** people (e.g. Ausubel 1955, Cooley 1902/1964,

DeRivera 1977, Lewis 1979, Piers and Singer 1971, Wierzbicka 1972: cited in Higgins 1987) and (b) a discrepancy from achievement or status standards (e.g. Cooley 1902/1964, DeRivera 1977, Erikson 1950/1963, Kemper 1978, Piers and Singer 1971: cited in Higgins 1987). Shame is also described as being associated with discrepancy from both moral and non moral standards. From a motivational perspective the actual/own versus ideal/other discrepancy may also be related to concern over losing the affection or esteem of others.

1.3.3 Actual/Own versus Ought/Other

In this situation, the current state of an individual's actual attributes (from his or her own standpoint) does not match the state that the individual believes some significant other person believes it is his or her duty or obligation to fulfil. The general psychological situation that this discrepancy is associated with is that of the presence of negative outcomes (that is, punishment - as the violation of one's obligations and prescribed duties are associated with sanctions), hence the individual is predicted to be vulnerable to agitation-related emotions - more so fear and feeling threatened as these emotions occur when harm or impending danger is anticipated. In terms of the psychological analyses of these emotions, Higgins (1987) describes them as being associated with (a) external agents, in particular the standpoint or agency of one or more other people (e.g. Abelson 1983, Ausubel 1955, DeRivera 1977, Freud 1923/1961, Kemper 1978, Piers and Singer 1971, Sullivan 1953: cited in Higgins 1987) and (b) a discrepancy from norms or moral standards (e.g. Ausubel 1955, Dahl 1979, Freud 1923/1961, Kemper 1978, Piers and Singer 1971, Sullivan 1953: cited in Higgins 1987). Looking at the motivational aspect of the actual/own and ought/other discrepancy, it is said to be associated with feelings of resentment - in terms of the resentment of the anticipated pain to be received from others.

1.3.4 Actual/Own versus Ought/Own

This discrepancy involves a situation where the current state of an individual's actual attributes (from his or her own standpoint) does not match the state that the

individual himself or herself believes it is his or her duty to attain. The general psychological situation that results from this discrepancy is the presence of negative outcomes - a situation where the individual is ready for self punishment, hence the individual is vulnerable to agitation related emotions. More specifically, the feelings one refers to here are guilt, self contempt, and uneasiness which are often experienced when one has transgressed a personally accepted moral standard. In pointing out the psychological analyses of guilt, Higgins (1987) describes it as being associated with (a) a person's own standpoint or agency (e.g. Ausubel 1955, Erikson 1950/1963, Freud 1923/1961, James 1890/1948, Kemper 1978, Lewis 1979, Piers and Singer 1971: cited in Higgins 1987) and (b) a discrepancy from his or her sense of morality or justice (e.g. Ausubel 1958, Enbon 1950/1963, Freud 1923/1961, Horney 1939, James 1890/1948, Kemper 1978, Lewis 1979, Piers and Singer 1971: cited in Higgins 1987). From a motivational aspect this discrepancy is associated with feelings of moral worthlessness or weakness.

Higgins (1987) in discussing the above, points out that the distinction between shame and guilt, as suggested above is that the former involves feelings that one has been lowered in the esteem of others because one has disappointed them by failing to accomplish their hopes and wishes for one, whereas guilt involves feeling that one has broken one's own rules concerning how one ought to conduct one's life. The above discussion has also been discussed by previous theorists, namely Erikson (1950/1963: cited in Higgins, 1987) and James (1898/1948: cited in Higgins, 1987). Further some theorists in looking at the psychological analyses of these emotions, consider shame to involve the "other" standpoint and the ideal domains, whereas guilt involves the "own" standpoint and ought domain.

In terms of distinguishing between fear and guilt, with fear one has violated rules and therefore anticipates sanctions from others and with guilt because one has broken one's own rules of conduct and therefore it involves chastising oneself. This distinction between fear and guilt has also been previously discussed by

theorists (for example, Ausubel 1955, Freud 1923/1961, Kemper 1978: cited in Higgins 1987).

1.3.5 Discrepant Self-Guides

Although the bulk of the studies testing self-discrepancy theory have focused on the actual-ideal and actual-ought discrepancies (meaning those discrepancies between the actual self-concept and some important standard of evaluation or self-guide), Higgins (1987) states that the theory is not restricted to only these discrepancies.

In effect, one may also experience discomfort that results from discrepancies that do not involve the self concept but conflict between self-guides. In its elemental form, a self-guide-self-guide discrepancy also involves a type of negative psychological situation: an approach-approach conflict, where there are two valued end states which an individual is motivated to meet and the resolution may involve some type of trade off as one cannot simultaneously approach two goals.

Another type of self-guide-self-guide discrepancy that also represents a form of negative psychological situation is the double approach-avoidance conflict. This occurs when an individual has two self-guides for valued end states which are opposite to each other. For example, some individual's personal hopes and wishes for him or herself (e.g. to be assertive) are discrepant from some significant other's beliefs about the kind of person it is their duty and obligation to be (e.g. to be passive) - an ideal/own versus ought/other discrepancy.

A study by Van Hook and Higgins (1988) where twenty-eight introductory psychology students - who were selected on the basis of their responses to the selves questionnaire (half of the subjects had at least one self-guide-self-guide mismatch and the other half had no self-guide-self-guide mismatches) - completed emotions questionnaires which identified dejection related emotions (e.g.

disappointed, dissatisfied, embarrassed) and agitation related emotions (e.g. tense, afraid, threatened), anger related emotions (e.g. angry, resentful) and confusion related emotions (that is unsure of self/goals, muddled, confused about identity) suggests that people who hold and are motivated to mutually contradictory standards for being or valued self-end states (self-guides) are vulnerable to a particular sort of psychological discomfort characterised by feelings of confusion and uncertainty.

In terms of the above self-discrepancies, self-discrepancy theory does not propose that individual's will possess only one or the other of these types of self-discrepancies. Higgins (1987), for example, states that particular individuals can possess none of them, all of them, or any combination of them. Hence, an individual could have no emotional vulnerability, one or any combination of the different kinds of emotional vulnerabilities (as a result of more than one type of self-discrepancy). Further his or her discrepancies may not be equally active nor equally likely to produce discomfort. The question which then arises is what determines which type of discrepancy an individual possesses which are active and thus produces associate emotions at any point. This brings to discussion another feature of self-discrepancy-theory: distinguishing between availability and accessibility of self-discrepancies.

1.4 Availability and Accessibility of Self Discrepancies

Incompatible beliefs are cognitive constructs, and as such they can vary in both their availability and accessibility (Higgins, 1987). Higgins & Wells (1986) very basically describe construct availability as whether or not a construct is stored or present in memory, whereas construct accessibility refers to the readiness with which a stored construct is retrieved from memory and/or is utilised in information processing. Further, Strauman & Higgins (1987) define construct accessibility as the degree to which a construct in long-term memory is likely to be used in information processing. In terms of increasing the accessibility of an available construct, Higgins (1981) outline six factors which play a role in this, namely:

- (1) Expectations - construct availability increases when the estimate of the likelihood of occurrence of a construct instances increases (see Bruner 1957: cited in Higgins, 1986)
- (2) Motivation - Goals, needs, affective state and so on can increase construct accessibility by increasing individual preparedness for construct instances, without necessarily changing their estimate of the likelihood of construct instances (see Bruner 1957: cited in Higgins, 1986).
- (3) Recent Activation - the accessibility of a construct increases when the construct has been recently primed or activated (Higgins, Rholes & Jones, 1977).
- (4) Frequent Activation - the momentary and prolonged accessibility of a construct increases as the frequency of its activity increases (Higgins, Bargh & Lombardi 1985).
- (5) Salience - the accessibility of a construct increases as the prominence and distinctiveness of its own attributes increase.
- (6) Relation to the accessible constructs - the accessibility of a construct will increase if the accessibility of a closely related construct increases (see Collins & Loftus 1975: cited in Higgins, 1986).

Thus, looking at self-discrepancy theory specifically in terms of availability and accessibility, Higgins et al., (1986) propose that there are two features that influence a person's discomfort, namely: emotional discomfort is influenced by the magnitude of a person's available types of self-discrepancies, where the greater the magnitude of a particular type of self-discrepancy, the more intensely the individual will experience the type of discomfort associated with that discrepancy. Thus, everything else being equal, a person will experience most intensely the type of discomfort associated with the self-discrepancy which has the greatest magnitude. Higgins, Klein & Strauman (1985) in their initial test of self-discrepancy theory, found support for the above namely that the greater magnitude of self-discrepancy is associated with greater magnitude of emotional distress. This finding was replicated in a later study by Higgins, et al., (1986). Further, the

accessibility of a person's available type of self-discrepancy also influences the emotional discomfort that a person experiences - as above, where the greater the accessibility of a particular type of self-discrepancy, the more likely the individual will experience the type of discomfort associated with that discrepancy. Thus, everything else being equal an individual will experience more intensely the type of discomfort associated with the self-discrepancy that has the greater accessibility. (Higgins, Bond et al., 1986) in their study demonstrate the above relation between the accessibility of various types of self-discrepancies and the differences in emotional change.

It is important to note that individuals are not necessarily aware of the availability and accessibility of their self-discrepancies and that stored social constructs can play a role in "social information processing" automatically without necessarily being in awareness.

Higgins (1987) thus states that in sum, the accessibility of a self-discrepancy is determined by its recency of activation, its frequency of activation and its application to the stimulus event.

Self-discrepancy theory, one may thus state, is a model of the relationship between self and affect that emphasises the developmental and cognitive determinants of self-evaluation (Strauman, 1992) with its general hypothesis being that the greater the magnitude and accessibility of a particular type of self-discrepancy possessed by an individual, the more the individual will suffer the kind of discomfort associated with that type of self-discrepancy (Higgins, 1987).

1.5 Recent Applications or Developments of Self-Discrepancy Theory

Since its introductions in the mid 80's, research in the field of self-discrepancy theory has explored much of the above, namely examining how specific types of relations between pairs of self-beliefs predict particular kinds of emotional sufferings. More recent studies have, however, extended and expanded self-

discrepancy theory, for example, with new types of beliefs being introduced like the "can" self which is a representation of one's or a significant other's beliefs about one's capabilities or potential; the "future" self which is a representation of one's or one's significant others' expectations about the type of person one will become.

In addition, self-discrepancy theory has been applied to various areas of psychology, for example, in trying to identify which kinds of self concept problems are associated with body dissatisfaction and disordered eating (Strauman, Vookles, Berenstein & Chaiken, 1991), also in investigating body-image disturbances and self-discrepancy theory (Szymanski & Cash, 1995) and how patterns of self-beliefs predict types of emotional and physical problems, for example, relating it to bulimia-related symptoms and stomach problems and anorexia-related symptoms, menstrual problems and problems with diarrhoea, migraine headaches and muscle cramps (Higgins, Vookles & Tykocinski, 1992). In the field of health psychology, authors (for example, Strauman, Lemiexu, & Coe, 1993) have looked at self-discrepancy theory and natural killer cell activity - namely the immunological causes of negative self-evaluation.

Self-discrepancy theory has also been used in considering the emotional trade-off of becoming a parent as a function of the parent's self-discrepancies before the birth of their first child (Alexander & Higgins, 1993). Higgins & Tykocinski (1992) also looked at the effects of self-discrepancies on memory, while a study by Kikendal, (1994) looked at self-discrepancy as an important factor in addressing women's emotional reactions to infertility. Strauman, (1994) has also looked at self-representations and the nature of cognitive change in psychotherapy.

However, an area in which self-discrepancy theory may have implications and has not thus far, been explored is the field of coping.

1.6 Summary

Within the field of self psychology, an area of investigation is that of the different aspects of self. In attempting to integrate, organise and extend the contributions of the diverse literature on self-conflict into a single model, self-discrepancy model (Higgins, 1985) was proposed. This theory explores the relations between the different (and potentially conflicting) aspects of the self and affect. The domains of self that influence emotional experiences are the actual self, ideal self and ought self (the latter two being self-guides). Self-discrepancies are thus described as the inconsistencies between the attributes in the actual self and the ideal or ought self domains. Further, discrepancies between the actual self and the ideal self-guides are associated with depression or dejection-related emotions whereas discrepancies between the actual self and an ought self guide is associated with agitation related emotions or anxiety.

CHAPTER TWO

COPING

2.1 Introduction

Together with stress, coping is an enduring part of life, which plays an integral role in one's psychological and physical well-being when one is confronted with stressful or negative life events. The study of coping has had a long history, although it was only during the 60's and 70's that it came into its own formally. In earlier research, especially by the psychoanalysts, coping was conceptualised as a defense mechanism (Freud 1933: cited in Endler & Parker, 1990) and thus an unconscious process. According to Lazarus (1993) the earliest psychoanalytic interest in defense centred on its role in psychopathology as a characteristic style for managing threat, for example, hysterical neuroses were linked to repression. Lazarus (1993) further points out that despite the elegance and potential power of the psychoanalytic formulation, the link between forms of psychopathology and specific defenses is a bit too neat to be generally applicable - it is more a conceptual ideal rather than a clinical reality. Thus, in recent research, coping is seen as a response to external stressors or negative events - where the responses are conscious strategies or styles on the part of the individual (Endler & Parker, 1990). Coping, therefore is an integral part of the cognitive-transactional theory of stress extolled by Lazarus and his colleagues (Lazarus & Folkman, 1984). Lazarus (1993) thus defines coping as ongoing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. This model stresses a flexible, process-centred approach to coping where it is seen to be responsive to contextual variations and feedback from the flow of events which affect adaptational outcome (Eagle, 1987). In line with this comprehensive model of coping, Stone, Greenberg & Kennedy-Moore (1991) posit that coping is a dynamic process which changes in time, in response to objective demands and subjective appraisals of the

situation. Appraisal and coping are therefore seen as two primary cognitive processes in the stress system which influence each other in a dynamic and interdependent way. This is in contrast with the personality-based models of coping where individuals are seen as all having unique and unchanging ways in which they deal with life's problems. The implication of this approach is that individuals ways of coping with stressors are unchangeable and the coping process is not really able to be accelerated (Van der Merwe, 1993). Thus in this study, the conceptualisation of coping is based on the model proposed by Lazarus and his colleagues (Lazarus & Folkman 1984, Lazarus 1981, Lazarus & Haunier, 1978).

2.2 Problem-Focused versus Emotion Focused Coping

Folkman and Lazarus (1984) in their writings on coping in addition suggest that coping has two major functions namely emotion-focused (that is the "regulation of distressing emotions") and the problem-focused coping (that is doing something to change for the better the problem causing the distress) (Endler & Parker, 1990). Lazarus, (1993) in his recent writings, sees the function of problem-focused coping as being to change the troubled person-environment relationship by acting either on the environment or oneself; whereas the function of emotion-focused coping is to change either (i) the way the stressful relationship with the environment is attended to (as in vigilance or avoidance) or (ii) the relational meaning of what is happening which mitigates the stress even though the actual condition of the relationship has not been changed. This distinction between problem-focused coping and emotion-focused coping is one that has been subscribed to by many researchers in the field of coping. Strentz and Auerbach (1988) explain this distinction as one where problem-focused coping involves short-circuiting negative emotions through the emission of behaviours that modify the stressor or allowing one to avoid it or minimise its impact, and cognitive activity that leads to the belief that the stressor can or will be controlled instrumentally. Emotion-focused coping, on the other hand, involves behaviour designed to directly palliate or eliminate dysphoric emotions elicited by a stressor with little attention paid to the characteristics of the situation or the nature of the threat it poses.

2.2.1 Problem-Focused and Emotion-Focused Interventions

With regard to problem-focused coping, interventions that may be utilised include provision of information designed to provide accurate expectations about sensory stimulus properties, procedural events about impending stressors or both, and instructions leading to action plans and problem solving.

Emotion-focused interventions primarily involve avoidant strategies such as relaxation, attention redirection, denial, wishful-thinking and minimization of threat but may also include attention like activities such as seeking support (Strentz & Auerbach, 1988). With this distinction arises the concomitant question about which between problem-focused coping and emotion-focused coping is the better or more effective coping style. Lazarus (1993) states that in western society, there is a strong inclination towards seeing problem-focused coping as more effective especially in terms of taking some action against a problem being more desirable than reappraising the relational meaning of the problem. He further points out, that in certain situations where nothing constructive can be done to change the situation, problem-solving efforts can be counterproductive - even resulting in distress when they fail, thus emotion-focused coping would be the better choice.

Strentz & Auerbach (1988) report that, based on previous empirical findings, there is no clear basis for stating that either problem-focused coping or emotion-focused coping is more effective. Aldwin & Revinson (1987) also state that there is no significant agreement as to which is the most effective in the mediation of stress in terms of emotional relief, problem-solving and health outcome. Strentz & Auerbach (1988) further point out that both problem-focused and emotion-focused coping are used to some degree in most situations. Martelli, Auerbach, Alexander, & Mercuri (1987) in an experimental study where patients received both a combination of problem-focused and emotion-focused stress management strategies in a pre-test instruction, adjusted better to the stress of surgery than patients who had received instruction in only one strategy or the other. Further, retrospective accounts by former concentration camp inmates and prisoners of

war, indicated that a combination of problem-focused and emotion-focused styles was utilised by those who adjusted best (Brill 1946, Nardini 1962, Schmolly 1984: cited in Strentz & Auerbach, 1988). Strentz & Auerbach (1988) further point out that recent findings however indicate that problem-focused and emotion-focused coping may differ in their usefulness depending on the potential for actual control in the situation (Collins, Baum & Singer, 1983, Kaloupek & Stoupakis, 1985, Kaloupek, White & Wong, 1984, Mills and Krantz, 1979: cited in Strentz and Auerbach, 1988). Auerbach (1989) states that problem-focused and emotion-focused coping mechanisms are both useful under the appropriate circumstances in facilitating adjustments to stressors associated with disease and health care. Some research findings have shown that emotion-focused coping styles increase distress (Fulton & Revenson 1987) whereas others have suggested that problem-focused coping styles decrease emotional distress. Thus, according to Aldwin & Revenson (1987) we are far from describing a "magic bullet" coping strategy that can instantly solve problems and restore emotional equilibrium. However, there are various factors that may play a role in the relationship between coping and mental health outcomes, namely the problem that one encounters and the degree of stress that one experiences. Further in terms of mental health and coping, researchers (Fulton & Revinson, 1984) have shown that measures of emotional distress are often used to assess the effectiveness of coping, but distress itself may affect both how an individual copes and the efficacy of the strategy (Aldwin & Revinson 1987). The question that thus arises is: does coping affect ones well-being independent of ones previous mental health or does an individual in poorer mental health use coping strategies that are less effective? The above authors comment from the results of their study that the relationship between mental health and coping seems bidirectional in that individuals who have poorer initial mental health are more vulnerable to more frequent stressful life events and thus may be prone to using more maladaptive coping mechanisms thereby perpetuating a cycle between poorer mental health and maladaptive coping styles.

2.3 Coping Strategies and Depression and Anxiety

According to Hoffart & Martinsen (1993) the coping strategies conceptualised within the framework developed by Lazarus and his colleagues (Folkman & Lazarus 1980) and measured with the Ways of Coping Checklist have been associated with both anxiety and depression. Billings, Cronkite & Moos (1983) also comment that in general, studies of community groups indicate that individuals with little depressive symptomatology are more likely to use problem-focused coping responses whereas those with higher symptom levels use more emotion-focused and avoidance responses (Billings & Moos 1981, Folkman & Lazarus 1980, Perlin & Schooler, 1978). The findings of Billings et al., (1983) support this in that they also found that depressed individuals were less likely to use problem solving and more likely to use emotion-focused coping responses and had fewer and less supportive relationships with friends, family and colleagues. Results of the study by Vitaliano, Russo, Carr, Maiuro, & Becker, (1985) showed a negative correlation between problem-focused coping and depression and problem-focused coping and anxiety, whereas wishful-thinking and seeking social support as coping strategies correlated positively with anxiety. A later study by Vitaliano, Katoin, Russo, Maiuro, Anderson & Jones (1987) supported the above findings, namely that they found that primary care panic disorder patients used more wishful-thinking and less problem-focused coping than a non psychiatric control. Results of studies by Coyne, Aldwin and Lazarus (1981) in a clinical sample and Vitaliano, Russo, et al. (1985) indicated a significant positive correlation between wishful-thinking as coping style and depression. Troop, Holbrey, Trowler & Treasure, (1994) also point out that generally, active coping strategies, for example problem solving and turning to others are associated with lower levels of anxiety and depression whereas avoidance and denial are associated with increased distress. These findings have been reported in both clinical and non-clinical samples (Broadbeck & Michelson 1987, Fairbank et al 1991, Nezh & P'Zurilla 1989, Vollrath & Angst 1993: cited in Troop et al. 1994).

Thus evidence suggests that coping strategies may be related to both anxiety and

depression. Hence, the present exploratory study will attempt to determine if a correlation exists between coping style and anxiety and depression (as reported through the SCL-90-R) and a link between the self-discrepancies and coping styles.

To date, a review through the literature indicates no studies investigating a link between self-discrepancies and coping strategies. Further, the basic modes of coping which will be explored in this study go further than the problem-focused and emotion-focused strategies to include coping subscales like wishful-thinking/escape, acceptance, help-seeking, emotional-withholding, self-blame and growth (Eagle 1987). Further subscales that have also been included are those of Billings & Moos (1981) namely active-cognitive, active-behavioural, avoidance, problem-focused and emotion-focused modes (Eagle, 1987).

2.4 Summary

This chapter on coping began with a brief history on the work on coping, followed by a discussion on the more recent model proposed namely the process-centred approach. Further, the distinction between problem-focused and emotion-focused coping was outlined. This was followed by a review of the relationship between coping strategies and depression and anxiety. Lastly, a review through the literature shows, to date, no studies that investigate the relationship (if any) between coping styles and self-discrepancies.

CHAPTER THREE

METHODOLOGY

3.1 Hypotheses

The following hypotheses were proposed:

- (1) Discrepancy between the actual self and the ideal self-guide is associated with depression or dejection related emotions.
- (2) Discrepancy between the actual self and the ought self-guide is associated with anxiety or agitation related emotions.
- (3) The greater the actual ideal discrepancy, the greater will be the use of emotion-focused coping styles.
- (4) The greater the actual ought discrepancy, the greater will be the use of emotion-focused coping styles.
- (5) There would be a positive correlation between anxiety and emotion-focused coping styles.
- (6) There would be a positive correlation between depression and emotion-focused coping styles.

3.2 Procedure

The proposed subject sample were undergraduate psychology students at the University of Natal - Pietermaritzburg. The Course-coordinators for the second and third year psychology classes were approached for permission for the use of a

practical period in which to collect data.

Subjects were informed before the session that during this time volunteer subjects for research were required.

At the beginning of the session subjects were briefed as to the nature of the study and were assured of confidentiality. The latter would assist in the control for the element of social desirability and would allow subjects to be more honest and uninhibited in the "selves" and other measures.

A questionnaire package was then handed out to each subject. The nature of the tests within the package were discussed and necessary information provided for the completion of each section. Subjects were asked to complete the test within one setting. The average time taken to complete was forty-five minute to one hour. Some subjects expressed a desire to complete the test at home. Arrangements were made for the return of the tests at the lecturers over the next few days. Return questionnaire boxes were also placed at the psychology department. The researcher was available for questions and comments during and after the session. At the end of the session, subjects were debriefed and were thanked for their participation.

The questionnaire package given to the subjects included the following questionnaires in order of their presentation:

3.3 The Selves Questionnaire

(See Appendix A)

This measure (Higgins et al., 1985, Higgins et al., 1986) was used to assess self-concept discrepancies. The selves questionnaire is a free-response, idiographic measure that asks subjects to list (up to 10) attributes associated with different self-concepts. By having subjects spontaneously list the attributes associated with each of their self-states (as opposed to a constrained, checklist format) one

increases the likelihood that the attributes would be important to each subject.

The selves questionnaire was administered in two sections, the first involving the subject's "own" standpoint and the second involving the standpoint of the subject's significant other (for example, mother, father etc.).

At the beginning of the questionnaire, the actual, ideal and ought selves are defined (as described earlier) and on each subsequent page there is a question about a different self-state, for example in Section one "Please list the attributes of the type of person **you** think you **actually** are" or "Please list the attributes of the type of person **you** would **ideally** like to be (hope or wish to be)". The instructions for the second section are identical except the change (from self to that of significant other) in standpoint. Thus each page of the questionnaire was concerned with a particular domain/standpoint combination (for example actual/own, ideal/other etc.). Subjects were also asked to rate for each listed attribute the extent to which the standpoint person (self or other) believes they actually possess that attribute, ought to possess that attribute, or wants them ideally to possess that attribute. The four point rating scale ranges from one (slightly) to four (extremely).

3.3.1 Calculating the Self-discrepancy Scores

A two-stage process, as described by Higgins (1987) was used to calculate the magnitude of discrepancy between any two self-concepts (for example actual/own versus ought/own). First, the attributes in each self-concept were compared to the attributes in the other self-concepts to determine which attributes matched (that is, both self-concepts listed the same attribute, where synonyms were considered the same attribute), which attributes mismatched (that is, an attribute in one self concept was the opposite or antonym of an attribute in the other self concept). Synonyms and antonyms were operationally defined in terms of Roget's Thesaurus. Thus a "match" is obtained when a subject lists the same attributes or a synonym in the two self-states that are being compared and when the difference in extent

ratings for the two adjectives is no more than one (for example actual/own : very smart versus ideal/own : extremely smart). Each score is given a score of minus one (-1).

A mismatch occurs when the attributes are synonymous but differ by more than one in extent ratings (for example actual/own : slightly smart versus ideal/own : extremely smart) and these are given a score of plus one (+1); or when the attributes are antonyms (for example actual/own : dumb versus ideal/own : smart) and these are given a score of plus two (+2).

A non-match in which the attributes are neither synonyms nor antonyms is given a score of zero. Thus, in step two, discrepancy scores are obtained by summing the match and mismatch scores pertaining to a part of the self states. Scores potentially range from minus ten (-10) indicating a perfect match between two self states from which the subject listed all ten adjectives to plus twenty (+20) indicating that all adjectives in the two self states were antonym mismatches.

3.4 SCL-90-R (Symptom Checklist-90-R)

The instrument used to measure subjects symptomatic distress was the SCL-90-R, which is a 90-item multidimensional self-report inventory. In 1973, Derogatis, Lipman, & Covi, 1973: cited in Derogatis, & Wise, 1989) developed a prototypical version of the scale with the final version being published two years later (Derogatis, 1975). The SCL-90-R is closely related to the Hopkins Symptom Checklist (HSCL) (Derogatis: cited in Goldberg & Breznitz, 1982) however some items may be traced back to the original self-report inventory, that is Woodworth's (1915: cited in Derogatis & Wise 1989) Personal Data Sheet.

The SCL-90-R defines psychological distress by means of nine primary symptom scales and three global indices of distress, the former being:

- (1) Somatization (Som)
- (2) Obsessive-Compulsive (OBS)

- (3) Interpersonal Sensitivity (Int)
- (4) Depression (Dep)
- (5) Anxiety (Anx)
- (6) Hostility (Hos)
- (7) Phobic Anxiety
- (8) Paranoid Ideation and
- (9) Psychoticism.

The three global indices are:

- (1) The General Severity Index which is a combination of the number of one's symptoms and the intensity of one's distress
- (2) The Positive Symptom Total (PST) which reflects only numbers of symptoms
- (3) The Positive Symptom Distress Index (PSDI) which is a pure intensity measure which is adjusted for the number of symptoms present.

With regard to norms, four sets of gender-keyed norms are available for the SCL-90-R mainly: adult non patients; psychiatric outpatients; psychiatric inpatients and adolescent non patients. Each norm represents the raw score distribution of the nine symptom scales and the three global indices by means of area T scores.

Two of the symptom scales namely depression and anxiety were hypothesised to be related to self-concept discrepancy (Higgins, 1985; Higgins, Klein et al., 1985; Higgins, 1987; Higgins, Strauman et al., 1986; Higgins, Klein & Strauman, 1987) and thus were used although the scores for all were available.

3.5 Ways of Coping Checklist (Folkman and Lazarus 1980)

(See Appendix B)

Coping was assessed in this study by means of a coping checklist. This checklist was adopted from Eagle (1987) and was a combination of the Folkman & Lazarus (1980) Ways of Coping Checklist (WCC) as well as Billings & Moos (1981) Coping Scale.

The WCC (Folkman & Lazarus 1980) is composed of sixty-eight items which tap into a range of coping strategies (both cognitive and behavioural) that an individual may utilise in attempting to deal with a stressful situation. Broadly speaking, the items in the WCC assess two main subscales, namely, problem-focused coping styles (those that attempt to deal directly with the stressful situation) and emotion-focused coping styles (those that attempt to regulate emotional states that results from the stressful situation). The shortcoming of this version, however, is that it does not focus on the different factors that arise within these two main subscales. Aldwin, Folkman, Schaefer, Coyne & Lazarus (1980: cited in Endler & Parker 1990) factor analyzed the WCC in a study and found seven interpretable factors (one problem-focused and six emotion-focused coping factors), while Vitaliano, Russo, Carr, Maruro & Becker (1985) in their factor analysis of the WCC found six factors. Five of the interpretable coping scales created here were: problem-focused, seeking social support, blamed-self, and wishful thinking scales. Vingerhoets & Flohr (1984) in their factor analysis of the WCC based on a sample population of 300 designed a set of six subscales (resulting in a revised sixty item version of the WCC), the categories of which are adopted in the present study and are as follows:

(1) Wishful thinking/Escape

Sixteen items

Alpha reliability of 0.83. (Vingerhoets & Flohr, 1984)

Emotion-focused strategies

Fantasy, humour and wishful thinking are used as means of emotional escape. "Having fantasies or wishes about how things might turn out" is one item here. It may also include the use of alcohol/drugs, sleeping more than usual and avoiding other people.

(2) Acceptance

Thirteen items

Alpha-reliability of 0.67. (Vingerhoets & Flohr, 1984)

Emotion-focused strategies

This coping style is directed at lessening the impact of the stress once it has occurred and includes strategies like compromise, patience, selectively ignoring and substitute activity.

An example of an item here is "accepting the next best thing to what you wanted". There is reverse scoring with some items here as they are negatively correlated with acceptance.

(3) Problem-focused/Help-seeking

Fourteen items

Alpha-reliability of .67. (Vingerhoets & Flohr, 1984)

Problem-focused strategies

Items here are aimed at efforts to obtain information and advice from others as well as planning and action. "Making a plan and following it" is an example of an item here.

(4) Emotional Withholding

Eleven items

Alpha-reliability of 0.59. (Vingerhoets & Flohr, 1984)

Emotion-focused strategies

These are directed at dealing with anxiety by inhibiting emotional distress. It disinvolved seeking emotional support and is a form of self reliance. It is also an effort to avoid showing vulnerability and dependency of feeling (Van der Merwe, 1993).

(5) Self-Blame

Nine items

Alpha-reliability of 0.71. (Vingerhoets & Flohr, 1984)

Emotion-focused strategies

These involve strategies that are passive and intropunitive and are directed inwards rather than towards the problem. One copes with stress here by

blaming or criticising the self for not handling the situation. According to Eagle (1987) this scale indicates items which reflect a desire to be more assertive, a strong person and thus implicitly reflects some measure of dissatisfaction with one's current coping abilities. An example of an item here is "wishing you were a more stronger person, more optimistic and forceful".

(6) Growth

Seven items

Alpha-reliability of 0.72. (Vingerhoets & Flohr, 1984)

Emotion-focused strategies

They are directed at recognising opportunities for personal growth and creativity in stressful situations and will involve efforts to "buffer the stressful impact of the problem by controlling the meaning of the problem" (Eagle, 1987). "Rediscovering what is important in life" is example of an item here.

Eagle (1987) points out that the subscales of problem-focused/help seeking is problematic in that it subsumes two differing coping strategies, namely problem-focused which is found to be used most by men and help-seeking which is significantly more favoured by women. Hence, an extra four item scale was included in Eagle's (1987) study namely "Help Seeking" (in order to isolate the help-seeking factors). This was also included in the present study (as previously mentioned) and involves efforts to obtain information, advice and emotional support from others. An example of an item here is "Asking someone you respect for advice and following it".

A further revision to the WCC, adopted in this study was the actual wording of the questionnaire. The Folkman & Lazarus (1980) version has a yes/no format and is answered with a specific stressful situation in mind. In the present study, subjects were asked to indicate the coping strategies that they normally or typically

employed to deal with problems or difficulties (Vingerhoets & Flohr, 1984). Thus, no specific stressful event was isolated, rather subjects were asked how they would generally cope across a wide range of situations. Further subjects were also asked to indicate how frequently they typically employed the various coping strategies by means of a five-point frequency rating system (ranging from one = never to five = always) as opposed to a binary yes/no checklist. Hence, in adopting the above approach, the conceptualisation of coping is that of a "relatively stable, consistent and generalizable style" (Eagle 1987).

3.6 Billings and Moos Coping Scale

(see Appendix B)

Following on from Eagles' (1987) study, a second measure of coping was also included in the present study, namely the Billings and Moos Coping Scale. This scale consisted of nineteen items that could be divided into three *methods of coping* categories and two *focus of coping* categories, namely:

(1) Active Cognitive Coping

Six items

Chronbach's alpha-coefficient of 0.72 (Billings & Moos, 1981)

Strategies here attempt to deal with the cognitive appraisal of the situation/event. Examples of items here include "Try to see the positive side" and "taking things one step at a time".

(2) Active-Behavioural Coping

Six items

Chronbach's alpha coefficient of 0.80 (Billings & Moos, 1981)

Strategies here refer to overt behavioural attempts to deal directly with the problems and its consequences

Items here include "Try to find out more about the situation" and "Take some action"

(3) Avoidance

Five items

Chronbach's alpha-coefficient of 0.44 (Billings & Moos, 1981)

Strategies here refer to attempts to deal with stress by avoiding confronting the problem or indirectly trying to reduce the stress. Items include "Kept my feelings to myself" or "overeating" or "smoking more".

(4) Problem-focused

Six items

Strategies here include "attempts to eliminate or modify the stress through one's own behaviour (Eagle, 1987)

(5) Emotion-focused

Eleven items

Strategies here include behavioural or cognitive responses that "attempt to manage the emotional consequences of the stressors and to help maintain emotional equilibrium" (Eagle, 1987).

In terms of internal consistency, the results indicated above (as calculated by Billings & Moos (1981) in terms of Chronbach's alpha-coefficient suggest that the subgroups of coping responses together with the whole set of items (alpha coefficient = 0.62) show a moderate internal homogeneity. Further, the inter-correlations among the three subscales were shown to be rather low (0.21) thereby indicating that these categories were fairly independent.

In terms of administration, the Billings and Moos Coping Scale was administered in the same manner as the WCC using a five-point frequency variety scale for coping strategies that were generally employed over a range of situations.

CHAPTER FOUR

RESULTS

4.1 Introduction

In this chapter a summary of the data that was collected is presented. All statistics were calculated using the NCSS (number cruncher for statistical systems) and the SPSS/PC+ (Statistical Package for the Social Sciences) programmes.

The chapter begins with an analysis of the demographic characteristics of the sample. Thereafter, the significant relationships as they are related to the research hypotheses are presented. Further, some non-significant findings are also included as they related to the hypotheses.

The following hypotheses were proposed:

- (1) Discrepancy between the actual self and the ideal self-guide is associated with depression or dejection related emotions.
- (2) Discrepancy between the actual self and the ought self-guide is associated with anxiety or agitation related emotions.
- (3) The greater the actual ideal discrepancy, the greater would be the use of emotion-focused coping styles.
- (4) The greater the actual ought discrepancy, the greater would be the use of emotion-focused coping styles.
- (5) There would be a positive correlation between anxiety and emotion-

focused coping styles.

- (6) There would be a positive correlation between depression and emotion-focused coping styles.

4.2 Characteristics of the Sample

The table below reflects the gender composition of the sample.

TABLE 1 : Gender Composition of the Sample

	Number	Percentage
Male	29	25.66
Female	84	74.34

This is reflective of the number of students registered for second and third year psychology classes generally. There is a larger number of females registered for these courses.

The table below reflects the racial composition of the sample

TABLE 2 : Racial Composition of the Sample

	Number	Percentage
Blacks	24	21.24
Coloured	4	3.54
Indian	6	5.31
White	79	69.91

This again is reflective of the racial composition at the university and the second and third year undergraduate psychology classes generally.

The table below reflects the age breakdown of the sample.

TABLE 3 : Age Composition of the Sample

	Number	Percentage
18 - 18.11	5	4.43
19 - 19.11	36	31.86
20 - 20.11	36	30.98
21 - 21.11	10	8.85
22 - 22.11	9	7.96
23 - 23.11	7	6.19
Other	11	9.73

The average age of subjects in a second and third year class is between 19 and 21 years of age. Again this is reflected in the sample breakdown. The other category comprised of students mostly in their early thirties. These students have generally returned to studying after a number of years working.

The table below reflects the year of study of the sample.

TABLE 4 : Year of Study of the Sample

	Number	Percentage
Second Year	69	61.1
Third Year	44	38.9

The table below reflects the SES status of the sample

TABLE 5 : SES Breakdown of the Sample

	Number	Percentage
Struggling to earn a living	9	7.96
Making ends meet but has no luxuries	24	21.24
Living comfortably	51	45.13
Wealthy/rich	29	25.67

Almost all of the Black, Coloured and Indian subjects perceived themselves as coming from families who were (a) struggling to earn a living and (b) making ends meet but has no luxuries. Most of the White subjects saw themselves as coming from families that were (a) living comfortably and (b) wealthy and rich.

Overall, in terms of the characteristics of the sample, one notes that the population is biased towards middle class, white female subjects.

4.3 Descriptive Statistics

This brief presentation of the descriptive statistics provides means and standard deviation scores. All statistics were calculated to two decimal places.

4.3.1 Selves Questionnaire

The means and standard deviations of the scores for the selves questionnaire are reflected in the tables below. The first comparison made of the selves questionnaire was for the number of self-belief attributes generated by subjects to describe themselves, as reflected in Table 6.

TABLE 6 : Means and Standard Deviations for Numbers of Self-Belief Attributes.

Self-Belief Attributes	Means	Standard Deviations
Actual Own	8.86	1.83
Actual Ideal	7.13	2.75
Actual Other	7.17	2.78
Own Other	7.13	2.54
Ideal Other	6.22	2.98
Ought Other	6.15	3.01

Overall means of approximately 7.99, 6.67 and 6.66 were observed for the actual, ideal and ought domains respectively. Similar results (overall means of 7, 6, and 5 respectively) were also found in a recent study on self-discrepancy (Cyr, Strauman, Bandeira, & Basson, 1996). In addition, one notes that the mean number of attributes listed decreased as subjects progressed through the questionnaire. Thus while a mean of 8.86 was noted for the actual/own domain, a mean of 6.15 was found for the ought/other domain.

Table 7, below reflects the means for the number of responses by gender on the selves questionnaire. Overall means show that female subjects generated more responses than the male subjects.

TABLE 7 : Means for Number of Selves Responses For Male and Female Subjects

	Means
Male (n = 29)	6.83
Female (n = 84)	7.20

TABLE 8 : Means for Number of Selves Responses for the Different Race Groups

The table below reflects the mean scores for the number of self-belief attributes generated by the different race groups. The analysis shows that the White subjects generated the most responses, followed by the Coloured subjects and then the Indian subjects. The Black subjects generated fewer self-belief attributes than the other subjects.

	Means
Blacks (n = 24)	6.18
Coloureds (n = 4)	6.92
Indians (n = 6)	6.83
Whites (n = 79)	7.40

TABLE 9 : Means and Standard Deviations for Self-Discrepancy Scores

The table below reflects the means and standard deviations for the self-discrepancy scores. With regard to the scores, the greater the negative value of the score, the less the self-discrepancy. Thus, as the scores approach a positive value, the greater the level of self-discrepancy.

	Means	Standard Deviations
Actual/Own : Ideal/Own	-0.28	2.46
Actual/Own : Ought/Own	-1.27	2.23
Actual/Own : Ideal/Other	-0.69	2.05
Actual Own : Ought/Other	-2.22	2.32

The above analysis indicates that the ideal/own discrepancy had the highest mean (-0.28), followed by the ideal/ other (-0.69), and then the ought/own (-1.27). The ought/other discrepancy had the lowest mean score (-2.22).

Overall, subjects manifested a greater ideal discrepancy (from the ideal and other standpoint) than ought discrepancy. The present findings are consistent with those of a recent study on self-discrepancy theory, which also indicated that overall subjects manifested the highest discrepancy for the ideal/own domain (Cyr, et al. 1996).

A comparison across the sample in terms of gender, showed that the mean scores for the male subjects were higher than that of the females (-1.62 and -0.95 respectively), thereby indicating that the male subjects manifested lower levels of self-discrepancy than the female subjects.

4.3.2 Symptom Checklist-90-R

In the SCL-90-R, a standardised scale in the form of the T-score (mean = 50, standard deviation = 10) was employed (Derogatis, 1977).

The table below reflects the means and standard deviations of the anxiety and depression scores. Overall the mean score for depression was higher than the anxiety score.

TABLE 10 : Means and Standard deviations of Anxiety and Depression T-Scores

	Mean	Standard Deviation
Depression	61.23	9.73
Anxiety	57.49	11.40

4.3.3 Coping Scales

The table below reflects the means and standard deviations for the different coping subscales. These subscale scores below shows the extent to which subjects employed the various coping styles. It should be noted that the scores on the different subscales are absolute (are therefore not relative to one another), and hence not comparable.

TABLE 11 : Means and Standard Deviations for Coping Subscales

	Means	Standard Deviations
C1 : Wishful thinking/escape	44.98	8.67
C2 : Acceptance	41.57	5.43
C3 : Problem Focused/Helping	42.01	7.19
C4 : Emotional Withholding	30.21	5.92
C5 : Self-blame	28.04	4.82
C6 : Growth	21.11	4.40
C7 : Help-seeking	11.43	3.05
C8 : Active Cognitive	19.88	3.99
C9 : Active Behavioural	18.04	4.06
C10 : Avoidance	10.79	2.91
C11 : Problem-Focused	20.48	3.61
C12 : Emotion-Focused	21.82	4.43

4.4 Inferential Statistics

4.4.1 Analysis of Demographic Variables By Self-Discrepancies.

In order to ascertain whether or not the demographic variables were significant sources of variance in terms of self-discrepancies, analysis of variance (ANOVA) procedures were conducted. The upper limit of significance was set at 5%.

TABLE 12 : One Way ANOVA of Gender by Self-Discrepancies

	Mean Self-Discrepancy Scores : Males (n = 29)	Mean Self-discrepancy Scores : Females (n = 84)
Actual/Own : Ideal/Own	-0.89	-7.2
Actual/Own : Ought/Own	-1.78	-1.10
Actual Own : Ideal/Other	-1.36	-0.47
Actual/Own : Ought Other	-2.43	-2.14

The results of the One Way ANOVA, produced an $F(1, 109) = 3.83$; which reached the p of 0.05 for gender and self-discrepancy. The analysis shows that the female subjects have higher self-discrepancies than the male subjects. However, for the ideal/own discrepancy, the analysis shows that males have a greater ideal discrepancy than the female subjects. In summing the means of the overall ideal and ought scores it is evident that the subjects have greater ideal discrepancies than ought discrepancies.

TABLE 13 : One Way ANOVA of Race By Self-Discrepancies

The results of the One Way ANOVA produced an $F(3, 107) = 2.20$; which reached the p of 0.09, and thus approached significance for race and self-discrepancy.

	Mean Scores Black	Mean Scores Coloured	Mean Scores Indian	Mean Scores White
Actual/Own : Ideal/Own	-0.25	2.25	-0.17	-0.43
Actual/Own : Ought/Own	-1.38	1	-1.33	-1.35
Actual/Own : Ideal/Other	-0.5	1.5	-0.67	-0.87
Actual/Own : Ought/Other	-2.33	-1.5	-1.5	-2.27

Before analysing these results an important point to note is that the total number of Coloured and Indian subjects were relatively small (4 and 6 respectively) as compared to the numbers of Black and White subjects (24 and 79 respectively). As a result the scores of these relatively small samples would be biased due to sampling.

The analysis above indicates that for the ideal/own, ought/own and ideal/other domains, the Coloured subjects manifested the highest discrepancy (mean = 2.25, 1, 1.5 respectively). For the ought/other domain both the Coloured and Indian subjects manifested the greatest discrepancy (mean = -1.5 respectively).

The Black students showed the greatest self-discrepancy for the ideal/own domain (mean = -0.25), followed by the ideal/other domain (mean = -0.5) and then the ought/own domain (mean = -1.38). The least discrepancy was noted for the ought/other domain (mean = -2.33).

The Coloured students, on the other hand manifested the greatest discrepancy

for the ideal/own domain (mean = 2.25), followed by the ideal/other (mean = 1.5) and then the ought/own domain (mean = 1). The least discrepancy for the Coloured subjects was noted on the ought/other domain (mean = -1.5).

The Indian and White subjects, showed high discrepancy for the ideal/own domains (means = -0.17 and -0.43 respectively), followed by the ideal/other domains (means = -0.67 and -0.87 respectively), and then the ought/own (means of -1.33 and -1.35 respectively). Lastly means of -1.5 and -2.27 respectively were noted for the ought/other domains .

4.4.2 Analysis of Demographic Variables By Coping

In an attempt to examine significant differences between groupings of demographic variables according to coping, ANOVAS were done. Of the One-Way ANOVAS, the race versus acceptance (C2) coping style reached significance (see Table 14 below).

TABLE 14 : One Way ANOVA of the Acceptance Coping Style (C2) Versus Race

The results of the One Way ANOVA produced an $F(3, 109) = 5.37$ which reached a p less than 0.05 for the acceptance coping style and race.

	Mean	N
Black	45.29	24
Coloured	40.75	4
Indian	40.17	6
White	40.65	79

This suggests that the Black subjects use the acceptance coping strategy more than the Coloured, Indian and White subjects.

Further, the acceptance coping strategy (C2) by gender also reached significance and this analysis is reflected in Table 15 below.

TABLE 15 : One Way ANOVA of the Acceptance Coping Style (C2) Versus Gender

The results of the One Way Anova produced an $F(1, 111) = 4.20$; which reached a p less than 0.05 for the acceptance coping style by gender.

	Means	N
Male	43.35	29
Female	41.01	84

This suggests that the male subjects were more likely to use the acceptance coping strategy than the female subjects.

In addition, the acceptance coping strategy by socioeconomic status also reached significance as reflected in table sixteen below.

Table Sixteen : One Way ANOVA of the Acceptance Coping Style (C2) Versus Socioeconomic Status (SES)

The results of the One Way ANOVA produced an $F(3, 109) = 2.86$ which reached a p less than 0.05 for the acceptance coping style and socioeconomic status

	Mean	N
Struggling to earn a living	44.6	10
Making ends meet but has no luxuries	43.15	27
Living comfortable	40.35	49
Wealthy/Rich	41.26	27

This analysis showed that subjects who perceived the SES of their families as being that of "struggling to earn a living" and "making ends meet but has no luxuries", used the acceptance coping style more often than subjects who perceive themselves as "living comfortably" or being "wealthy/rich". As mentioned previously, in terms of SES, black subjects perceived themselves as falling in the lower SES brackets, and the white subjects saw themselves as falling in the upper brackets. As a result it is important to note that this analysis by SES is confounded to some degree by race.

From the ANOVA analyses, the problem-focused/helping sub-scales by race also reached significance. This analysis is reflected in the table below.

TABLE 17 : Problem Focused Coping Style (C3) Versus Race

The results of the One Way ANOVA produced an $F(3, 109) = 2.80$, which reached a p less than < 0.05 for the problem-focused coping style by race.

	Means	N
Black	44.79	24
Coloured	47.25	4
Indian	38.83	6
White	41.29	79

This suggests that the Coloured subjects use the problem focused/helping coping style more often, followed by the Black subjects, then the White subjects and lastly the Indian subjects.

The final coping style that reached significance was the problem-focused (Billings and Moos) coping style by race. The analysis is reflected in table 18, below.

TABLE 18 : Problem Focused Coping Style (C10) By Race

The results of the One Way ANOVA produced an $F(3, 109) = 3.99$; which reached a p of less than 0.01.

	Means	N
Black	9.46	24
Coloured	14.5	4
Indian	11.5	6
White	10.73	79

In looking at the above means, it appears that the coloured subjects differ from the rest (mean of 14.5) in their use of the problem-focused coping style. However, it is important to point out that these results do not imply an orderly sequence in the use of this problem-focused coping style by the different race groups.

4.5 Correlations

4.5.1 Self-discrepancies

To test the hypothesis that different self-discrepancies are associated with different kinds of discomfort, subjects' total ideal and total ought discrepancies were calculated. These were then correlated with the SCL-90-R depression and anxiety scores. The total ideal score was achieved by combining the ideal/own and ideal/other discrepancy scores, while the total ought score was achieved by combining the ought/own and ought/other scores.

Partial correlations for each of these were also calculated. The partial correlations are important for testing the hypothesis that actual/ideal and actual/ought discrepancies are uniquely associated with different kinds of emotions and symptoms (namely depression and anxiety) (Higgins et al., 1985,

Higgins et al., 1987, Cyr et al, 1996).

For the ideal/own discrepancies, the ought/own discrepancy scores were partialled out and vice versa. For the ideal/other discrepancies, the ought/other discrepancy was partialled out and vice versa. Lastly for the actual/ideal discrepancy the actual/ought discrepancy was partialled out and vice versa.

4.5.2 Self-Discrepancies and Anxiety

As a first step, the variables were correlated with each other using the Pearson product-moment correlation. Table 19 reflects the correlation between the total ideal discrepancy score and the total ought discrepancy scores with the SCL-90-R anxiety score. No significant relationships were noted here.

TABLE 19 : Correlations of the Total Ideal Discrepancy and Total Ought Discrepancy With Anxiety Scores

	Anxiety
Total Ideal Discrepancy	$r = 0.06$ NS
Total Ought Discrepancy	$r = 0.04$ NS

Key : NS = not significant

From the above analysis, one notes that there are no significant relationships between the total ideal discrepancy score and anxiety and the total ought discrepancy score and anxiety. However, one notes that there is a very weak positive correlation between the total ideal discrepancy score and anxiety and the total ought discrepancy score and anxiety. Of note here is that although

these correlations are very weak, the correlation between the total ideal domain with anxiety is slightly higher than with the total ought domain and anxiety.

4.5.3 Correlations of the Different Self-Discrepancies with Anxiety

Table 20 below shows the partial correlations between the different self-discrepancy domains and anxiety. None of the correlations here were significant. Of particular note here is the very weak negative correlation ($r = -0.04$) between the ought/other discrepancy and anxiety and the very weak positive correlation ($r = 0.08$) between the ideal/own discrepancy and anxiety.

TABLE 20 : Correlations of the Different Self-Discrepancies with Anxiety

	Anxiety
Actual/Own : Ideal/Own	$r = 0.08$ (NS)
Actual Own : Ought/Own	$r = 0.07$ (NS)
Actual/Own : Ideal/Other	$r = -0.06$ (NS)
Actual/Own : Ought/Other	$r = -0.04$ (NS)

Key : NS = not significant

4.5.4 Self-Discrepancies and Depression

As with the anxiety scores, the first step here was the correlations between the variables using the Pearson product-moment correlation. Table 21 reflects the correlation between the total ideal discrepancy score and the total ought discrepancy scores with the SCL-90-R depression score. The total ideal discrepancy correlated significantly with depression.

TABLE 21 : Correlation of the Total Ideal Discrepancy and Total Ought Discrepancy With Depression Scores

	Depression
Total Ideal Discrepancy	$r = 0.15^*$
Total Ought Discrepancy	$r = 0.15$ (NS)

Key : NS = not significant

* = $p < 0.05$

From the above analysis, one notes that there is a very weak significant positive correlation between the total ideal discrepancy score and depression and also a very weak non-significant correlation between the total ought discrepancy and depression. Of particular note is this latter correlation.

4.5.5 Correlations of the Different Self-Discrepancies with Depression

Table 22 below shows the partial correlations between the different self-discrepancy domains and depression. Of interest here is the significant positive correlation of the ought/own discrepancy with depression. None of the other partial correlations were significant. Of particular note here is the very weak non significant negative correlation ($r = -0.03$) between the ideal/other discrepancy and depression and the very weak positive correlation ($r = 0.18$) between the ought/own discrepancy and depression.

TABLE 22 : Correlations of the Different Self-Discrepancies with Depression

	Depression
Actual/Own : Ideal/Own	$r = 0.06$ (NS)
Actual Own : Ought/Own	$r = 0.18^*$
Actual/Own : Ideal/Other	$r = -0.03$ (NS)
Actual/Own : Ought/Other	$r = -0.05$ (NS)

Key : NS = not significant

* = $p < 0.05$

4.6 Coping

4.6.1 Coping and Self-Discrepancies

The coping sub-scale variables were also correlated with the self-discrepancy scores. Both simple and partial correlations were done.

4.6.1.1 Coping and Total Ideal Discrepancy and Total Ought Discrepancies

Table 23 : Correlations between the Different Coping Styles and the Total Ideal and Total Ought Discrepancies

	Total Actual/Ideal	Total Actual/Ought
C1 : Wishful thinking/Escape	0.02	-0.08
C2 : Acceptance	-0.17*	-0.06
C3 : Problem-focused/Helping	-0.18**	-0.01
C4 : Emotional Withholding	0.10	0.04
C5 : Self-blame	0.16*	0.05
C6 : Growth	-0.22**	-0.06
C7 : Help Seeking	-0.16*	-0.05
C8 : Active-Cognitive	-0.07	0.04
C9 : Active-Behavioural	-0.12	0.00
C10 : Avoidance	0.09	0.01
C11 : Problem-Focused	-0.01	0.01
C12 : Emotion-Focused	-0.10	0.04

Key : * = $p < 0.05$

** = $p < 0.01$

Simple correlations were done here. Some significant positive and negative associations were found. From the table below, one notes the weak negative correlations between the total actual/ideal discrepancy and the acceptance ($r = -0.17$), problem focused/helping ($r = -0.18$), growth ($r = -0.22$) and help

seeking ($r = -0.16$) coping styles. The analysis also shows a weak positive correlation between the total ideal discrepancy and the self-blame ($r = 0.16$) coping style. No significant correlations were noted for the total ought discrepancy.

4.6.1.2 Coping and the Different Self-Discrepancies

With regard to the above associations, some significant positive and negative correlations were found. Table 24, below shows a significant moderate negative correlation between the acceptance coping style and the ideal/own discrepancy ($r = -0.26$). Further a significant weak negative correlation ($r = -0.19$) was found between the ideal/own discrepancy and the problem focused/helping coping style.

A significant weak positive correlation ($r = 0.19$) was found between the self-blame coping strategy and the ideal/other discrepancy.

Of interest also, was the significant weak negative correlation ($r = -0.17$) between the growth coping strategy and ought/own discrepancy.

Weak negative correlations were also found between the help seeking coping strategy and the ideal/own ($r = -0.16$) and ought/own (-0.18) discrepancies. Lastly, a significant weak positive correlation ($r = 0.18$) was shown between the avoidance coping strategy and the ideal/own discrepancy.

TABLE 24 : Correlations Between the Different Coping Styles and the Different Self-Discrepancies

	Actual/Own : Ideal/Own	Actual/Own : Ought/Own	Actual/Own : Ideal/Other	Actual Own : Ought/Other
C1 : Wishful thinking/escape	0.01	-0.01	0.02	-0.09
C2 : Acceptance	-0.26****	-0.13	-0.04	0.04
C3 : Problem Focused/Helping	-0.19**	-0.14	-0.13	0.12
C4 : Emotional Withholding	0.11	0.08	0.05	-0.02
C5 : Self-Blame	0.05	0.14	0.19**	-0.07
C6 : Growth	-0.21	-0.17*	-1.04	0.08
C7 : Help seeking	-0.16*	-0.18*	-0.06	0.10
C8 : Active Cognitive	-0.07	-0.07	-0.01	0.12
C9 : Active Behavioural	-0.11	-0.12	-0.05	0.12
C10 : Avoidance	0.18*	0.15	0.06	-0.13
C11 : Problem Focused	0.01	0.05	0.01	-0.03
C12 : Emotion Focused	-0.09	-0.09	-0.05	0.15

Key : * = p < 0.05

** = p < 0.025

*** = p < 0.010

**** = p < 0.005

4.6.2 Coping and Anxiety

TABLE 25 : Correlations Between Coping Styles and Anxiety

	Anxiety
C1 : Wishful thinking/Escape	$r = 0.43^{*****}$
C2 : Acceptance	$r = -0.07$
C3 : Problem Focused/Helping	$r = 0.06$
C4 : Emotional Withholding	$r = 0.30^{*****}$
C5 : Self-blame	$r = 0.41^{*****}$
C6 : Growth	$r = 0.08$
C7 : Help Seeking	$r = 0.04$
C8 : Active Cognitive	$r = -0.06$
C9 : Active Behavioural	$r = 0.09$
C10 : Avoidance	$r = 0.46^{*****}$
C11 : Problem Focused	$r = 0.32^{*****}$
C12 : Emotion Focused	$r = 0.03$

Key : ***** = $p < 0.001$

The above analysis shows some significant positive correlations between coping styles and anxiety. The wishful thinking/escape ($r = 0.43$), emotional withholding ($r = 0.30$), self-blame ($r = 0.41$), avoidance ($r = 0.46$) and problem focused ($r = 0.32$) coping styles all correlate significantly with anxiety. Further, these correlations are moderately positive.

4.6.3 Coping and Depression

TABLE 26 : Correlations : Coping Styles and Depression

	Depression
C1 : Wishful thinking/Escape	$r = 0.41^{*****}$
C2 : Acceptance	$r = -0.18^*$
C3 : Problem Focused/Helping	$r = -0.03$
C4 : Emotional Withholding	$r = 0.18^*$
C5 : Self-blame	$r = 0.41^{*****}$
C6 : Growth	$r = -0.05$
C7 : Help Seeking	$r = -0.02$
C8 : Active Cognitive	$r = -0.08$
C9 : Active Behavioural	$r = 0.01$
C10 : Avoidance	$r = 0.49^{*****}$
C11 : Problem Focused	$r = 0.27^{****}$
C12 : Emotion Focused	$r = 0.03$

Key : * = $p < 0.05$
 **** = $p < 0.005$
 ***** = $p < 0.001$

The above table shows some significant positive and negative correlations between coping styles and depression. The wishful thinking/escape ($r = 0.41$), acceptance ($r = -0.18$), emotional withholding ($r = 0.18$), self-blame ($r = 0.41$), avoidance ($r = 0.49$) and problem focused ($r = 0.27$) coping strategies all correlate significantly with depression. Further, most of these correlations are moderately positive with the exception of the acceptance coping strategy and depression, which is a weak negative correlation.

4.7 Multiple Regression Analysis

4.7.1 Stepwise Regression of Self-Discrepancies and Coping Styles on Anxiety

Individual multiple regression statistics were run on the coping variables and the self-discrepancy variables separately. Both confirm the results of the multiple regression run on the combination of the variables, hence a decision was made to report on the combination multiple regression only.

TABLE 27 : Stepwise Regression of Self-Discrepancies and Coping Styles on Anxiety

	R Sq	DF	F	P
C10: Avoidance	0.21	1	29.60	< 0.05
C4: Emotional Withholding	0.26	2	19.19	< 0.05
C5: Self-Blame	0.30	3	15.51	< 0.05

The results above indicate that the avoidance coping style contributes 21% to the variance in the anxiety score. The emotional withholding coping style accounted for a further 5% of the variance, followed by the self-blame coping style which contributed 4% to the variance of the scores for anxiety.

4.7.2 Stepwise Regression of Self-Discrepancies and Coping Styles on Depression

TABLE 28 : Stepwise Regression of Self-Discrepancies and Coping Styles on Depression

	R Sq	DF	F	P
C10: Avoidance	0.24	1	33.79	< 0.05
Actual/own : Ought/own	0.27	2	20.09	< 0.05
C1: Wishful thinking/escape	0.31	3	15.88	< 0.05

The stepwise regression analysis for depression shows that the avoidance coping style accounts for 24% of the variance in the depression scores, followed by the ought/own self-discrepancy which added a further 3% to the variance. This was followed by the wishful thinking/escape coping style which added a further 4% to the variance in the depression scores.

4.8 Summary of Results

The main findings of this study may be summarised as follows:

- (1) Subjects are more bound to ideal self-guides, more so those pertaining to their own standpoint.
- (2) Overall, female subjects manifested higher self-discrepancies than male subjects, except in the ideal/own domain where male subjects had a relatively higher discrepancy. Female subjects manifested the highest discrepancy in the ideal/other domain.
- (3) Both the total ideal discrepancy and the total ought discrepancy

correlated positively with anxiety, with the total ideal discrepancy having a slightly higher correlation.

- (4) There is a significant correlation between the total ideal discrepancy and depression.
- (5) There is a significant positive correlation between the ought/own discrepancy and depression.
- (6) Overall, Black subjects, male subjects and subjects from the lower socioeconomic group used the acceptance mode of coping more frequently.
- (7) Some significant positive and negative correlations were noted between the different self-discrepancies and the different coping styles.
- (8) Some significant positive and negative correlations were noted between depression and anxiety and the use of the different coping styles.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This study explored the relationships between self-discrepancies, depression, anxiety and style of coping.

The hypotheses and main findings of this study are summarised below. As the data analysis was primarily correlational, no causal explanations are proposed in the ensuing discussion.

The following hypotheses were proposed:

- (1) Discrepancy between the actual self and the ideal self-guide is associated with depression or dejection related emotions.
- (2) Discrepancy between the actual self and the ought self-guide is associated with anxiety or agitation related emotions.
- (3) The greater the actual ideal discrepancy, the greater would be the use of emotion-focused coping styles.
- (4) The greater the actual ought discrepancy, the greater would be the use of emotion-focused coping styles.
- (5) There would be a positive correlation between anxiety and emotion-focused coping styles.

- (6) There would be a positive correlation between depression and emotion-focused coping styles.

The main findings of this study may be summarised as follows:

- (1) Subjects were more bound to ideal self-guides, more so those pertaining to their own standpoints.
- (2) Overall, female subjects manifested higher self-discrepancies than male subjects, except in the ideal/own domain where male subjects had a relatively higher discrepancy. Female subjects manifested the highest discrepancy in the ideal/other domain.
- (3) Both the total ideal discrepancy and the total ought discrepancy correlated positively with anxiety, with the total ideal discrepancy having a slightly higher correlation.
- (4) There was a significant positive correlation between the total ideal discrepancy and depression.
- (5) There was a significant positive correlation between the ought/own discrepancy and depression.
- (6) Overall, Black subjects, male subjects and subjects from the lower socioeconomic group used the acceptance mode of coping more frequently.
- (7) Some significant positive and negative correlations were noted between the different self-discrepancies and the different coping styles.

- (8) Some significant positive and negative correlations were noted between depression and anxiety and the use of the different coping styles.

5.2 Self-Discrepancies

5.2.1 Self-Discrepancies and Demographic Variables

The results of the study revealed no strong, significant relationships between age, gender, race, socioeconomic status and self-discrepancies. A possible explanation for these non-significant findings may relate to the sampling bias in the present study, namely that the population group consisted of mainly white, middle class, female subjects. Thus all groups were not fairly represented in the study. Randomization of the sample would have ensured a more equitable sample.

Although none of the demographic variables correlated significantly with self-discrepancy scores, some however were of borderline significance (cf. Table 13, pp.47) or approached significance (cf. Table 12, pp. 46).

The One Way ANOVA of gender by self-discrepancy, for example approached significance ($F(1, 109) = 3.83; p = 0.05$). This analysis indicated that overall, female subjects had higher self-discrepancies than male subjects; the exception being the ideal/own domain where the male subjects displayed a relatively higher discrepancy than the female subjects. Thus in the present study, male subjects showed a greater discrepancy between their actual attributes and those attributes that they personally wish or hope to attain. Female subjects, on the other hand showed a greater discrepancy for the "other" domains. Surprisingly none of the literature on self-discrepancy theory that was reviewed explored gender differences with regard to self-discrepancies.

A few studies have indirectly looked at this, for example those investigating self-discrepancies and disordered eating (Strauman, Vookles, Berenstein, Chaiken & Higgins, 1991; Forston & Stanton, 1992).

Higgins (1989) presents a developmental model looking at the relationship between self and affect based on self-discrepancy theory. The general idea here is that differences in the strengths of self-guides that boys and girls acquire represent a possible contribution to gender differences in incidence of emotional (and behavioural) disorders. Changing mental representational capacity, social-life phases, differences in care taker child interactions are all factors that impact on one's self-regulatory and self-evaluative processes and emotional predispositions. Girls, for example have more pressure placed on them to be nurturant, obedient and socially responsible. They are also more likely to be supervised, restricted and controlled. Further their mistakes are responded to more quickly. Hence, as the literature suggests (Higgins, 1989), girls are likely to acquire stronger self-guides than boys. It is these stronger self-guides that help account for the increased vulnerabilities of girls. Further, it is argued that during the period between childhood and adolescence, the self-attributes that are valued and sought (for example, politeness, neatness) can be attained through high levels of motivation. Later on there is a shift to attain for example, standards based on being popular, attractive and intelligent - attributes that rely on social comparison which makes them more difficult to match than through high motivation alone. Hence, as these self-guides are more difficult to match, one becomes more vulnerable to the negative emotions associated with self-discrepancies. As females are likely to have stronger self-guides than males they would tend to be more emotionally vulnerable. Stronger self-guides lead to an increase in both the emotional intensity of self-evaluation and motivation to reduce the discrepancies. Further, when individuals are unable to reduce the discrepancy they will experience more powerful and persistent negative affect.

In the present study, females showed a greater discrepancy for the ideal/other domain. The discrepancy here involves conditions in which the current state of an individual's attributes (from her own standpoint) does not match the ideal state that some significant other person wishes her to attain. This is in contrast to the male subjects where the largest discrepancy is between their actual attributes and what they (and not significant others) hope or wish to attain. Female subjects, it appears, are more bound to what significant others hope or wish for them, as opposed to their own hopes and wishes.

Looking at the demographic variable of race by self-discrepancies (cf. Table 13, pp. 47), the One Way ANOVA show that there are no significant differences here, although the results approached significance ($F(3, 107) = 2.20; p = 0.09$). Although the Coloured subjects manifested the greatest discrepancy for all domains (for the ought/other domain, the Indian subjects manifested the same discrepancy), these results need to be interpreted with caution, especially given the small number of subjects representing this population ($n = 4$). The same caution must be exercised in interpreting the results of the small Indian sample ($n = 6$). The trend with regard to self-discrepancies that was noted though, was that overall, subjects from all race groups manifested the highest discrepancy for the ideal/own domain, followed by the ideal/other, and then the ought/own. The lowest self-discrepancy was noted for the ought/other domain. This suggests that subjects are more bound to their ideal self-guides - firstly those related to what they (and not significant others) hope or wish to attain and then those which significant others hope or wish they attain. The self-guides relating to what they believe it is their duty to attain follows. The least discrepancy was noted between the actual attributes and self-guides relating to what others believe it is their duty or obligation to attain. This analysis suggests that generally subjects' self-guides relating to hopes and wishes (from one's own standpoint and that of significant others) are stronger than self-guides relating to duties and obligations.

A possible explanation for the above finding may be linked to the life-stage at which most subjects are - the late adolescent and early adulthood stage. (The bulk of the subjects, that is 62.84%, in the present study fall in the 19 - 21 year age range). At this stage, tasks that need to be negotiated are moving from dependence to independence and establishing an identity (Erikson 1969 in Kaplan & Sadock, 1991). Individuals at this stage may seize any opportunity to show that they have minds separate to those of others and that following their own hopes, wishes, goals and desires is more prominent than fulfilling duties and obligations. However it is important to note that this does not imply that fulfilling duties and obligations is not important, rather it is that the ideal self-guide of hope etc. appears to play a more powerful role here and is more accessible at this stage.

A recent cross-cultural study (Cyr et al., 1996) that looked at self-discrepancy theory, showed that overall, Canadian and Brazilian subjects manifested the highest actual/ideal discrepancy, with the present South African sample in this research manifesting the smallest ought/other discrepancy score. A possible explanation for the low discrepancies noted for the ought/other domain may relate to the selves questionnaire itself. In terms of the arrangement of the questionnaire, one finds that in the latter part, subjects are asked to list the attributes that significant others feel it is the subject's duty or obligation to attain. Analysis of the data shows that, in looking at the mean number of responses for each domain (cf. Table 6, pp. 42), a decrease in subjects' responses was noted as one progressed through the questionnaire; for example, the mean number of responses for the actual/own domain was 8.86 while that of the ought/other domain was 6.15. This decrease in the number of responses may be related to subjects becoming more lethargic towards the end of the questionnaire. Further, a brief content analysis of the responses of the selves questionnaire showed that some subjects merely repeated actual/own attributes in the ought/other domain.

Another possible reason for the small ought/other score, is that brief content analysis of the selves responses shows that some of the subjects tend to evaluate themselves more in terms of roles and tasks rather than on "attributes" or qualities. With regard to this suggestion, the question that thus arises concerns the validation of the selves questionnaire used for the South African population and the question of the administration of the questionnaire. These will be more fully discussed in the ensuing discussion.

5.3 Self-discrepancies and Anxiety

5.3.1 Total Ideal and Ought Self-discrepancies and Anxiety

The Pearson-product moment correlation of anxiety scores with the total ideal discrepancy (ideal/own and ideal/other scores) and the total ought discrepancy (ought/own and ought/other scores) showed no significant results. The analysis though revealed that both the total ideal discrepancy and the total ought discrepancy correlated positively with the anxiety scores (cf. Tables 19, pp. 52). Further, the total ideal discrepancy showed a slightly higher correlation with anxiety ($r = 0.06$) than the total ought discrepancy ($r = 0.04$). It is important to note though that these associations are very weak. Self-discrepancy theory (Higgins, 1987) postulates that when one's actual attributes do not match those one (or a significant other) would ideally like one to possess, this results in the psychological situation of the absence of positive outcomes. Subjects in this situation are more likely to experience dejection related emotions, for example disappointment and sadness. On the other hand, when one believes that one's actual attributes diverge from those that one (or a significant other) believes it is one's duty or obligation to possess, this psychological situation of the presence of negative outcomes renders one vulnerable to, for example anxiety. However, in the present study the results above show that the total ideal discrepancies have a slightly stronger association with anxiety (in contrast to the

theory). The total ought discrepancy though also correlates very weakly and positively with anxiety.

5.3.2 Correlations of the Different Self-Discrepancies with Anxiety

In looking at the discrepancy domains separately (that is, the actual/own with the ideal/own, ideal/other, ought/own, ought/other respectively), the analysis again reveals no significant correlations (cf. Table 20, pp. 53). Results show weak positive correlations between anxiety and the ideal/own discrepancies ($r = 0.08$) and the ought/own discrepancies ($r = 0.07$). Again, of note is the slightly stronger association between the ideal/own discrepancy and anxiety as oppose to the ought/own discrepancy and anxiety. With regard to the discrepancies relating to the other standpoint, for both the ideal and ought domains, weak negative correlations were noted ($r = -0.06$ and $r = -0.04$ respectively). Results here show that the greater discrepancies relate to one's own standpoint as opposed to that of significant others. Hence, one's own self-guides are stronger than those of significant others. Further, the ideal domains appear to have a stronger influence than the ought domains. Again, the stronger ideal guides may be as a result of these being more accessible at this stage of the subjects' lives.

Wittenberg (1968 in Gerdes, 1989), for example in his writings on post-adolescence talks about the self-image crises which stem from the conflict between satisfying parental expectations and standards on the one hand and adhering to their own ego-ideal and standards on the other. Becoming autonomous is seen as the central task at this stage.

Another possible explanation for this finding is that some subjects in this study evaluated themselves more in terms of specific roles and tasks than attributes and qualities. In mentioning this, an important aspect that must be pointed out is that cross-cultural variations in the conceptualisation of the self exist. The

western construal of the self, for example is that of an independent separate entity - where individualism reigns supreme and personal achievements and characteristics are of prime importance. In many non-Western cultures, the self is viewed as inherently connected or interdependent with others and inseparable from a social context - thus group and family ties are strongly emphasised to the effect that they form a central part of who and what one is in one's own eye. In terms of the independent conception of the self, individuals tend to focus on internal attributes, such as one's own ability, intelligence, personality traits, goals, preferences or attributes; whereas with the interdependent construal of the self, persons will focus on aspects like adjusting oneself to an attendant relationship or a group to which one belongs, reading others minds, occupying and playing one's assigned role etc. These cross-cultural variations in the conception of the self may thus provide an explanation for the above findings.

In terms of self-discrepancy theory and more specifically the relationship between self-discrepancy and anxiety, the results of the present study confirm that there are associations (albeit very weak) between self-discrepancies and anxiety. However, the present results do not confirm some of the results of previous studies (Higgins, 1989; Higgins, Bond, et al., 1986; Higgins, Klein & Strauman, 1987; Strauman, 1989; Strauman, 1990; Strauman & Higgins, 1987; Strauman & Higgins, 1988; Van Hook & Higgins, 1988) which show stronger positive associations between the total ought discrepancy and anxiety (for example, $r = 0.45$, Higgins, 1987).

5.4 Self-Discrepancies and Depression

5.4.1 Total Ideal and Total Ought Discrepancies and Depression

Correlations between the total ideal discrepancy scores and depression scores revealed a significant positive relationship ($r = 0.15$, $p < 0.05$) - albeit a very

weak one (cf. Table 21, pp. 53). This significant positive association between the total ideal score and depression is consistent with self discrepancy theory (Higgins, 1987), namely that when the discrepancy between the actual attributes and ideal self-guides were great, the individual suffered more from dejection related emotions. Other studies though have found considerably higher correlations in this domain (for example, $r = 0.46$, Higgins, 1987). The correlation between the total ought discrepancy and depression was also a very weak positive association ($r = 0.15$) though not a significant one. In terms of self-discrepancy theory, one would expect a relatively low correlation here (for example, $r = 0.03$, Higgins, 1987) or even a negative correlation. The results here though confirm results from previous studies (Higgins, 1989; Higgins, Bond, et al., 1986; Higgins, Klein & Strauman, 1987; Strauman, 1989; Strauman, 1990; Strauman & Higgins, 1987; Strauman & Higgins, 1988; Van Hook & Higgins, 1988) investigating self-discrepancy and depression, namely that there is a significant positive relationship between the total ideal discrepancy and depression.

5.4.2 Depression and Specific Self-Discrepancies

Looking at the correlation between the different self-discrepancies and depression, the Pearson product-moment correlation analysis shows that except for the association between the ought/own discrepancy ($r = 0.18$, $p < 0.05$) (cf. Table 22, pp. 54), none of the other results were significant. A very weak significant positive correlation was noted between the depression and the ought/own discrepancy ($r = 0.18$). The result of this study showed that as the discrepancy in the ought domain increased (this involves conditions where the current state of an individual's attributes - from his/her own standpoint do not match the ought state that one believes it is one's duty or obligation to attain), depression increases. Commenting on previous studies on self-discrepancy theory, Higgins (1987) showed that very weak associations between the ought

domain and depression were noted, for example a correlation of 0.03.

The association between the different self-discrepancies and depression were all very weak. The ideal/own discrepancy correlation with depression was non-significant and very weak ($r = 0.06$). Other studies though show higher correlations. Higgins (1987), for example showed a significant moderate positive correlation between the ideal/own discrepancy and depression ($r = 0.46$). The correlation for the ideal/other domain was also non-significant and had a very weak negative correlation ($r = -0.03$). This correlation between the ideal/other discrepancy and depression indicates that as the ideal/other discrepancy increases, depression decreases. This is not consistent with self-discrepancy theory which postulates that as the ideal/other discrepancy increases, depression would also increase. No feasible explanation could be found to explain this finding, which showed that in the situation of the absence of positive outcomes, for example social affection and esteem (as a result of the non obtainment of significant others' hopes and wishes), depressive symptomatology decreases.

Overall, looking at the association between depression and self-discrepancy theory, the significant positive correlation between the total ideal discrepancy and depression is consistent with self-discrepancy theory. Other studies have found very weak significant positive correlations between the total ought domain and depression ($r = 0.1$, Higgins, 1987). The association found here was also very weak though not significant.

5.5 Coping

5.5.1 Coping and the Demographic Variables

Several of the demographic variables were tested for significant differences in terms of the coping subscales. One Way ANOVAs were done on gender, race,

age, and socioeconomic status by the different coping subscales.

Of these the acceptance (C2) coping style by race yielded significant differences (cf. Table 14, pp.48). This analysis showed that the Black subjects more frequently used the acceptance coping style (mean rank = 45.29; $p < 0.05$) as compared to the other race groups. In addition, the acceptance coping style by socioeconomic status also reached significance (cf. Table 16, pp. 49). This showed that subjects from the lower socioeconomic brackets ("struggling to earn a living" and "making ends meet but having no luxuries") used the acceptance coping style more than subjects from the upper socioeconomic bracket ("living comfortably" and "wealthy/rich"). As more Black subjects perceived themselves as coming from the lower two socioeconomic brackets this would tie in with the acceptance by race results.

The acceptance coping style is emotion-focused and is thus aimed at reducing or managing the emotional distress once it has emerged. Further, this coping style reflects the acceptance of stress after it has emerged. It includes both cognitive and emotional strategies for minimising the impact of the stress. Interventions here include strategies such as bargaining and compromise, patience, selective ignoring and substitute activity (cited in Eagle, 1987). The preferred coping style of acceptance by both Black subjects and subjects from the lower two socioeconomic brackets ("struggling to earn a living" and "making ends meet but having no luxuries") may be related to these subjects' perception of powerlessness - a heritage of the apartheid system and its restrictive nature of social structural conditions (see Menne, 1986). Folkman & Lazarus (1980) note that in situations which have to be accepted and where there are few possibilities for change, individuals may make predominant use of emotion-focused coping, thereby suggesting that individuals may accept a situation which is beyond their control. Their coping efforts may thus be directed at controlling the **distressing emotion**, hence the use of acceptance coping style by

Black subjects and subjects from the lower socioeconomic brackets.

Further, the acceptance mode of coping by gender also yielded significant differences (cf. Table 15, pp. 49). This analysis showed that male subjects used the acceptance (C2) coping style more than female subjects. As mentioned above, the acceptance coping style is recognised as emotion-focused and interventions here include behaviours or interventions that attempt to manage the emotional consequences of the stressors. Thus, interventions here include attempts to indirectly avoid distress through cognitive reappraisal of the meaning of the stressful events leading to the reduction of emotional tension. This may provide a possible explanation for the above results, namely, that male subjects showed a greater preference for the acceptance coping style - more likely the more cognitive reappraisal interventions of the acceptance coping style.

The problem-focused/helping mode of coping by race also yielded significant difference (cf. Table 17, pp. 50). This analysis shows that the Coloured subjects used this mode of coping more often followed by the Black and then White subjects. The Indian subjects used this mode of coping less frequently.

In terms of the demographic variables and coping, the Billings and Moos problem/focused style by race also reached significance. This analysis showed that the Coloured students used this more frequently followed by the Indian subjects, the White subjects and lastly the Black subjects (cf. Table 18, pp.51).

5.5.2 Coping and Self-Discrepancies

5.5.2.1 Correlations Between Coping Styles and Self-Discrepancies

A review of the literature consulted, showed that no studies looked at the possible association between self-discrepancies and coping styles. Hence, one

of the aims of the present study was to explore the possible relationship between self-discrepancies and coping. Hence, Pearson product moment correlation analyses were conducted. Some statistically significant positive and negative correlations were found (cf. Table 23, pp. 55).

Lazarus (1993) defined coping as ongoing cognitive and behavioural efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person. Although no strong self-discrepancies were found, there appears to be in the findings a suggestion of a relationship (albeit weak) between self-discrepancies and coping styles.

The correlational analysis shows a significant weak negative association between the acceptance coping style and the total ideal discrepancy ($r = -0.17$, $p < 0.05$). Further, in looking at the specific self-discrepancies, a significant negative correlation was found between the acceptance coping style and the ideal/own discrepancy ($r = -0.026$, $p < 0.005$). The results above imply that subjects with high ideal discrepancies make less use of the acceptance mode of coping. This discrepancy involves a situation where people believe their (or significant others) personal hopes, desires and wishes for the subjects have been unfulfilled. Further, the motivational nature of this discrepancy also suggests that it might be associated with frustration from unfulfilled desires. Hence, according to self-discrepancy theory (Higgins, 1987) people are motivated to reach a condition where their actual state matches their ideal and ought states. Thus, in the present scenario it is possible that subjects are less likely to use the acceptance coping style when their ideal discrepancies are high and rather will be motivated to try and achieve a match.

The correlational analysis also revealed a significant negative association between the growth coping strategy and the total ideal discrepancy ($r = -0.22$, $p < 0.01$). The above coping strategy is an emotion-focused strategy involving

efforts to lessen the stressful impact of the problem by controlling the meaning of the problem. Hence, according to the literature (for example, Higgins, 1987) as individuals' total ideal discrepancy increases, vulnerability to dejection-related emotions also increases. Thus efforts at recognising opportunities for personal growth and creativity in stressful situations as a means of coping was less utilised by subjects as their ideal discrepancy increased and hence depressive symptomatology increased.

Therefore, the above two findings indicate that as the ideal discrepancy increased, use of the emotion-focused coping styles like acceptance and self-blame decreased. These findings appear to be inconsistent with the literature (for example Billings et al., 1983), which shows that individuals with high depressive symptomatology are more likely to use emotion-focused coping styles. However, it has equally been pointed out in the literature (Eagle, 1987) that it has been recognised that the acceptance and growth-oriented coping styles reflect coping behaviours which are not directly concerned with emotion management, but rather indirectly seek to avoid distress through cognitive reappraisal of the meaning of stressful events leading to reduction of emotional tension. Thus, in terms of the association between depressive symptomatology and use of emotion-focused coping styles, it appears that some of the emotion-focused interventions such as wishful thinking (Vitaliano Russo et.al., 1985) are more likely to correlate positively with depressive symptomatology than others.

In looking at the problem-focused/helping and help seeking coping styles, both correlate significantly and negatively with the total ideal discrepancy ($r = -0.18, p < 0.01$; $r = -0.16, p < 0.05$ respectively). Specifically the ideal/own discrepancy correlated significantly and negatively with the problem-focused/helping and help seeking coping styles as well ($r = -0.19, p < 0.025$; $r = -0.16, p < 0.05$ respectively). Hence, as the ideal discrepancy decreases subjects are less likely to manifest depressive symptomatology and are more

likely to use problem-focused coping styles. This is consistent with the literature looking at coping styles and depression. Billings et al. (1983), for example report that subjects with little depressive symptomatology make greater use of problem-focused coping styles. The above coping strategies are both problem-focused ways of coping that involve doing something (by either acting on the environment or self) to change the problem causing the distress (Endler & Parker, 1990). The analysis here shows that as the ideal discrepancy increases, the problem-focused/helping and help seeking ways of coping are less utilised. Therefore as the discrepancy between the subjects actual attributes and those they hope or wish to attain increases, the use of strategies like obtaining information and advice from others, planning and action decreases.

The analysis also showed that the avoidance style of coping, correlated significantly and positively with the ideal/own discrepancy ($r = 0.18, p < 0.05$). Avoidance is an emotion-focused coping style where one tries to deal with the stress by indirectly trying to reduce it (for example by smoking and overeating) or avoiding confronting the problem. Hence, as the ideal/own discrepancy increases, and depressive symptomatology increases, subjects will make greater use of the avoidance coping style. One therefore uses avoidance to try and deal with the stress accompanying the distress. This finding is consistent with those reported in the coping literature, namely that individuals with higher levels of depressive symptomatology use more emotion-focused and avoidance responses (Billings and Moos, 1981; Folkman & Lazarus, 1980; Perlin & Schooler 1978).

A significant negative correlation was also found between the help seeking coping style and the ought/own discrepancy ($r = -0.18, p < 0.05$). This analysis shows that the greater the discrepancy between the subjects actual attributes and those the subject feels it is his/her duty or obligation to attain, the less use is made of the help-seeking coping style which involves interventions like obtaining information, advice and emotional support from others. According

to self-discrepancy theory (Higgins 1987), the above discrepancy represents the general psychological situation of the presence of negative outcomes (that is, a readiness for self-punishment) and hence the person is vulnerable to agitation related emotions. Further, in this situation, guilt, self contempt and uneasiness are the feelings that are likely to occur as one has transgressed a personally accepted moral standard (Higgins, 1987), and it thus becomes difficult for the individual to seek help.

A significant negative correlation was also found between the ought/own discrepancy and the growth coping strategy ($r = -0.17, p < 0.05$). Again, as the discrepancy between the subjects' actual attributes and those that the subjects think it is their duty or obligation to attain increases, subjects are more vulnerable to agitation-related emotions. Thus, feelings of guilt, moral worthlessness and weakness are likely to occur. Hence, subjects are likely to be so caught up in these feelings of guilt etc, that they are unable to see growth possibilities in a stressful situation.

The last significant correlation between the self-discrepancies and styles of coping was found for the self-blame coping style and the total ideal discrepancy. The analysis revealed a significant positive association between these variables ($r = 0.16, p < 0.05$). Specifically, the ideal/other discrepancy also correlated significantly and positively with the self-blame coping style ($r = 0.19, p < 0.025$). The above findings imply that the higher the subjects' ideal self-discrepancies, the more use was made of the self-blame mode of coping. Self-blame involves strategies like blaming or criticising the self for not handling the situation (Eagle, 1987). Thus, as the discrepancy between the subjects' actual attributes and those attributes which the subjects (or significant others) hope or wish them to attain increases, greater use is made of a passive and intropunitive mode of coping that is directed inward rather than toward the problem. This coping strategy implicitly reflects some measure of dissatisfaction with one's

current coping abilities. Thus, in terms of the above results, as the total ideal discrepancy increases, subjects are more vulnerable to depressive symptomatology (Higgins, 1987), and people who manifest greater depressive symptomatology are more like to make use of emotion-focused strategies such as self-blame (Billings & Moos, 1981, Folkman & Lazarus, 1980, Perlin & Schooler, 1978).

5.5.3 Coping and Anxiety

Correlational analysis was also done to determine the relationship between the different coping strategies and anxiety. Results of the analysis indicate that some significant relationships were found (cf. Table 25, pp. 58).

A significant positive correlation was found between the wishful thinking/escape coping strategy and anxiety ($r = 0.43, p < 0.001$). This analysis shows that the higher the subjects' anxiety scores, the more likely they were to use wishful thinking/escape as a coping strategy. Hence, the greater the subjects' anxiety, the more likely they are to use, for example fantasy, humour, wishful thinking as a means of emotional escape. This finding is consistent with that of previous studies in this field (for example, Vitaliano et al., 1985; Vitaliano, Katoin et al., 1987; Coyne et al. 1981; Vitaliano, Russo et al., 1985) which show that wishful thinking correlates positively with anxiety.

Another significant positive relationship ($r = 0.30, p < 0.001$) was found between emotional withholding and anxiety. Hence, the greater the subjects' anxiety levels the more the subjects make use of the emotional withholding coping method - interventions that are directed at dealing with anxiety by inhibiting emotional distress. Emotional withholding disinvolved seeking emotional support and is a form of self-reliance.

The self-blame coping strategy also correlates significantly and positively with anxiety ($r = 0.41, p < 0.001$). This emotion-focused passive and intropunitive method of coping is used more by subjects who report high anxiety symptoms. Thus as anxiety increases, subjects use this coping strategy more. This finding as well is consistent with previous studies which assert that the greater the levels of anxiety the more likely are subjects to use emotion-focused strategies such as self-blame. (Vitaliano, Russo et al., 1985).

The avoidance coping strategy also correlates significantly and positively with anxiety ($r = 0.46, p < 0.001$). This analysis shows that the greater the levels of anxiety, the more likely subjects are to use avoidance styles that involve avoiding confronting the problems or indirectly trying to reduce the stress by for example, overeating and smoking. This finding is also consistent with previous studies (for example, Troop et al., 1994).

The last correlation between anxiety and coping styles is the significant and positive association between the problem-focused strategy and anxiety ($r = 0.32, p < 0.001$). This analysis suggests that as subjects' anxiety increased they are more likely to use the problem-focused method of coping. However this finding is in contrast to previous findings : (Vitaliano, Russo et al., 1985) for example showed a negative correlation between problem focused coping and anxiety. No feasible explanation could be found to account for this result.

5.5.4 Coping and Depression

As with anxiety, correlational analyses were also done to determine the associations between the different coping styles and depression. Results of the analysis reveal some significant positive and negative correlations (cf. Table 26, pp 59).

As with anxiety, a significant positive correlation was found between the wishful thinking/escape coping style and depression ($r = 0.41, p < 0.001$). This analysis suggests that the higher the subjects depression scores the more likely they are to use wishful thinking/escape as a coping style. This finding is consistent with previous studies, for example Coyne et al. (1981) and Vitaliano, Russo et al. (1985) indicated a significant positive correlation between wishful thinking as a coping style and depression.

Other significant positive correlations were found between the self-blame coping style and depression ($r = 0.41, p < 0.001$) and the avoidance coping style and depression ($r = 0.49, p < 0.001$). Both these emotion-focused coping styles correlate moderately with depression. This analysis thus shows that depressed subjects used more self-blame coping (strategies that are intropunitive and are directed inwards rather than towards the problem) as well as avoidance coping (strategies here include avoiding confronting the problem or indirectly trying to reduce the stress). This finding is consistent with previous research (Troop et al., 1994).

The emotional withholding coping style also correlated significantly and positively with depression (albeit weakly). Thus as subjects depression levels increase, they are more likely to use emotional withholding as a means of coping. By using this strategy one is dealing with the stress by inhibiting emotional distress.

An interesting significant positive correlation that the analysis revealed was that between depression and the problem-focused coping style ($r = 0.27, p < 0.005$). This analysis suggests that as depression increases, subjects are likely to increase their use of this problem-focused method of coping which involves attempts at eliminating or modifying the stress through one's own behaviour. As with anxiety, this correlation is inconsistent with previous findings that show

that individuals with little depressive symptomatology are more likely to use problem-focused coping responses (Billings & Moos, 1981; Folkman & Lazarus, 1980; Perlin & Schooler, 1978). Again, no feasible explanation could be found for this finding.

A significant negative correlation that the analysis revealed was between the acceptance coping style and depression ($r = -0.18, p < 0.05$). This relatively weak correlation suggests that as depression increased, subjects' use of the acceptance coping style decreased. Although this association appears to be inconsistent with previous findings which show that the use of emotion-focused coping styles increased as depressive symptomatology increased (Billings et al., 1983), it is important to point out that, according to Eagle (1987), the acceptance coping style although recognised as emotion-focused in that it attempts to reduce or manage the emotional distress after it has arisen, also indirectly seeks to avoid distress through the cognitive reappraisal of the meaning of stressful events leading to the reduction of emotional tension. Hence, a possible reason for the negative correlation between depression and the acceptance coping style may be that subjects related more to the cognitive reappraisal interventions of the avoidance coping style.

5.6 Multiple Regression Analyses

5.6.1 Stepwise Multiple Regression and Anxiety

In addition to the correlational analysis, stepwise multiple regression procedures were also conducted with the self-discrepancy and coping variables on the anxiety scores. Some highly significant results were found (cf. Table 27, pp. 60). Of the self-discrepancy and coping variables, only three coping variables were found to contribute significantly to the variance in the anxiety score, namely the avoidance coping style which contributed to 21% of the variance in the scores, followed by the emotional withholding coping style which added a

further 5% to the variance. Lastly there was the self-blame coping style which added a further 4% to the variance in the anxiety scores. None of the self-discrepancy variables was significant.

5.6.2 Stepwise Multiple Regression and Depression

As above, in addition to the correlational studies, stepwise multiple regression analyses were performed in order to determine the predictive power of the different self-discrepancies and the different coping styles on depression. The analyses revealed some highly significant results (cf. Table 28, pp. 61). As with the anxiety scores, the avoidance coping style contributed most to the variance in the depression score, namely 24%. This was followed by the only self-discrepancy variable that contributed to the variance, namely the ought/own discrepancy which added a further modest though significant 3% to the variance of the depression score. A further modest, though significant 4%, was contributed by the wishful thinking/escape coping style.

From the analyses one notes that the coping strategies appear to be better predictors of anxiety and depression. Of the self-discrepancies, only the ought/own discrepancy accounts for some of the percentage of the variance in the depression score. A possible reason for the non-significant self-discrepancy results may relate to the low discrepancies that were found in the present study.

5.7 Selves Questionnaire

With regard to self-discrepancy theory the present study found weak correlations between self-discrepancies, anxiety and depression and of these few were statistically significant. As alluded to earlier, possible explanations for these findings may be linked to the administration of the instrument as well as the validity of the instrument for the South African population.

With regard to the administration of instruments, in most of the previous studies

on self-discrepancy theory, subjects completed the selves questionnaire at least one month prior to any further testing. This delay reduces the likelihood that subjects would respond to the discomfort measures by trying to relate them to the answers on the selves questionnaire. Completion of the selves questionnaire and other measures at different times often meant that subjects had only the selves questionnaire to complete, hence they could concentrate only on this and not be concerned about other questionnaires that had to be completed. There was no hurry as such for them to try and complete it. Although no time restrictions were placed on them, some subjects were concerned about trying to complete all the questionnaires in the shortest possible time.

The above point of subjects trying to complete the questionnaires as quickly as possible, also brings about the question of subjects motivation in participating in the research. In comparison to other studies where subjects are university students who receive credits for their participation in research, subjects in the present study received no incentives. The researcher relied on the willingness of the subjects to assist in the research. This may impinge on the motivation of the subjects to take the task at hand seriously and to complete the task as honestly as possible. In the present study subjects were informed prior to the actual testing session that this time would be used for data collection for research purposes. A drop in the numbers of students attending these sessions was noted. An observation that was made from the testing situation was that the subjects from the third year class appeared to take the task more seriously and asked questions more regularly than subjects from the second year class. This may relate to the fact that many of the subjects in the final year class have aspirations for further study in the field of psychology, hence the interest in research in psychology increases.

In terms of the administration of the selves questionnaire, another observation from perusal through the questionnaires was that there was a trend for subjects'

responses to decrease towards the latter sections of the questionnaire. Looking at the number of responses for subjects for each of the domains, a decrease in the number of attributes listed towards the latter domains was noticed. A possible suggestion for this was that subjects became tired towards the end and therefore no longer interested in noting down attributes. Few subjects commented to the researcher at the end of the testing session that they had become bored towards the latter part of the questionnaire and it "felt like they were repeating the same things". This brings into question the length of the self questionnaire and the possibility of a shortened questionnaire or a more creative and interesting questionnaire that would hold subjects' interest. It was generally noticed that for the SCL-90-R and the coping measures (which involved rating scales), there was a greater percentage of the completion of questionnaires.

In order to assess the extent to which the administration of the questionnaire impacts on the findings, one needs to look at the randomization of the different measures in the questionnaire. Thereby, subjects would receive questionnaires that differ in the order that the tests are administered.

Another important aspect that one needs to explore with regard to the self questionnaire is the validity of the questionnaire for a South African population group. Do our subjects really understand what is being asked of them in the questionnaire? Brief content analysis of the responses received, show that some subjects evaluated themselves on the basis of roles and tasks rather than by qualities and attributes. Perhaps in the introduction to the questionnaire (both verbal and written) more emphasis needs to be placed on what questions the researcher is asking. However, a point that needs to be equally considered here (which opens up doors for future research in the realm of self psychology) is do the South African subjects conceive of self in the same way as those from other countries etc. This is pertinent especially in terms of the cross-cultural variations

in the conceptions of the self. Further, at present South Africa is in a stage of transition (not only politically - but in a wider sense as well). With regard to the so-called Black population group (includes Blacks, Coloureds and Indians) these cultures are caught up in a process of acculturation. There is a greater awareness of western ideals and values - especially as one moves into "areas" that were once closed off to them, for example schools, universities, residential areas, the work place etc. The question that thus arises is how does this impact on ones conception of self. Even with the so-called White subjects, those from for example, the traditional Afrikaner backgrounds - where group and community values have been inculcated for generations, there is now a greater awareness of individualism etc. The question that thus arises is does the conception of self vary from culture to culture - are different self-guides stronger in some cultures etc.?

Above are a few questions that the findings of the present research raise. While these may provide possible explanations for some of the findings from the study, they also point to the limitations of the present study and hence provide suggestions for areas of further research.

5.8. Implications for Further Research

The aim of the present study was to explore the relationship between self-discrepancy, depression, anxiety and styles of coping. In addition to highlighting certain features of these relationships, it has also highlighted areas in which research in this field could be improved. As mentioned earlier, the current research was primarily exploratory, especially given the absence of previous research in this specific area with a South African population. Hence, the ensuing discussion provides ways in which future research in this area could be fruitfully expanded and improved. Further research in the field of self-discrepancy theory is supported as self-discrepancy has proven to be a robust construct, with predictive value for emotions and adjustment and the

contradicting and weak findings of the present study need further clarification

As mentioned previously, an important first-line of research (for a South African population) should investigate the impact of culture on one's conception of self and importantly the process of acculturation on one's concept of self.

Further research should assess the validity of the selves questionnaire for a South African population and in this process should for example, look at issues like administering the selves questionnaire in the subjects' home languages.

The method of administration of the questionnaire should be carefully investigated. Factors such as the subject's motivation, the time-frame within which the questionnaire is administered and time delays in administering the different tests should be explored. Other areas to be looked at include the randomization of items in the questionnaire as well as a shortened or different form of the selves questionnaire.

Although, the SCL-90-R, has been found to be valid and reliable in other populations, it has not been standardised or translated for a South African population group. This needs to be explored as well.

With regard to the coping measures utilised, the assessment of coping depends on self-reports. This brings into question the issue of self-reports versus techniques that are observational and inferential. In order to determine the nature of this relationship, research will need to compare self-report material with observational material. Attempts should then be made to integrate these techniques to generate both situational and dispositional data (Eagle, 1987).

Further, the coping instruments used in the present study utilised more general events in order to assess coping styles utilised. Further research utilising self-

report measure of coping may use stressful encounters to minimise the problem of memory and retrospective falsification (Eagle, 1987).

5.9 Summary and Conclusions

The aim of the present study was to explore the relationship between self-discrepancies, anxiety, depression and method of coping among a group of university students.

The results of the study showed that there were gender differences with regard to the self-discrepancies. Female subjects manifested higher self-discrepancies than the male subjects in all domains except the ideal/own. Further subjects were more bound to ideal self-guides.

Some tentative support for the theory was found in that in terms of the relationship between self-discrepancies and affect, results showed that the total ideal and the total ought discrepancies correlated positively with anxiety. With regard to depression, a significant positive correlation was found with the total ideal discrepancy.

Some limited support of cultural specific modes of coping were found, for example, in looking at the coping strategies, findings show that overall the Black subjects, male subjects and subjects from the lower socioeconomic bracket showed a preference for the acceptance mode of coping. Further in terms of the relationship between the different coping styles and self-discrepancies, it was found that there were significant negative correlations between the total ideal discrepancy and the following coping strategies, namely acceptance, problem-focused/help seeking, growth and self-blame. Further, significant negative and positive correlations were found between the different coping strategies and the different self-discrepancies.

Looking at the different coping strategies and affect, the findings show that there were significant positive correlations between anxiety and the use of the different coping strategies, thereby supporting previous findings. In terms of depression, significant positive and negative correlations were noted between the coping strategies and depression.

Finally, the results showed that coping strategies appear to be better predictors of both anxiety and depression than self-discrepancy. Of the self-discrepancies, only the ought/own discrepancy accounted for some of the variance in the depression scores.

Overall, the results of the present study indicate that variable relationships exist between self-discrepancies, depression, anxiety and methods of coping. However, some of the findings are weak and even inconsistent in terms of comparative studies in the field of self-discrepancy theory. Hence, a number of recommendations were made pertaining to future studies looking at self-discrepancies in a South African population. As mentioned above, research in the field of self-discrepancy theory is supported as self-discrepancy has proven to be a robust construct, with predictive value for emotions and adjustment.

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APPENDIX A

SELVES QUESTIONNAIRE

In this questionnaire you will be asked to list the attributes of the type of person that **YOU** believe you **ACTUALLY** are, **IDEALLY** would like to be, and **OUGHT** to be:

Your **ACTUAL** self : Your beliefs concerning the attributes or characteristics **you** think you **actually** possess now. (This might include positive attributes as well as not-so-positive attributes).

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

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

You will also be asked about the extent to which each attribute is part of your particular self.

You can make these ratings after you have listed the attribute.

There is room in each section to list up to ten attributes for each "self".

Try to list as many as you can, but don't worry if you can't think of ten attributes for each question.

The first part of the questionnaire deals with your own beliefs about your self.

The second part deals with your parents' beliefs about you.

Please take your time and consider each page thoughtfully. There are no right or wrong answers. In general, the first thing that come to mind are the best answers. I am relying on your honesty in responding to each question, and I will maintain the confidentiality of your answers.

Thank you for assisting me by completing this questionnaire.

PART ONE

Your Own Beliefs About Yourself

Please list the attributes of the person you believe you actually are, using the blank lines:

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

For each of the attributes you listed, please rate the extent to which you believe you actually possess the attribute on the small blanks to the right of each word.

Use the following scale:

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

Please list the attributes of the type of person you believe you ideally would like to be, using the blank lines :

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

For each of the attributes you listed, please rate the extent to which you would ideally like to possess the attribute on the small blanks to the right of each word.

Use the following scale :

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

Please list the attributes of the person you believe you ought to be, using the blank lines :

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

For each of the attributes you listed, please rate the extent to which you ought to possess the attribute on the small blanks to the right of each word.

Use the following scale :

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

PART TWO

Your Parents' Beliefs About You

Please list the attributes of the type of person your parents believe you actually are, using the blank lines :

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

For each of the attributes you listed, please rate the extent, to which your parents believe you actually possess the attribute on the small blanks to the right of each word.

Use the following scale:

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

Please list the attributes of the type of person your parents would ideally like you to possess, using the blank lines :

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

For each of the attributes listed, please rate the extent to which your parents would ideally like you to possess the attribute, on the small blanks to the right of each word.

Use the following scale :

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

Please list the attributes of the type of person your parents believe you ought to be, using the blank lines:

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

For each of the attributes listed, please rate the extent to which your parents believe you ought to possess the attribute, on the small blanks of the right of each word.

Use the following scale :

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

APPENDIX B

CHECKLIST

The following two pages consist of a number of statements concerning the manner in which people may deal with problems or difficulties. Please indicate on the five point response scale how frequently you normally or typically use the following approaches to deal with problems.

1 = never, 2 = very seldom, 3 = often, 4 = usually, 5 = always

	STATEMENT	RATING
1	Waiting to see what will happen	
2	Just taking things one step at a time	
3	Standing your ground and fighting for what you want	
4	Talking to someone who can do something concrete about the problem	
5	Blaming yourself	
6	Feeling you change or grow as a person in a good way	
7	Criticising or lecturing yourself	
8	Avoiding being with people in general	
9	Asking someone you respect for advice and following it	
10	Getting away from it for a while, trying to rest or take a vacation	
11	Getting the person responsible to change his or her mind	
12	Telling yourself things that make you feel better	
13	Wishing you were a stronger person, more optimistic and forceful	
14	Concentrating on something good that can come out of the whole thing	
15	Maintaining your pride and keeping a stiff upper lip	
16	Making light of the situation, refusing to get too serious about it	
17	Accepting understanding and sympathy from someone	
18	Coming up with a couple of different solutions to the problem	
19	Rediscovering what is important in life	
20	Feeling bad that you cannot avoid the problem	
21	Wishing that you can change the way you feel	
22	Not letting it get to you, refusing to think too much about it	
23	Talking to someone to find out more about the situation	
24	Hoping a miracle will happen	
25	Wishing that you could change what has happened	
26	Thinking about fantastic or unreal things that make you feel better	
27	Bargaining or compromising to get something positive from the situation	
28	Changing something so things will turn out alright	
29	Feeling that time will make a difference, the only thing to do is wait	
30	Feeling you came out of the experience better than when you went in	
31	Accepting your strong feelings but trying not to let them interfere with other things too much	
32	Trying to make up for some of the bad things that happened	
33	Feeling bad that you cannot avoid the problem	
34	Trying to make yourself better by eating, drinking, smoking, taking medication etc.	
35	Realising you bring the problem on yourself	

	STATEMENT	RATING
36	Letting your feelings out somehow	
37	Doing something totally new that you would never do if this had not happened	
38	Looking for the silver lining, trying to look at the bright side of things	
39	Just concentrating on what you have to do next - the next step	
40	Keeping others from knowing how bad things are	
41	Going over the problem again and again in your mind to try and understand it	
42	Feeling you find new faith or some important truth in life	
43	Taking a big chance or doing something very risky	
44	Daydreaming or imagining a better time	
45	Getting mad at the people or things that caused the problem	
46	Turning to work or substitute activity to take your mind off things	
47	Accepting the next best thing to what you wanted	
48	Being inspired to do something creative	
49	Talking to someone about how you are feeling	
50	Sleeping more than usual	
51	Knowing what has to be done; doubling your efforts and trying harder to make things work	
52	Taking it out on other people	
53	Getting professional help and doing what they recommend	
54	Drawing on your past experiences	
55	Making a plan of action and following it	
56	Refusing to believe it has happened. Keeping your feelings to yourself	
57	Joking about it	
58	Having fantasies or wishes about how things might turn out	
59	Trying to forget the whole thing	
60	Keeping your feeling to yourself	
61	Try to see the positive side	
62	Try to step back from the situation and be more objective	
63	Pray for guidance or strength	
64	Take things one step at a time	
65	Consider several alternatives for handling a problem	
66	Draw on your past experience, you were in a similar situation before	
67	Try to find out more about the situation	
68	Talk with professional people about the situation	
69	Take some positive action	
70	Talk with partner or other relatives about the problem	
71	Talk with a friend about the situation	
72	Exercise more	
73	Prepare for the worst	
74	Sometimes take it out on other people when you feel angry or depressed	