An instrument for evaluating the Self: The Self-Discrepancies Scale in non clinical participants

Martine Bouvard, Arnaud Carré, Nathalie Fournet, Céline Douilliez, Bouvard Martine, Céline Baeyens, Pierre Philippot

Clinical Neuropsychiatry (2024) 21, 6, 538-549

RESEARCH PAPER

AN INSTRUMENT FOR EVALUATING THE SELF: THE SELF-DISCREPANCIES SCALE IN NON-CLINICAL PARTICIPANTS

Martine Bouvard, Arnaud Carré, Nathalie Fournet, Céline Douilliez, Céline Baeyens, Pierre Philippot

Abstract

Objective: The Self-Discrepancies Scale (S-DS) is a multiple-subscore instrument designed to assess discrepancies between mental representations of the self: the actual self on one hand, and the ideal and socially prescribed selves on the other. Its idiographic subscores rely on the endorsement of self-descriptive traits, while its abstract subscores form an overall judgement of felt self-discrepancies. The objectives of the present study were to (i) evaluate the S-DS in a new non-clinical population, (ii) expand the body of data on the S-DS's convergent validity, (iii) study the idiographic data for the S-DS, and (iv) establish a nomothetic list of traits with a better choice of unwanted traits.

Method: We administered the S-DS to a non-clinical sample (N= 422, mean age = 23.26, 90% female), along with a questionnaire measuring personality traits.

Results: Two internal reliability results were different to those observed in the primary research. The wanted ideal self (WIT%) was weakly linked to overall measures of discrepancy and distress. The correlations between the two indices of ideal self (WIT% and ideal discrepancy) were weak. One result differs from the literature findings (moderate correlation between the two discrepancy indices). Neuroticism was found to be the highest predictor of ideal discrepancy. The abstract discrepancy subscores (ideal and socially prescribed discrepancies) were better correlated with personality traits than the idiographic subscores (wanted ideal (or socially prescribed) traits). Our present results suggest that the ideal and socially prescribed selves encompassed the same categories of wanted and unwanted traits.

Conclusions:There were small quantitative differences (in the number of traits cited) between the two selves. In general, the two types of traits (wanted and unwanted) belonged to different categories. The wanted traits were more strongly endorsed in the ideal self. In conclusion, the present data provided a better assessment of the idiographic aspects of self-discrepancy and add to a grow body of evidence on the convergent validity of the S-DS.

Key words: ideal self, Self-Discrepancies Scale, socially prescribed self, unwanted trait, wanted trait

Martine Bouvard[1], Arnaud Carré[2], Nathalie Fournet[1], Céline Douilliez[3], Céline Baeyens[2], Pierre Philippot[3]

[1] Univ.Grenoble Alpes, Univ Savoie Mont Blanc, CNRS, LPNC, 38000 Grenoble, France
[2] Univ.Grenoble Alpes, Univ Savoie Mont Blanc, LIP/PC2S, 38000 Grenoble, France
[3] Place du Cardinal Mercier, 10 1348 Louvain-la-Neuve, Belgique

OPEN ACCESS

Citation: Bouvard, M., Carré, A., Fournet, N., Douilliez, C., Baeyens, C., Philippot, P. (2024). An instrument for evaluating the self: The Self-Discrepancies Scale in non-clinical participants. *Clinical Neuropsychiatry, 21*(6), 538-549.

doi.org/10.36131/cnfioritieditore20240607

Funding: None.

Competing interests: None.

Corresponding author
Bouvard Martine
Université Savoie Mont Blanc
LLSH, BP 1104
73000 Chambéry cedex, France
Phone: +33 (0)479758342
E-mail: martine.bouvard@univ-smb.fr

Self-concept is composed of one's self-beliefs (knowledge components, such as beliefs about one's attributes, values, and personal goals) and self-evaluations (evaluative components, such as specific self-beliefs, and self-esteem; [Campbell et al., 1996]). Rogers (1942/2016) distinguished between the normative self (what others think that the individual should be or ought to be) and the ideal self (what the person should ideally be). The greater the discrepancy between the real self (the self as experienced) and the ideal self, the more the individual experiences psychological distress (Rogers, 1942/2016). More recently, Higgins (1987) described three types of self-representations: the actual self, the ideal self, and the ought self. Higgins's actual and ideal selves appear to be similar to Roger's definitions of the real and ideal selves. The ought self is a representation of traits that the person believes he/she ought to or should have (Higgins, 1987). According to Higgins, the three selves can be viewed from two perspectives: one's own perspective and a significant other's perspectives (Higgins et al., 1986; Moretti & Wiebe, 1999). The latter perspective implies describing oneself as a significant other would like us to be (ideal/other). Six self-representations can

Submitted July 2024, accepted November 2024

be defined with the combination of the three domains (actual, ideal, and ought) and inferred perspectives of the self (own and other): actual/own, actual/other, ideal/own, ideal/other, ought/own and ought/other selves (Higgins et al., 1986; Moretti & Wiebe, 1999). Hence, the ought/other combination might be similar to Roger's normative self. The self/own and self/other combinations are similar to the self-concept (Eccles et al., 1989; Higgins et al., 1986; Moretti & Wiebe, 1999; Ozgul et al., 2003). The ideal self and the ought self (regardless of the perspective) were considered by Higgins to be standards to be achieved or guides to the self (Moretti & Wiebe, 1999; Ozgul et al., 2003).

The concept of self has been studied in the context of various mental disorders, including obsessive compulsive disorder (OCD) and eating disorders. In cognitive models of OCD, fear of self is considered to be a key process in the appearance and maintenance of this disorder (Aardema & O'Connor, 2007). Two recent literature reviews mentioned the links between OCD and the concept of self (Jaeger et al., 2021; Wright & Riskind, 2021). More precisely, Wright and Riskind (2021) focused on the discrepancy between obsessions and values (i.e. the concept of self). It appeared that people suffering from OCD considered themselves to be closer to the feared self than non-anxious, control participants did (Ferrier & Brewin, 2005). The hypothetical discrepancy between the selves has also been studied in eating disorders (notably bulimia (Mason et al., 2016)). The discrepancies between the selves (i.e. the ideal self versus the true self, and the moral self versus the true self) are greater in people suffering from bulimia larger than in control participants (Wonderlich et al., 2008). Given the role played by self-concept in psychopathology (Kyrios et al., 2016), valid measures of self-concept are needed by researchers and psychologists. The self-concept is usually evaluated by questionnaires with closed-ended questions (a nomothetic approach). In contrast, Higgins opted for an idiographic approach. Higgins developed the Selves Questionnaire (Higgins et al., 1985) to test his Self-discrepancy theory. This questionnaire is based on an idiographic method in which the participants must give 10 traits for the different self-states (actual, ideal and ought) from two basic standpoints (a personal standpoint and the standpoint of a significant other, such as a mother, spouse or closest friend). Higgins considers that is important to let the subject cite the traits in his/her own words, in order to best capture what is relevant to him/her (Higgins, 1999).

In order to address the shortcomings (i.e. difficulty generating the 60 adjectives in the Selves Questionnaire), Hardin and Lakin (2009) created the Integrated Self-Discrepancy Index (ISDI). The participant is initially asked to generate the five most personally salient traits for two types of self (ideal and ought selves) from his/her own viewpoint and from that of a significant other. Hardin and Lakin (2009) included the concept of morality in the definition of the ought self, in order to make it easier to differentiate between the ought and the ideal selves. Once the traits for the ideal and ought selves have been freely generated, the participant is given a fixed list of 100 adjectives to help him/her choose the characteristics that are most appropriate; these adjectives can be added to each of the two types of selves, or the initially mentioned traits can be modified. The score is calculated in a quantitative manner, and the categorization of the adjectives is not taken into account (one of the main limitations of the Selves Questionnaire). The participant rates each adjective on a Likert scale ranging from 1 ("does not describe me at all") to 5 ("completely describes me"). The self-discrepancy scores are the average of the ratings of the five traits generated for each of the self-states. This simplified scoring procedure better captures the individual's self-discrepancies. Most studies of the ISDI focused on the ideal self and the "ought" self. However, another version of the ISDI focuses on the undesired self (Hardin & Leong, 2005) and evaluates the discrepancies with the non-desired self, as described by Ogilvie (1987). The undesired self refers to the traits that the person would not like to have.

Watson (2004) has developed three instruments for assessing the ideal and the ought selves: the idiographic Self-Concept Questionnaire- Personal Constructs (SCQ-PC), the non-idiographic Self-Concept Questionnaire- Conventional Constructs (SCQ-CC), and the content-free Abstract Measures (AM). In the SCQ-PC, the participants generate bipolar traits to describe the real, ideal, and ought selves (an idiographic measure). In the SCQ-CC, the participants use a list of adjectives to evaluate the different selves (a nomothetic measure). The participant rates the different selves, and the discrepancy between the selves is computed. The third measure (AM) is a "perception-of-discrepancy" instrument. The participant provides two global ratings (one for the real/ideal self-discrepancy and one for the real/ought self-discrepancy). The difference with regard to the Selves Questionnaire (Higgins, 1987) and the ISDI (Hardin & Lakin, 2009) is that the ought-self is defined primarily from a significant other's viewpoint (i.e., what others ask me to be or what I must be according to them) and less as a function of morality (Watson et al., 2010). The SCQ-PC gave more support that the two other instruments for Higgins' hypothesis concerning the links between the selves and the emotions (Watson et al., 2010).

The Self-Discrepancies Scale (S-DS; Philippot et al., 2017) is a new measurement tool that takes account of the respective qualities of Hardin and Lakin's ISDI (2009) and Watson's three instruments (2004). The S-DS's main objective is to serve as an assessment tool during therapy for self-discrepancies. First, the participant is provided with a list of possible traits (as adjectives or nouns) before he/she is asked to name his/her own traits. The S-DS simplifies the ISDI by asking the person to generate traits for the ideal self (corresponding to Hardin and Lakin's definition of the ideal self [Hardin & Lakin, 2009]) and the socially prescribed self (corresponding to the definition of the social self given by Watson & Watts, 2001). The socially prescribed self corresponds to a friend's or relative's opinion ("How my friends and relatives think I ought to be or not to be"). It is similar to the self defined by the reflected appraisals model (Baumeister & Leary, 1995). Hence, the S-DS is based on Watson's SCQ-PC (2004): the ideal self is evaluated from one's own perspective and the socially prescribed self (what others ask me to be) is evaluated from a significant other's perspective (Watson & Watts, 2001). Another feature of the S-DS is that each self is defined not only by wanted traits but also by unwanted traits. The undesired self is included in both the ideal self and the socially prescribed self, via the collection of "unwanted traits". The participant must name 12 traits (six wanted and six unwanted) that describe him/her for each of the selves (i.e. the ideal self and the socially prescribed self). It should be borne in mind that this idiographic section will be used by the clinician during therapy and is not included in the scores. Next, the participant has to state the extent to which he/she possesses each trait in the two selves (whether wanted or unwanted), as a

percentage (from 0% to 100%). Lastly, the participant must rate the discrepancy between the real self and the ideal (or socially prescribed) self on a scale of 1 to 7 and the distress generated by the perceived discrepancy on a scale of 1 to 7. Discrepancy between the actual self and the ideal (or socially prescribed) self can still be present even though the individual is not distressed and has accepted him/herself as he/she is (Ellis, 1995; Rogers, 1942/2016). In summary, the S-DS is composed of eight scores: ideal discrepancy, ideal distress, socially prescribed discrepancy, socially prescribed distress, wanted ideal trait percentage (WIT%), unwanted ideal trait percentage (UIT%), wanted prescribed trait percentage (WPT%), and unwanted prescribed trait percentage (UPT%). The UIT% corresponds to the undesired self (Hardin & Leong, 2005; Ogilvie, 1987). To the best of our knowledge, the UPT% does not correspond to any of the theories in the literature. The original study (Philippot et al., 2017) revealed that the ideal discrepancy and ideal distress (two subscores for the ideal self) have good convergent validity with regard to self-esteem, depression and anxiety. The same is true for socially prescribed discrepancy and socially prescribed distress, although the correlations are weaker (especially with anxiety). The wanted ideal and prescribed trait percentages (WIT% and WPT%, respectively) gave much the same results as the two subscores for the socially prescribed self. The UIT% was significantly but weakly correlated with self-esteem, depression and anxiety. The UPT% displayed good convergent validity with self-esteem and depression. The test-retest reliability was satisfactory at one week but merely acceptable at six months. The ideal discrepancy and ideal distress subscores differentiated between a non-clinical group and a group of patients with depression and between the control group and a group of patients with anxiety. The prescribed distress subscore (but not the prescribed discrepancy subscore) differentiated between the control group and both groups of patients (depression and anxiety). The four wanted and unwanted trait percentages (ideal and prescribed) differentiated between the non-clinical participants and the group of patients with depression (Philippot et al., 2017).

The S-DS is a recently developed instrument that has only been examined in the original validation study (Philippot et al., 2017). The first two objectives of the present study were to evaluate the S-DS with another non-clinical population and to study the instrument's convergent validity by applying a personality questionnaire (the Eysenck Personality Questionnaire Revised-Abbreviated (EPQR-A; Francis et al., 1992)), with a focus on the neuroticism and extraversion personality dimensions. Research has shown that the congruence between the ideal self and the real self is negatively correlated with neuroticism (Pavot et al., 1997; Watson & Watts, 2001). The findings for extraversion are contradictory: this index was positively correlated with extraversion in one study (Pavot et al., 1997) but not in another (Watson & Watts, 2001). We hypothesized that the ideal discrepancy and distress scores are positively correlated with neuroticism but did not make any hypotheses concerning socially prescribed discrepancy. The third objective was to study the idiographic data. In contrast to the Selves Questionnaire, the idiographic data cannot be used in the S-DS score. The list used in the S-DS came from the ISDI (Higgins et al., 1985), so the fourth objective was to establish a nomothetic list with a better choice of unwanted traits.

Methods and materials

Procedure

The survey was completed online. Participants accessed the survey through a link posted on social networks. The investigators and their colleagues disseminated the link to their acquaintances via snowball sampling. Informed consent was provided by all the participants. Firstly, the participants supplied demographic information. Secondly, they provided general information on their mental health, in response to the following questions: do you have (or have you had) one or several mental disorders, such as depression or anxiety?; are you receiving psychotherapy?; and are you taking any medication for a mental disorder? After these screening questions had been completed, the participants filled out the study questionnaires. The main exclusion criteria were age under 18, a self-reported mental disorder, or treatment for a mental disorder. The study protocol was approved by a university ethics committee with competency for research not requiring authorization by an institutional review board (University of Savoie Mont Blanc, Chambéry, France; reference: 20163).

Participants

A total of 445 people participated in the study. Three participants were excluded because they were under the age of 18. Eight participants were excluded due to poorly completed questionnaires, and 12 other participants were excluded because they reported ongoing mental disorders. Hence, 422 participants (380 women, 90%) were included in the final analysis. The mean ± standard deviation (SD) age was 23.26 ± 7.65 (range: 18–67). The mean ± SD educational level (years of full-time education) was 13.22 ± 2.19 (range: 5–20).

Questionnaires

The S-DS (Philippot et al., 2017): a list of traits was provided before the participant started to generate personality attributes (adjectives or nouns). For each self (the ideal and the socially prescribed selves), the participant was asked to state up to six wanted traits and six unwanted traits. For each trait (wanted or unwanted), the participant stated the extent to which (as a percentage) he/she possessed the said trait. He/she was then asked to score the discrepancy between the current self and the ideal self on a scale from 1 ("I feel very close to this ideal") to 7 ("I feel very far from this ideal"); this was the ideal discrepancy score. The process was repeated for the socially prescribed self. The participant also scored the level of distress generated on a scale from 1 ("I feel no distress about this discrepancy") to 7 ("I feel significant distress about this discrepancy") for the ideal self and then for the socially prescribed self. The wanted and unwanted percentage scores are the mean scores for the number of traits generated for each of the ideal and socially prescribed selves. Hence, two scores are calculated for the ideal self (WIT% and UIT%), and two are calculated for the socially prescribed self (WPT% and UPT%).

The EPQR-A (Francis et al., 1992): this questionnaire assesses the three dimensions of personality in Eysenck's model (neuroticism, extraversion and psychoticism). We examined only two dimensions (neuroticism and extraversion) in the present study. The neuroticism's internal reliability was .69 and the extraversion's internal reliability was .76.

Statistical Analyses

Data were analyzed using JASP software: version 0.19.0 (JASP Team, 2024). Firstly, the results for our non-clinical sample were compared with those obtained in the initial study (Philippot et al., 2017), using a t-test with Bonferroni's correction (.05/8 = .006). To assess the S-DS's internal reliability, we evaluated correlations between the various subscores. To assess convergent validity, we calculated the correlations between the S-DS scores and the scores for the EPQR-A. The strength of a relationship was interpreted according to Cohen's description (Cohen, 1992). Stieger's Z tests for dependent correlation were performed in order to compare the dependent correlation coefficients by means of Weiss's calculator (Weiss, 2011). Finally, a multiple regression analysis was conducted to determine the connection between ideal discrepancy and neuroticism and/or extraversion. The hypothesis is that ideal discrepancy can be predicted by both neuroticism and extraversion. To test this hypothesis, multiple regression analysis is used.

Next, we considered the wanted and unwanted traits of the ideal self and the wanted and unwanted traits of the socially prescribed self (idiographic data). For each self, the various traits were independently grouped into categories by the first two authors. The results were compared, and any disagreements were resolved by consensus. We performed a semantic content analysis in which identical words, synonyms, and semantically close expressions were grouped together (Bardin, 1986). Hence, the various traits given by the participants were grouped into categories, and each category's name represented the common general theme. By way of an example for the wanted traits in the ideal self, the appearance category notably included "fashionable", "athletic", "beauty", and "elegant". We then compared the categories of wanted traits for the two selves (ideal and socially prescribed), and the categories of unwanted traits for the two selves. Given that preliminary analyses of the data had revealed evidence of nonnormality, we applied non-parametric tests; we used Wilcoxon's test to compare the two selves, and applied Bonferroni's correction (.05/14 = .003 for the wanted traits, and .05/18 = .002 for the unwanted traits). For significant comparisons, effect sizes were estimated in line with Fritz et al.'s conventions (Fritz et al., 2012).

Results

Descriptive statistics

Before comparing the SD-S results obtained in the present study with those reported by Philippot et al. (2017), we compared the two non-clinical populations with regard to demographic variables (age, sex, and educational level). The group in Philippot et al.'s study (2017) was older (mean age: 35.33) and had a higher proportion of women (78%) and a higher educational level (71.1% had a university-level degree). The questionnaires' descriptive data are summarized in Table 1. The two groups were similar with regard to four S-DS scores (ideal distress, socially prescribed discrepancy, socially prescribed distress, and UPT%). Three scores (ideal discrepancy, WIT%, and WPT%) were higher in the present study than in Philippot et al.'s study, and one score (UIT%) was lower.

Internal Reliability

Correlations among the different indices of the S-DS are displayed in Table 2. All but four of the correlations between S-DS subscores were statistically significant. The correlations between the WIT% and ideal distress, between WIT% and the unwanted prescribed trait percentage (UPT%), between WIT% and socially prescribed distress, and between socially prescribed distress and the unwanted ideal trait percentage (UIT%) were not significant. The correlations between ideal distress and ideal discrepancy, between socially prescribed distress and socially prescribed discrepancy had a moderate effect size, as did the correlation between the discrepancy indices (socially prescribed and ideal). In contrast, the correlation between the two distress indices has a large effect size. The correlation between socially prescribed discrepancy and the WPT% had a moderate effect size.

Convergent Validity

The correlations between the ideal discrepancy and ideal distress on one hand and the neuroticism score on the other were medium (Table 3). The corresponding correlations were weak for the socially prescribed discrepancy and socially prescribed distress. The

Table 1. *Descriptive statistics of the questionnaires in the two groups*

Measure	Present study (N = 422)	Control subjects in the initial study (N = 218)	t test; *p*
Ideal discrepancy	3.73 (1.45)	3.45 (1.40)	3.99; p < .001
Ideal distress	3.10 (1.74)	2.96 (1.74)	1.73; p = .08
Socially prescribed discrepancy	3.53 (1.35)	3.69 (1.50)	-2.34; p= .02
Socially prescribed distress	2.85 (1.60)	2.90 (1.58)	-0.63; p= .53
WIT%	75.85 (14.91)	60.78 (16.66)	20.76; p <.001
UIT%	22.65 (21.42)	28.23 (20.68)	-5.34; p <.001
WPT%	62.98 (19.42)	59.87 (19.26)	3.29; p = .001
UPT%	41.75 (24.72)	41.09 (24.25)	0.55; p = .58
Neuroticism	3.49 (1.77)	/	/
Extraversion	3.81 (1.90)	/	/

Correction of Bonferroni (.05/8 = .006)
WIT%: wanted ideal trait percentage; UIT%: unwanted ideal trait percentage; WPT%: wanted prescribed trait percentage; UPT%: unwanted prescribed trait percentage

Table 2. *Correlations among the different indices of the Self Discrepancies Scale*

	Unwanted ideal trait percentage (UIT%)	Ideal discrepancy	Ideal distress	Wanted prescribed trait percentage (WPT%)	Unwanted prescribed trait percentage (UPT%)	Socially prescribed discrepancy	Socially prescribed distress
Wanted ideal trait percentage (WIT%)	-.26*	-.10*	.02	.19*	-.05	-.15*	.02
Unwanted ideal trait percentage (UIT%)		.09*	.13*	-.09*	.21*	.14*	.07
Ideal discrepancy			.48*	-.25*	.21*	.41*	.28*
Ideal distress				-.18*	.18*	.28*	.53*
Wanted prescribed trait percentage (WPT%)					-.20*	-.39*	-.20*
Unwanted prescribed trait percentage (UPT%)						.19*	.17*
Socially prescribed discrepancy							.38*

*p <.05

WPT% and the UPT% had a small correlation with neuroticism. Regarding extraversion, the correlations were significant for discrepancy and distress. Only ideal distress had a medium correlation with extraversion. It is noteworthy that the WIT% was not correlated with any of the questionnaire scores, and that the ideal distress was positively correlated with neuroticism and negatively correlated with extraversion. The comparison between ideal discrepancy correlation with extraversion and ideal distress correlation with extraversion is not significant (Stieger's Z = 0.626; p=.53). The comparison between ideal discrepancy correlation with neuroticism and ideal distress correlation with neuroticism also failed to reach significance (Stieger's Z = 0.468; p=.64). The comparison between ideal distress and socially prescribed distress correlations with extraversion is not significant (Stieger's Z = 1.569; p=.11).

Multiple regression analysis (Table 4) is used to test the hypothesis that the ideal discrepancy can be predicted by both neuroticism and extraversion. Multicollinearity assumptions have not been violated, the model is not biased. Results show a significant effect on ideal discrepancy (F = 38.717; p < .001), with R^2 = 0.156, suggesting that 15.6% of the variation is predicted by neuroticism and extraversion. The regression equation is 3.405 = 0.250 * neuroticism – 0.143 * extraversion. Neuroticism was found to be the highest predictor of ideal discrepancy.

Qualitative Data

For the ideal self, 2136 wanted traits and 2035 unwanted traits were cited. For the socially prescribed self, 1786 wanted traits and 1649 unwanted traits

Table 3. *Convergent validity*

	Wanted ideal trait percentage (WIT%)	Unwanted ideal trait percentage (UIT%)	Ideal discrepancy	Ideal distress	Wanted prescribed trait percentage (WPT%)	Unwanted prescribed trait percentage (UPT%)	Socially prescribed discrepancy	Socially prescribed distress
Neuroticism	.05	.14*	.35*	.38*	-.22*	.19*	.26*	.25*
Extraversion	.06	-.02	-.26*	-.32*	.17*	-.04	-.26*	-.16*

*p <.05

Table 4. *Linear multiple regression analysis for ideal discrepancy (outcome), neuroticism and extraversion (predictors)*

Model summary ideal discrepancy

Model	R	R^2	Adjusted R^2	RMSE
M_0	0.000	0.000	0.000	1.455
M_1	0.395	0.156	0.152	1.340

ANOVA

Model		Sum of squares	df	Mean square	F	p
M_1	Regression	138.939	2	69.470	38.717	< .001
	Residual	751.802	419	1.794		
	Total	890.742	421			

were counted. The wanted traits for the two selves fell into 14 categories: active, altruistic, assertive, appearance, brilliant (intellectually), calm, warm, creative, conscientious, intellectually curious, funny, leader, pondered, and foolhardy. The unwanted traits for the two selves fell into 18 categories: bitter, ambitious, appearance, miserly, disorderly, discrete, dominant, emotive, haughty, perturbed mood, hyperactive, individualistic, incompetent, Machiavellian, lack of confidence, naive, passive, and loss of control. Our comparison of the categories of the two types of traits (wanted and unwanted) showed (for both the ideal and the socially prescribed selves) that (i) one category (appearance) was present as both an unwanted and wanted traits, (ii) four categories (assertive-lack of confidence; calm-emotive; leader-passive; pondered-loss of control) were antonyms, and (iii) the other categories were different (Tables 5 and 6). The categories of wanted traits for the ideal and for the socially prescribed selves are compared in Table 5. There were no statistically significant differences for five (36%) categories of wanted traits (altruistic, assertive, calm, funny, and pondered). For eight (57%) categories of wanted traits (active, appearance, brilliant, creative, conscientious, intellectually curious, leader and foolhardy), the ideal self had a significantly higher score than the socially prescribed self. Only one category of wanted traits (warm) was significantly more endorsed in the socially prescribed self than in the ideal self. Only two categories (creative and intellectually curious) gave significant results with a medium effect size; all the other categories were associated with weak effects.

The categories of unwanted traits for the two types of self are compared in Table 6. There were no statistically significant differences for ten (56%) categories of unwanted traits (bitter, ambitious, disorderly, discrete, emotive, perturbed mood, lack of confidence, naive, passive, and loss of control). For six (33%) categories

Table 5. *Comparison of the categories of wanted traits for the two selves (ideal and socially prescribed)*

Category	Ideal self	Socially prescribed self	T	p	η^2
Active	0.36 (0.61)	0.18 (0.44)	1920.00*	< .0001	.06
Altruistic	0.08 (0.30)	0.11 (0.33)	1223.00	.21	
Assertive	0.34 (0.56)	0.30 (0.57)	4079.50	.20	
Appearance	0.15 (0.40)	0.06 (0.25)	579.50*	.0004	.03
Brilliant (intellectually)	0.34 (0.55)	0.16 (0.38)	2019.00*	< .0001	.07
Calm	0.24 (0.48)	0.30 (0.57)	4376.00	.15	
Warm	0.87 (0.93)	1.19 (1.17)	12231.50*	< .0001	.05
Creative	0.32 (0.53)	0.08 (0.28)	777.00*	< .0001	.13
Conscientious	1.09 (0.99)	0.72 (0.85)	10544.50*	< .0001	.07
Intellectually curious	0.42 (0.62)	0.15 (0.39)	1704.00*	< .0001	.12
Funny	0.40 (0.62)	0.39 (0.62)	6573.00	.96	
Leader	0.42 (0.64)	0.22 (0.48)	3745.50*	< .0001	.06
Pondered	0.22 (0.50)	0.20 (0.46)	3775.50	.48	
Foolhardy	0.11 (0.33)	0.04 (0.22)	378.00*	.001	.03

*Bonferonni's correction: p<.05/14= .003

Table 6. *Comparison of the categories of unwanted traits for the two selves (ideal and socially prescribed)*

Category	Ideal self	Socially prescribed self	T	p	η^2
Bitter	0.19 (0.40)	0.17 (0.42)	2057.50	.40	
Ambitious	0.17 (0.40)	0.09 (0.31)	979.00	.003	
Appearance	0.10 (0.31)	0.04 (0.29)	319.00*	.002	.02
Miserly	0.40 (0.58)	0.24 (0.44)	4268.00*	< .0001	.04
Disorderly	0.09 (0.30)	0.12 (0.36)	1008.50	.31	
Discrete	0.10 (0.32)	0.10 (0.32)	1104.00	.99	
Dominant	0.27 (0.53)	0.41 (0.63)	4985.50*	.001	.03
Emotive	0.37 (0.63)	0.35 (0.61)	5370.00	.49	
Haughty	0.26 (0.48)	0.10 (0.30)	1525.50*	< .0001	.06
Perturbed mood	0.19 (0.40)	0.19 (0.45)	3315.00	.95	
Hyperactive	0.17 (0.41)	0.31 (0.57)	2982.00*	.0001	.04
Individualistic	0.52 (0.63)	0.35 (0.56)	5048.50*	< .0001	.05
Incompetent	0.21 (0.44)	0.07 (0.29)	561.50*	< .0001	.06
Machiavellian	0.85 (0.91)	0.53 (0.82)	6834.50*	< .0001	.09
Lack of confidence	0.16 (0.38)	0.13 (0.35)	1328.00	.16	
Naive	0.12 (0.35)	0.19 (0.49)	1650.00	.02	
Passive	0.32 (0.50)	0.27 (0.49)	4155.50	.10	
Loss of control	0.22 (0.43)	0.17 (0.41)	2151.00	.11	

* Bonferroni's correction: p<.05/18= .002

of unwanted traits (appearance, miserly, haughty, individualistic, incompetent, and Machiavellian), the ideal self had a significantly higher score than the socially prescribed self. Conversely, two categories of unwanted traits (dominant and hyperactive) had a significantly higher score in the socially prescribed self than in the ideal self. All the results were associated with weak effects.

Discussion

This is the second study of the S-DS to be published. Using this scale, the participant is asked to name wanted and unwanted traits (personality attributes) for the ideal and socially prescribed selves. It is therefore similar to Higgins' (1987) idiographic approach, although the scoring procedure is simpler (the self-discrepancy scores are the mean scores for the traits generated for each of the self-states). The S-DS focuses on the discrepancy between the ideal and the real selves, and the discrepancy between the socially prescribed and the real selves. It is similar to Watson's SCQ-PC (2004) but evaluates a "social" self (what a significant other asks me to be) rather than an ought self. Furthermore, for the ideal and the socially prescribed selves, the participant indicates (i) the perceived gap between the actual self and the ideal (or socially prescribed) self, and (ii) the level of distress generated by this discrepancy (related to the concept of unconditional self-acceptance [Chamberlain & Haaga, 2001]). More precisely, the ideal (or socially prescribed) discrepancy scores are overall ratings of discrepancy and thus are similar to abstract measures (Watson, 2004).

The SD-S scores obtained in the present study were not strictly identical to those published in the primary study (Philippot et al., 2017). Relative to the participants in the primary study, the participants in present study (i) felt further from their ideal self (ideal discrepancy), (ii) took on the wanted idiographic traits for both selves (i.e. WIT% and WPT%) more readily, and (iii) took on the unwanted idiographic traits (the ideal self, UIT%) less readily. The two groups were similar with regard to three nomothetic (abstract) SD-S subscores (ideal distress, socially prescribed discrepancy, and socially prescribed distress) and one of the four idiographic subscores (UPT%). Hence, the two groups of participants differed more with regard to idiographic subscores. It should be borne in mind that the participants in the present study were younger and more likely to be female; these demographic differences might explain the disparity in the SD-S profile.

The correlations between the various S-DS subscores showed that the idiographic index of the wanted ideal self (WIT%) was weakly linked to overall (abstract) measures of discrepancy and distress. The correlations between the two indices of ideal self (one an idiographic measure [WIT%] and the other an overall measure [ideal discrepancy]) were weak. These results contradict the findings of the initial study of the S-DS (Philippot et al., 2017). The differences in the results might be explained by the disparity between the participants' subscores: there was a greater ideal discrepancy and greater recognition of wanted traits (WIT%) in the present study, relative to the primary research. The distress indices were strongly correlated with each other, and the discrepancy indices were moderately correlated with each other. The latter result differs from the literature findings. In four studies (Barnett et al., 2017; Hardin & Lakin, 2009; Ozgul et al., 2003; Philippot et al., 2017), the discrepancy indices ranged from .50 (Philippot et al., 2017) to .66 (Hardin & Lakin, 2009; Ozgul et al., 2003). Two overall (abstract) indices of ideal self (discrepancy and distress) were moderately correlated with each other. A similar pattern was observed for the two overall socially prescribed indices. The correlations between the two indices of the socially prescribed self (one an idiographic measure [WPT%] and the other an overall measure [prescribed discrepancy]) were moderated. All these results were similar to those reported by Philippot et al. (2017). Ultimately, the links between the various S-DS indices are much less strong that in the original study (Philippot et al., 2017).

The correlation between neuroticism and the ideal discrepancy subscore went in the expected direction. This finding is in line with those of previous studies (Pavot et al., 1997; Watson & Watts, 2001). The correlation with neuroticism was the same for the ideal distress subscore than for the discrepancy subscore. The ideal desired self (WIT%, an idiographic measure) was not correlated with neuroticism or extraversion. The socially prescribed discrepancy and distress subscores were significantly correlated with neuroticism. The two discrepancy subscores were weakly correlated with extraversion. This finding is in line with that of Pavot et al.'s study (1997). Extraversion was not more correlated with ideal distress than with socially prescribed distress.

The hypothesis that ideal discrepancy can be predicted by both neuroticism and extraversion was tested. Both neuroticism and extraversion significantly predicted ideal discrepancy. Neuroticism was found to be the highest predictor of ideal discrepancy. Lastly, the abstract self-reported subscores (discrepancy and distress) were more strongly correlated with personality traits than the idiographic subscores (wanted and unwanted trait percentages) were. Taken as a whole, these data suggest that the idiographic scores (wanted and unwanted trait percentages) are not strongly linked to the individual's core beliefs and could be used as levers during therapy. The idiographic scores might therefore reflect a state (which is more malleable), whereas the overall measure might reflect a trait.

The novelty of the present study relates to its evaluation of qualitative data on ideal and socially prescribed selves provided by a non-clinical population. The trait categories (wanted or unwanted) were the same for the two selves. An intra-self comparison of categories of wanted or unwanted traits showed that (i) only one category (appearance) belonged to both types of trait, and (ii) four categories were antonyms. It appears that in general, the two types of traits (wanted and unwanted) belonged to different categories. Thirty six percent of the categories had similar numbers of wanted traits in the two selves, whereas 56% of the categories had similar numbers of unwanted traits. It appears that 57% of the categories (active, appearance, brilliant, creative, conscientious, (intellectually) curious, leader, and foolhardy) had more wanted traits for the ideal self than for the socially prescribed self. For the wanted traits, there was a greater distinction between the ideal self and the socially prescribed; however, the effect sizes were generally small. The comparison of the number of traits showed that a third of the categories (appearance, miserly, haughty, individualistic, incompetent, and Machiavellian) had more unwanted traits for the ideal self than for the socially prescribed self. Two categories (11%; dominant and hyperactive) had more unwanted traits for the socially prescribed self than for the ideal. The effect sizes were generally small. Although the categories are the same for the two selves and the two types of traits (wanted or unwanted), we observed weak

quantitative differences (the number of adjectives) - particularly with regard to wanted traits for the ideal self. This result would be probably different for a clinical sample. It appears "easier" to recognize the possession of unwanted traits in the prescribed self (42%) than in the ideal self (23%). Likewise, the participants felt less distress due to the socially prescribed discrepancy than due to the ideal discrepancy. Overall, the two selves contained similar idiographic data, regardless of the trait (wanted or unwanted). This finding is in line with Watson and Watts's (2001) report in which individuals believed that (significant) others saw them as they saw themselves (Watson & Watts, 2001).

Self-discrepancy theory can usefully show that psychological well-being depends on the congruence between the selves (Hardin & Larsen, 2014). We consider that a qualitative analysis of the SD-S data has clinical value. The S-DS enables the therapist to make the patient think about the list of the traits for the two selves (i.e. patients who are incapable of generating wanted traits for the ideal self could be usefully prompted to think about their values). Another advantage of the clinical administration of the S-DS is that might enable therapeutic work on unconditional self-acceptance (Chamberlain & Haaga, 2001; Ellis, 1995). Unconditional self-acceptance implies that the individual knows his/her strengths and weaknesses and, above all, that the discrepancy between the ideal and the real selves does not induce any psychological distress. Aubry et al. (2004) have shown that the self-concept is more negative in alcohol-dependent people than in people in the general population. We recommend the S-DS for evaluation of self-concept. During a consultation, the therapist can introduce wanted and unwanted adjectives so that the patient can improve their self-concept. For patients suffering from OCD, the S-DS could be used to evaluate the discrepancy between the feared self (unwanted adjectives) and the ideal self (wanted adjectives). The combination of cognitive behavioral therapy with cognitive dissonance therapy thus open up new therapeutic avenues (Wright & Riskind, 2021). In the theory-based model of integrative cognitive affective therapy (a model of bulimia symptoms and treatment), the discrepancies between the selves, negative affect, and a negative self-centered style of coping are all interrelated (Wonderlich et al., 2008). It would be interesting to use the S-DS to treat patients suffering of bulimia, in as much as the idiographic part is patient-specific.

The predominantly female, non-clinical nature of the study population constitutes our research's main limitation. Our qualitative analysis of the S-DS data will have to be confirmed with other representative samples of the general population. It would have been interesting to study the stability of these qualitative data over time. Analysis of the S-DS's validity will have to be extended to clinical groups and to other questionnaires. With a view to improving the S-DS's stability over time and increasing its clinical value, we consider that it is necessary to name one or more third parties (family members or friends) for the description of the socially prescribed self. In fact, a person can have a different self-representation for each of his/her significant others (Barnett et al., 2017; Higgins et al., 1986). We also propose another change to this tool: replacement of the S-DS's original list of wanted and unwanted traits by a list that includes the traits most frequently endorsed in our sample (the study's third objective). Lastly, we have added a question on a person's will or ability to change each of the selves: to what extent do you think you can change things for the better and/or come closer to your ideal self and your socially prescribed self (on a Likert scale)? When combined with other data, the answers would be of value to the therapist for planning the therapy. The revised S-DS is presented in Appendix A.

In conclusion, our qualitative analysis of a non-clinical sample did not evidence a large disparity between the ideal self and the socially prescribed self. Our study also provided additional data on the S-DS's convergent validity. The S-DS appears to be a promising transdiagnostic tool: the idiographic part (wanted and unwanted adjectives) covering the ideal self and the socially prescribed self might enable specific qualitative traits to be targeted during personalized therapy.

References

Aardema, F., & O'Connor, K. (2007). The menace within: obsessions and the self. *Journal of Cognitive Psychotherapy: International Quarterly, 21*, 182–197. https://doi.org/ 10.1891/088983907781494573

Aubry, C., Gay, M. C., Romo, L., & Joffre, S. (2004). L'image de soi de l'alcoolodépendant à travers l'échelle Tennessee du concept de soi : étude comparative entre les hommes et les femmes [The alcoholic's self-image: A comparative study between men and women]. *L'Encéphale, XXX,* 24-31. https://doi.org/10.1016/s0013-7006(04)95412-7

Bardin, L. (1986). *L'analyse de contenu [the content analysis]*. Presses Universitaires de France.

Barnett, M. D., Moore, J. M. & Harp, A. R. (2017). Who we are and how we feel: Self-discrepancy theory and specific affectives states. *Personality and Individual Differences, 111*, 232-237. https://doi.org/10.1016/j.paid.2017.02.024

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117,* 497- 529. https://doi.org/10.1037//0033-2909.117.3.497

Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. (1996). Self-concept clarity: measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology, 70(1),* 141-156. https://doi.org/10.1037//0022-3514.70.1.141

Chamberlain, J. M., & Haaga, D. A. (2001). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 19(3)*, 163-176.

Cohen, J. (1992). A power primer. *Psychological Bulletin, 112(1),* 155-159. https://doi.org/10.1037//0033-2909.112.1.155

Ferrier, S., & Brewin, C. R. (2005). Feared identity and obsessive-compulsive disorder. *Behaviour Research and Therapy, 43*, 1363–1374. https://doi.org/10.1016/j.brat.2004.10.005

Francis, L. J., Brown, L. B., & Philipchalk, R. (1992). The development of an Abbreviated form of the Revised Eysenck Personality Questionnaire (EPQR-A): its use among students in England, Canada, the USA and Australia. *Personality and Individual Differences, 13*:443-449. https://doi.org/10.1016/0191-8869(92)90073-x

Fritz, C. O., Morris, P. E., & Richler, J. J. (2012). Effect size estimates: current use, calculations, and interpretations. *Journal of Experimental Psychology: General,141(1)*, 2-18. https://doi.org/10.1037/a0024338.

Eccles, J. S., Wigfield, A., Flanagan, C. A., Miller, D. A., & Yee, D. (1989). Self-concepts, domain values, and self-esteem: Relations and changes at early adolescence. *Journal of Personality, 57(2),* 283-310. https://doi.org/10.1111/j.1467-6494.1989.tb00484.x

Ellis, A. (1995). Changing rational-emotive therapy (RET) to rational emotive behavior therapy (REBT*). Journal of Rational-Emotive and Cognitive-Behavior Therapy, 13*,

85-89. https://doi.org/10.1007/bf02354453

Hardin, E. E., & Lakin, J. L. (2009). The Integrated Self-Discrepancy Index: a reliable and valid measure of self-discrepancies. *Journal of Personality Assessment, 91 (3),* 245- 253. https://doi.org/10.1080/00223890902794291

Hardin, E. E., & Larsen, J. T. (2014). Distinct sources of self-discrepancies: Effects of being who you want to be and wanting to be who you are on well-being. *Emotion, 14 (1),* 214-226. https://doi.org/10.1037/a0033893

Hardin, E. E., & Leong, F. T. L. (2005). Optimism and pessimism as mediators of the relations between self-discrepancies and distress among Asian and European Americans. *Journal of Counseling Psychology, 52 (1)*, 25-35. https://doi.org/10.1037/0022-0167.52.1.25

Higgins, E. T. (1987). Self-Discrepancy: a theory relating self and affect. *Psychological Review, 94(3),* 319-340. https://doi.org/10.1037//0033-295x.94.3.319

Higgins, E.T. (1999). When do self-discrepancies have specific relations to emotions? The second-generation question of Tangney, Niedenthal, Covert, and Barlow (1998). *Journal of Personality and Social Psychology, 77(6),* 1313-1317. https://doi.org/10.1037//0022-3514.77.6.1313

Higgins, E. T., Bond, R. N., Klein, R., & Strauman, T. (1986). Self-discrepancies and emotional vulnerability: How magnitude, accessibility, and type of discrepancy influence affect. *Journal of Personality and Social Psychology, 51(1),* 5-15. https://doi.org/10.1037/0022-3514.51.1.5

Higgins, E. T., Klein, R., & Strauman, T. (1985). Self-concept discrepancy theory: a psychological model for distinguishing among different aspects of depression and anxiety. *Social Cognition, 3*, 51-76. https://doi.org/10.1521/soco.1985.3.1.51

Jaeger, T., Moulding, R., Yang, Y. H., David, J., Knight, T., & Norberg, M. M. (2021). A systematic review of obsessive-compulsive disorder and self: Self-esteem, feared self, self-ambivalence, egodystonicity, early maladaptive schemas, and self concealment. *Journal of Obsessive Compulsive and Related Disorders, 31*, 100665. https://doi.org/10.1016/j.jocrd.2021.100665

JASP Team (2024). JASP (Version 0.19.0) [Computer software]. Https://jasp-stats.org/download/

Kyrios, M., Moulding, R., Doron, G., Bhar, S. S., Nedeljkovic, M., & Mikulincer, M. (2016): *The Self in Understanding and Treating Psychological Disorder*s. Cambridge University Press. https://doi.org/10.1017/cbo9781139941297.001

Mason, T. B., Pearson, C. M., Lavender, J. M., Wonderlich, S. A., Crosby, R. D., Erickson, A. L, Mitchell, J. E., Crow, S. J., Smith, T. L., Klein, M. H., & Peterson, C. B. (2016). Examining the Role of Self-Discrepancy and Self-Directed Style in Bulimia Nervosa. *Psychiatry Research*; 244: 294–299. https://doi.org/10.1016/j.psychres.2016.07.056

Moretti, M. M., & Wiebe, J. T. (1999). Self-discrepancy in adolescence: Own and parental standpoints on the *Self. Merrill-Palmer Quarterly*, 45 (4), 624-649. https://www.jstor.org/stable/23093375

Ogilvie, D. M. (1987). The undesired self: A neglected variable in personality research. *Journal of Personality and Social Psychology, 52,* 379-385. https://doi.org/10.1037//0022-3514.52.2.379

Ozgul, S., Heubeck, B., Ward, J., & Wilkinson, R. (2003). Self-discrepancies: Measurement and relation to various affective states. *Australian Journal of Psychology, 55*, 56 – 62. https://doi.org/10.1080/00049530412331312884

Pavot, W., Fujita, F., & Diener, E. (1997). The relation between self-aspect congruence, personality and subjective well-being. *Personality and Individual Differences, 22(2)*, 183-191. https://doi.org/10.1016/s0191-8869(96)00196-1

Philippot, P., Dethier, V., Baeyens, C., & Bouvard, M. (2017). Validation of Self- Discrepancies Scale (S-DS). A tool to investigate the self in clinical and research settings. *European Review of Applied Psychology*, 68, 69-77. https://doi.org/1016/j.erap.201804.001.

Rogers, C. R. (2016). *Psychothérapie et relations humaines* [Counseling and psychotherapy]. Editions Sociales Françaises. (original work published 1942)

Watson, N. (2004). Self-Concept Questionnaire-Personal Constructs, Self-Concept Questionnaire-Conventional Constructs, abstract measures of real-ideal and real-ought discrepancies (online questionnaires). Williamsburg, VA: College of William and Mary, http://www.wm.edu/research/watson

Watson, N., Bryan, B. C., & Thrash, T. M. (2010). Self-Discrepancy: Comparisons of the psychometric properties of three instruments. *Psychological Assessment, 22(4),* 878-892. https://doi.org/10.1037/a0020644

Watson, N., & Watts, R. H. (2001). The predictive strength of personal constructs versus conventional constructs: Self-image disparity and Neuroticism. *Journal of Personality, 69(1)*, 121-145. https://doi.org/10.1111/1467-6494.00138

Weiss, B. A. (2011). Hotelling's t Test and Steiger's Z test calculator [Computer software]. Available from https://blogs.gwu.edu/weissba/teaching/calculators/hotellings-t-and-steigers-z-tests/.

Wonderlich, S. A., Engel, S. G., Peterson, C. B., Robinson, M. D., Crosby, R. D., Mitchell, J. E., & Simonich, H. K. (2008). Examining the conceptual model of integrative cognitive-affective therapy for BN: Two assessment studies. *International Journal of Eating Disorder*, 41:748–754. https://doi.org/10.1002/eat.20551

Wright, E. C., & Riskind, J. H. (2021). A cognitive dissonance perspective on threats to self-concept in obsessive-compulsive disorder. *Journal of Obsessive Compulsive and Related Disorders, 28*, 100619. https://doi.org/10.1016/j.jocrd.2020.100619

Appendix A

Revised Self-Discrepancies Scale (R S-DS)
Bouvard M., Fournet N., Douilliez C, Baeyens C., Dethier V. & Philippot P.

Here are some examples of features that might inspire you later on, as you complete the questionnaire

Aggressive	Disinterested	Jealous	Sensible
Altruistic	Disorderly	Joyful	Sensitive
Ambitious	Disrespectful	Kind	Serious
Arrogant	Domineering	Lazy	Solitary
Artistic	Egocentric	Liar	Spiteful
Assured	Egotistical	Loud-mouthed	Sporty
Astute	Energetic	Malicious	Stable mood
Authoritarian	Enthusiastic	Miserly	Stressed
Balanced	Envious	Modest	Stupid
Benevolent	Frivolous	Muddle-headed	Submissive
Brilliant	Full of energy	Naive	Talkative
Calm	Funny	Nasty	Tidy
Caring	Generous	Nervous	Timid
Childish	Gossipy	Obstinate	Trendy
Clear-sighted	Grouchy	Open-minded	Ugly
Confident	Handsome	Optimistic	Uncultivated
Conformist	Happy	Overconfident	Unreliable
Contemptuous	Hardworking	Pessimistic	Unsure of oneself
Courageous	Honest	Pretentious	Vain
Crazy	Hot-tempered	Profiteering	
Creative	Hung up	Prudent	
Credulous	Hypocritical	Relaxed	
Cultivated	Impulsive	Reliable	
Curious	Independent	Respectful	
Disagreeable	Insensitive	Sad	
Discreet	Intelligent	Self-confidence	
Dishonest	Intolerant	Selfconifdent	

The “ideal me”

List the features that you would ideally like to have (or not have) by referring (or not) to the list on the first page. Next, indicate to what extent you think you possess those features in the “Percentage” column (from 0% to 100%).

WHAT I WOULD IDEALLY LIKE TO BE (OR NOT BE)

Features I would like to have	%	Features I would not like to have	%
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
For example, if you would ideally like to be generous and you think that you are 60% generous, write: ***generous***	**60%**	**For example**, if you would ideally not like to be dishonest and you think that you are 40% dishonest, write: ***dishonest***	**40%**

Now answer the following three questions by drawing a circle around one of the figures

1) To what extent do you feel close to the features that you would like to have (the "ideal me"), on a scale of 1 to 7?

1	2	3	4	5	6	7
I feel very close to these features			I feel moderately close to these features			I feel very far away from these features

2) **If you feel far away from this ideal, to what extent does that make you feel distressed?**

1	2	3	4	5	6	7
I don't feel distressed			I feel moderately distressed			I feel very distressed

3) **To what extent do you think you can make an effort to get closer to the features that you have noted?**

1	2	3	4	5	6	7
I don't feel able to make an effort			I feel moderately able to make an effort			I feel very able to make an effort

The "me" expected by my friends and relatives

List the features that your friends and relatives think you ought to have (or not have) by referring (or not) to the list on the first page. Next, indicate to what extent you think you possess those features in the **"Percentage" column** (from 0% to 100%). On the following line, **write down the description of the friends and relatives** that you are thinking about: "spouse", "parents", "brother", "sister", "friend", etc.: _____

_____

HOW MY FRIENDS AND RELATIVES THINK I OUGHT TO BE OR NOT TO BE

Features that my friends and relatives think I ought to have	%	Features that my friends and relatives think I ought not to have	%
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
For example, if your friends and relatives think that you ought to be generous and you think that you are 60% generous, write: ***generous***	**60%**	**For example**, if your friends and relatives think that you ought not to be dishonest and you think that you are 40% dishonest, write: ***dishonest***	**40%**

Now answer the following three questions by **drawing a circle around one of the figures**

1) To what extent do you feel close to the features that your friends and relatives think you ought to have (i.e. the "me" expected by the friends and relatives), on a scale of 1 to 7?

1	**2**	**3**	**4**	**5**	**6**	**7**
I feel very close to these features			I feel moderately close to these features			I feel very far away from these features

2) **If you feel far away from the features that your friends and relatives think you ought to have, to what extent does that make you feel distressed?**

1	**2**	**3**	**4**	**5**	**6**	**7**
I don't feel distressed			I feel moderately distressed			I feel very distressed

3) **To what extent do you think you can make an effort to get closer to the features that your friends and relatives think you ought to have?**

1	**2**	**3**	**4**	**5**	**6**	**7**
I don't feel able to make an effort			I feel moderately able to make an effort			I feel very able to make an effort