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## RESEARCH ARTICLE

# Moral Self-discrepancies Negatively Affect Psychological Well-Being Through Guilt and Reduced Resilience

Joshua D. Brown

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The purpose of this study was to investigate the relationship between perceived personal moral discrepancies and depression and well-being. Prior research suggests that possessing self-discrepancies regarding hopes and dreams increases a person's likelihood of displaying depressive symptoms. In addition, there has been research regarding perceived moral discrepancies between an individual and society that have come to similar conclusions. However, no one has examined the consequences of possessing a moral discrepancy within oneself; a discrepancy of a person's actual moral self, and a person's ideal moral self. The current study hypothesized that a perceived discrepancy between a person's ideal moral self and their actual moral self would be positively correlated with feelings of depression and negatively correlated with well-being. Results supported this hypothesis and found that guilt and resilience mediated this relationship. These results further solidify previous research that established a relationship between moral discrepancies and mental illness and suggests that resilience is a protective factor, while guilt is a risk factor for depression.

**Keywords:** *Self-discrepancy Theory, morality, depression, well-being, resilience*

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Every person has their own set of values, beliefs, and morals that they find important and attempt to live in accordance with. For example, one person may highly value loyalty and respect, while another person may highly value maintaining sexual purity and honesty. However, there are times when individuals fail to live up to their own moral standards, which can potentially produce internal conflict and negative consequences. Research has indicated that discrepancies between a person's beliefs and how they actually behave are associated with various aspects of psychopathology (see Higgins, 1987; Higgins, 1999; Strauman et al., 1990). While this may be, minimal research has examined discrepancies related to morality specifically. The few studies that have examined moral discrepancies focused on discrepancies between an individual's actual moral self and the moral self they perceive society thinks they ought to embody (Peker, Gündoğdu, & Booth, 2015; Peker, Booth, & Güney, 2018). The current study aims to investigate how possessing a discrepancy between a person's own ideal moral self and their actual moral self may relate to depression and well-being.

### Self-Discrepancy Theory

A large body of research has described the effects of perceived self-discrepancies. For example, Self-Discrepancy Theory describes three domains of the "self" which can potentially interact to cause discrepancies: 1) the actual-self, which is a representation of the attributes that you believe you possess, 2) the ideal-self, which is a representation of the attributes that you believe you should ideally possess, 3) and the ought-self, which is a representation of the attributes that you think you ought to possess out of duty or obligation to society (SDT; Higgins, 1987). Higgins also posited that we can perceive these three domains through two different standpoints: the "self" (i.e., the person's own standpoint) or "other" standpoint (e.g., friend, partner, etc.). Discrepancies then occur when the actual-self conflicts with the ideal-self (who they want to be) or the ought-self (who they feel they should be out of duty). Discrepancies can also occur in regard to an individual's perceived ideal-self in the mind of others (who they believe others would like them to be), or the perceived ought-self in the mind of others (who they

et al. (2015) report that between one and five percent of the general population struggle with pedophilia, but many individuals probably are unwilling to report their tendencies. Furthermore, sexually abusing children does not necessarily mean that one has pedophilia, nor does having pedophilic disorder mean that one will act on it (Seto, 2009). For example, Seto (2009) states that sometimes sexual predators act on children because they are the only available option to satiate their hypersexual desires, while others with pedophilic desires do not act all. However, the public discourse frequently uses “child sex offender” and “pedophile” interchangeably, which can negatively stigmatize those with pedophilia seeking treatment and negatively influence attitudes towards these types of people (Seto, 2009; Wurtele, 2018).

### **Attitudes Toward Pedophilia**

Attitudes toward pedophilia are mostly negative even on the international stage. Jahnke et al. (2015) conducted a study using two different surveys to examine public perception of pedophilia, one for a German population and the other for an online group of English speakers. They reported that up to 14 percent of participants in the first survey believed persons with pedophilic disorder, even though they had not committed a crime, were better off dead than living (Jahnke et al., 2015). This number increased to 28 percent in the second survey. Jahnke et al. (2015) also reported that feelings of anger and efforts in social distancing were significantly elevated when questioned about persons with pedophilia. Thus, Jahnke et al. (2015) concluded that, regardless of action or inaction on sexual attraction to children, persons with pedophilia have potential to be intensely discriminated against with rash, punitive beliefs.

According to Stelzmann et al. (2020), these negative stigmas are enhanced with inaccurate, damaging media coverage that fails to acknowledge differences in violent offenders and non-offenders. In her study, Stelzmann and her colleagues investigated healthcare practitioners who claimed that national media only conveyed the correct information regarding pedophilia one-third of the time (Stelzmann et al., 2020). While the benefit of raising awareness by accurate or inaccurate portrayals was noted, Stelzmann et al. (2020) concluded that the stigmatizing news stories reinforced beliefs held by persons with pedophilic disorder and may have prevented them from seeking help. Therefore, without seeking help, the chances of acting on such de-

sires increase and the capability to prevent sexual offending lessens (Stelzmann et al., 2020). These results show that the media people consume may have a role in shaping attitudes toward pedophilia.

Heron et al. (2021) also conducted an international study and corroborated previous findings listed above. Additionally, they examined intervention methods for changing college students’ perception of those with pedophilic disorder. The authors found in a preliminary survey that pedophilia was significantly associated with child sex abuse and thus received significantly high ratings in perceived dangerousness to the public and the need to be punished (Heron et al., 2021). However, the researchers then had a person suffering from pedophilic disorder (not having acted upon it) share his story with them. Heron et al. (2021) found that punitive attitudes toward pedophilia were lessened after this humanizing experience, which suggests that negative stigmas can be altered. Wurtele (2018) supports this in reporting that students in the university setting held punitive attitudes toward persons with pedophilia, but that those attitudes could be mellowed after a semester-long course differentiating child sex abusers and persons with pedophilia.

Although certain attitudes toward pedophilia are mutable, research shows that, without intervention, the natural inclination for most groups of people (at least in the West) is to view child sex offenders and non-offending persons with pedophilia as identical categories. This union of terms is propagated in the media and some scholarly journals, resulting in uneducated labeling and discrimination (Stelzmann et al., 2020). Furthermore, if people associate pedophilia automatically with child molestation, it is quite understandable to have negative attitudes toward pedophilia acted or unacted.

### **Religiosity and Pedophilia**

Religiosity is an interesting facet to investigate when looking at sensitive subjects such as pedophilia. Religiosity can be measured using five different dimensions (intellectual, ideology, public practice, private practice, and religious experience) and adding the total score of each dimension to receive an overall religiosity rating (Huber & Huber, 2012). In a broad sense, Huber and Huber (2012) report that the higher one’s collective score is, the more religiously affiliated that person is. This is an

think others believe they should be out of duty).

According to Higgins, each of these self-discrepancies are associated with a slew of negative emotions (Higgins, 1987). Higgins found that those who possess an actual-self versus ideal-self discrepancy regarding their hopes, wishes, or aspirations were more likely to experience feelings of disappointment, dissatisfaction, a lack of effectiveness, and other emotions related to dejection. Other research has revealed that discrepancies between actual-self versus ideal-self relate to eating disorders and body shape disorders (Strauman et al., 1991). Meanwhile, an actual-self versus ought-self-discrepancy is highly associated with feelings of guilt, worthlessness, irritation, lethargy, and anhedonia (Higgins, 1987). For individuals possessing a discrepancy between their actual-self versus their perception of what others believe they ought to be, Higgins found increased feelings associated with fear, anxiety, and shame (Higgins, 1987). Similarly, Barnett, Moore & Harp have found that those with a discrepancy between their actual-self versus their perception of what others believe they ought to be are also more prone to feel guilt-related emotions (Barnett, Moore, & Harp, 2017). Lastly, Higgins found that those with a discrepancy between their actual-self versus their perception of what others believe they ideally should be are more likely to experience a lack of pride and self-esteem, as well as feelings of loneliness and anhedonia (Higgins 1987). Overall, the magnitude, accessibility, relevancy, and importance of the self-discrepancy may moderate the severity of emotional response from said discrepancy (Higgins, 1999).

### **Morality**

While much research regarding self-discrepancy has focused on hopes, wishes and aspirations, an individual may also possess self-discrepancies relating to their perceived morality. Morality may be defined as a combination of a person's values and principles that come together to determine what they perceive to be "right" or "wrong." These perceptions of right and wrong can sometimes conflict, creating dilemmas that can affect neurological functioning. For instance, research has found that individuals presented with situations in which they must make a moral decision to sacrifice one person or group to save another person or group (which Green et al. (2001) described as a personal moral dilemma) caused an increase in activation of areas associated with emotion, as well as a decrease in activation in areas of the brain associated

with working memory. Similarly, research has also found that personal moral dilemmas recruit brain areas associated with abstract reasoning and cognitive control, in addition to areas of emotion (Greene et al., 2004), suggesting that ... (relate this brain activation research back to the research question at hand).

This is particularly important in situations in which individuals may engage in activities which violate their own moral code. Veterans who have fought in war and were forced to do acts that severely violated their moral code displayed elevated feelings of despair, thoughts of suicidality, and higher instances of interpersonal violence (Shay, 2014). Likewise, veterans who have experienced morally injurious events (violent or aggressive acts that a veteran committed or witnessed secondhand, such as taking an enemy combatant's life or allowing an ally to take an enemy combatant's life) display signs of hopelessness, pessimism, and anger, while witnessing morally injurious acts committed by others relates to elevated posttraumatic stress (Bryan et al., 2016).

Furthermore, simply reading about a moral violation can lead to neurological changes that relate to depression and post-traumatic stress. Berthoz et al. (2006) had participants read various stories in which some minor moral violation involving violating social norms (such as intentionally spitting out food that was served to the person in the story) was explained (Berthoz et al, 2006). When individuals were prompted to read a story in which they were personally implicated in intentionally committing an immoral act, there was an increase in activation of the amygdala, which is associated with heightened negative affect and depression (Beck, 2008; Holmes et al., 2012). Moral discrepancies between one's actual-self and one's ideal-self can be thought of as a type of moral violation which may produce similar effects, such as increased depression or negative emotionality.

While discrepancies related to morality are based on the framework of SDT, moral discrepancies focus only on moral traits, whereas standard discrepancies as described by SDT focus on a broader range of traits. Researchers have used the framework of SDT to investigate how discrepancies related to morality may produce these negative psychological effects. Peker, Gündogdu, and Booth (2015) examined whether a moral discrepancy between a person's actual-self and their perception of society's expecta

tion of their ideal-self coincided with depression and anxiety (Peker, Gündođdu, & Booth, 2015). Morality was defined and measured by the Moral Foundations Questionnaire that was derived from the Moral Foundations Theory, which posits that morality consists of sets of innate intuitive ethics (values that all people are born with), and that learned ethics are built upon the foundation of these intuitive ethics (Haidt & Joseph, 2004). Results indicated that individuals who perceived a discrepancy between their own morality and society's morality regarding loyalty and respect for friend groups (which relates to the moral foundation of loyalty and betrayal) and nurturance and gentleness (relating to the moral foundation of care and harm) were significantly more likely to show symptoms of depression. Similar research has also revealed relationships between moral discrepancies on the MFQ and depression and paranoia (Peker, Booth, & Güney, 2018).

### **Depression and Well-being**

These studies have shown a clearly significant relationship between moral discrepancies, depression, and well-being. Currently, researchers understand subjective well-being through the lens of three major components: overall life satisfaction, the presence of positive affect, and the absence of negative affect (Diener, 1994). If a person lacks overall life satisfaction, positive affect, or has a presence of negative affect, their overall subjective well-being will be affected. Conversely, depression is commonly understood through the lens of the cognitive triad: perceived negative self-image, a cold and unaccepting image of the world, and expectations of hopelessness for the future (Beck, 1967). Because of this, many studies have shown that well-being and depression are inversely related. For example, studies have shown that depression can have a strong negative impact on a person's life satisfaction, thereby decreasing a person's overall subjective well-being (Tian et al., 2018). Furthermore, studies have also shown that those with depression are more likely to report a lack of meaning in their lives that also negatively correlates with subjective well-being (Kim et al., 2019).

Current research suggests that depression is caused by a combination of cognitive, neurobiological, and evolutionary factors (Beck & Brede-meier, 2016). Studies have shown that those with depression have distinct neurological abnormalities that can help explain the manifestation of their depression. For example, those with depression have been shown to have an increase in activation of their amygdala and a decrease in

activation of prefrontal regions of the brain (Beck, 2008). It has also been found that those with depression focus mainly on negative information and tend to devalue things that would normally be rewarding (Peckham, McHugh, & Otto, 2010; Winer & Salem, 2016). Furthermore, those with depression tend to attribute these negative events as internal (caused by themselves), stable (unable to be changed), and global (generalized to other parts of life) (Brown & Siegel, 1988).

### **Guilt and Resilience**

The relationship between moral discrepancies and negative psychological effects like depression may be facilitated by a sense of guilt for not living up to one's moral ideals, as well as a lack of resilience by which to bolster one's self against perceived moral failings. Guilt has been shown to play a significant role in developing and perpetuating depressive symptoms. Research has indicated that people with current depressive symptoms score significantly higher on state (short term) guilt, and both people with current or even past depressive symptoms have elevated levels of trait (long term) guilt (Kayhan et al., 2002). This would indicate that guilt is positively correlated with depression. Supporting this idea, research has indicated that guilt levels are significantly higher among depressed outpatients than control patients, and this elevated level of guilt remained relatively unchanged regardless of the level of depressive symptoms. In other words, the presence of depression, no matter how severe, is related to a significantly higher level of guilt that tends to be stable (Jarrett & Weissenburger, 1990). Importantly, Ortony, Clore, & Collins (1988) argue that moral transgressions can result in guilt, indicating that they too may be associated with depression (Ortony, Clore, & Collins, 1988). Thus, the knowledge that one's actual moral self is not living up to one's ideal moral self may foster guilt, which provides a hospitable environment by which depression can take root and manifest. This depression in response to guilt can be considered a type psychological self-flagellation, by which the features of depression (e.g. feelings of self-worthlessness, self-harm, suicidal ideation, etc.) serve the purpose of atonement for their perceived wrongdoings. Indeed, the combination of depression and guilt has been linked to having a severe conscience, and guilt is associated with attempts to atone through self-punishment and self-harm (Inbar et al., 2013; Prosen et al., 1983).

Aside from the possibility that moral discrepancies increase depressive symptoms through enhanced feelings of guilt, it is also possible that these increased depressive symptoms are able to flourish due to a lack of resilience (adapting positively to a situation in the presence of significant adversity; Luther, Cicchetti, & Becker, 2000). For instance, resilient people tend to be optimistic, focusing on positive aspects of life while minimizing negative information, whereas depressed people tend to have a hyper-focus on negative, as well as the tendency to ignore rewarding or positive information (Peckham, McHugh, & Otto, 2010; Segovia et al., 2012; Winer & Salem, 2016). Likewise, resilient people tend to believe that they can overcome negative life events, whereas depressed people attribute negative events as internal (caused by themselves), stable (unable to be changed), and global (generalized to other parts of life) (Brown & Siegel, 1988). This results in a person feeling helpless and unable to change the unhappiness they are experiencing in their lives. Further research has directly indicated that resilience helps protect against depression and its symptoms (Jeste et al., 2013; Luther, Cicchetti, & Becker, 2000). Therefore, it is possible that people who perceive themselves as falling short of their moral ideals will display depressive symptoms in the absence of resilience resources.

### **Current Research**

The aim of the current study is to investigate the potential relationship between actual-self versus ideal moral self-discrepancy and depression and well-being. Research has shown that other non-moral self-discrepancies (discrepancies between individuals' beliefs about their hopes, wishes, or aspirations) are associated with higher levels of depression (Higgins, 1988). With regards to morality, Peker and colleagues (2015) were the first to investigate moral discrepancies and depression, as their study focused on discrepancy between their actual-self and their perception of society's expectation of their ought-self. Other research has investigated the effects of committing acts that severely violate a person's moral standards and found significant correlations with depression (Bryan et al., 2016; Shay, 2014). However, this research focused primarily on severe moral transgressions (like murder) and did not investigate moral discrepancies as they relate to more common populations outside of the military, who likely will never experience these types of moral transgressions. Overall, no study has yet to focus on the potential negative psychological consequences of moral self-dis-

crepancies between an individual's actual-self and ideal-self, or the possible mediators between this relationship. As such, the current study hypothesizes that actual-self and ideal-self moral discrepancies will be positively correlated with feelings of depression and negatively correlated with well-being. We also examine resilience and guilt as potential mediators between these relationships.

## **Methods**

### **Participants**

Participants were recruited through Reddit and the Ball State Communications Center email, where they had access to a link that redirected them to the Qualtrics survey that included all of the measures for this study. A total of 67 participants (50 female, 15 male, two preferred not to say; 80.6% White) were included in this study. The age of participants ranged from 18 to 63 ( $M = 25.12$ ,  $SD = 7.68$ ), with 33% of participants ranging from 18-21 years of age and 66% of participants ranging from 24-63 years of age.

### **Data Coding**

The questionnaire included the Moral Ideal-self Scale twice; once to measure participants' ideal moral self, and once to measure participants' actual moral self. To calculate total moral discrepancy for this scale, the total scores for ideal moral self were subtracted from the total scores for actual moral self. To calculate moral discrepancy using the Moral Self Image Scale, two sets of reverse coding were performed. First, answers that indicated a negative moral discrepancy (i.e., falling short of your moral ideal-self) were reverse coded so that higher numbers indicated greater discrepancy. The same was done for positive moral discrepancy answers (i.e., scoring above your ideal-self). Finally, both scores for the Moral Self Image Scale were added together for a total discrepancy score that integrated the bidirectional nature of the scale. Depression, well-being, guilt and resilience did not have any special coding, and each scale was coded separately from the others.

### **Measures**

***Moral Ideal-self Scale (MISS; Hardy et al., 2014).*** The MISS is a self-assessment measure that contains 20 words that are associated with morality. For each item in the scale, participants were prompted to rate how they wish or ideally want to score on a particular moral item. This scale

measures the moral ideal-self via a seven-point Likert scale (1 = *Not At All* and 7 = *Very Much*) which measured the extent to which participants wished they had that characteristic. . Items and characteristics within this scale include generous, respectful, loyal, and true. This scale has previously been shown to have a high internal consistency ( $\alpha = .96$ ; Hardy et al., 2014).

**Moral Self Image Scale (MSIS; Jordan et al., 2015).** The Moral Self Image Scale is a nine-item self-administered measure. Each question deals with a specific characteristic of morality on a nine-point Likert scale. Using honesty as an example, a one on this scale would indicate that the participant is much less honest than the person they want to be, with a five indicating that they are exactly as honest as they want to be, and a nine indicating that they are much more honest than the person they want to be. In addition to honesty, this scale also measures moral characteristics like fairness, generosity, and helpfulness. This scale has previously been shown to have a high internal consistency ( $\alpha = .88$ ; Jordan et al., 2015).

**Beck Depression Inventory (BDI; Beck et al., 1961).** The BDI (Beck et al., 1961) was used to measure depression. The BDI is a self-assessment measure with 21 questions. This scale asked participants to choose one of four statements that best describes themselves. These statements are ranked from zero (which indicated very little depressive symptoms) to three (which indicated more severe depressive symptoms). Sample statements included "I do not feel like a failure (0), I feel like I have failed more than the average person (1), As I look back on my life, all I can see is a lot of failures (2), and I feel I am a complete failure as a person (3)." The highest score that an individual can achieve on this scale is a 63, with any score over 40 indicating extreme depression. Internal consistency for the BDI ranges from a Cronbach alpha of  $\alpha = .73$  to  $\alpha = .92$ , with a mean of  $\alpha = .86$  (Beck, Steer, & Carbin, 1988).

**Maryland Trait Depression Scale (MTDS; Chiapelli et al., 2014).** The Maryland Trait Depression Scale is also a self-assessment tool used to measure depression. Instead of measuring state (short term) depression, it measures trait (long term) depression. It does this through 18 questions that ask participants how often they have had certain emotions, thoughts, and experiences related to depression. This scale was scored on a five-point Likert scale (1 = *Never*, and 7 = *Experienced Many Times a Month for Almost Every Month of My Adult Life*). A few examples of the questions

contained in this scale are "It has been hard for me to be happy throughout my life," and "I have been burdened by feelings of guilt for much of my life." The current study found this scale to have a high internal consistency ( $\alpha = .95$ ; Chiapelli et al., 2014).

**Guilt Inventory (Jones, Schratte, & Kugler, 2000).** The Guilt inventory was used to measure the amount of guilt participants felt as a potential mediator to depression (Jones, Schratte, & Kugler, 2000). This scale consists of 45 questions (for example: "Recently, my life would have been much better if only I hadn't done what I did) spanning three subscales (state guilt, moral standards, and trait guilt). For the purposes of this study, only the trait guilt subscale of the Guilt Inventory was administered to participants. The trait guilt subscale of the Guilt Inventory has a total of 29 questions (1 = *Strongly Agree* and 5 = *Strongly Disagree*). This scale has previously been shown to have a high internal consistency ( $\alpha = .89$ ; Kugler & Jones, 1992).

**Psychological Well-Being Scale (PWBS; Ryff et al., 2007).** The Psychological Well-Being Scale was used to measure participants' overall level of well-being (Ryff et al., 2007). This scale has a total of 42 questions with six distinct subscales that measured autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. An example of statements included in this scale is "I think it is important to have new experiences that challenge how you think about yourself and the world" (1 = *Strongly Agree* and 7 = *Strongly Disagree*). The Psychological Well-Being Scale has been shown to have high internal validity ( $\alpha = .86$  to  $\alpha = .93$ ; Ryff & Keyes, 1995).

**Flourishing Scale (Diener, et al., 2010).** The Flourishing Scale was also used to measure well-being (Diener, et al., 2010). Example statements include "I am engaged and interested in my daily activities," and "I actively contribute to the happiness and well-being of others" (1 = *Strongly Disagree* and 7 = *Strongly Agree*). This scale has previously been shown to have a high internal consistency ( $\alpha = .87$ ; Diener, et al., 2010).

**Resilience Scale (Wagnild & Young, 1993).** Resilience as a potential mediator for depression due to moral discrepancies was measured with the Resilience Scale (Wagnild & Young, 1993). The Resilience scale has a total of 25 questions (1 = *Strongly Disagree* and 7 = *Strongly Agree*), an example being: "My life has meaning." This scale has been shown to have high inter

nal validity ( $\alpha = .72$  to  $\alpha = .94$ ; Wagnild, 2009).

*Brief Resilience Scale (BRS; Smith et al., 2008).*

Resilience was also measured with the Brief Resilience Scale (Smith et al., 2008). The Brief Resilience Scale consists of 6 statements such as, "It is hard for me to snap back when something bad happens," and "I have a hard time making it through stressful events" (1 = *Strongly Disagree* and 5 = *Strongly Agree*). The Brief Resilience Scale has been shown to have good internal consistency ( $\alpha = .80$  to  $\alpha = .91$ ; Smith et al., 2008).

## Procedure

All participants were first prompted to read the informed consent document and indicate that they agreed to participate in the study. If the participants read the consent document and agreed to participate in the study, they were prompted to answer basic demographic questions. Finally, participants were prompted to complete all the above-mentioned scales, with specific directions being given for each scale. Participants were asked to complete the MISS scale twice. Participants were initially asked to rate how they would ideally like to be in regard to certain moral standards. The second time participants completed the MISS, they were asked to rate how they actually believed they scored on those same moral standards. The participants were presented with two scales for many of the variables in hopes of solidifying any significant results, as well as to investigate the potential relationship between moral discrepancies and their potential short term and long-term consequences. The MISS and MSIS were both used to measure moral discrepancy, the BDI was used to measure state (short term) depression, whereas the Maryland Trait Depression Scale was used to measure trait (long term) depression. The Guilt Inventory was used to measure guilt, the Well-Being scale and Flourishing scales were used to measure well-being, and the Resilience and Brief Resilience Scales were used to measure resilience. The participants were presented with the scales in the following order: MISS, MSIS, BDI, Maryland Trait Depression Scale, Guilt Inventory, Psychological Well-Being Scale, Flourishing Scale, Resilience Scale, and Brief Resilience Scale.

## Results

### Correlational Analyses

It was hypothesized that individuals who scored high on moral discrepancy would also score high on depression. Pearson's correlations revealed that higher moral self-discrepancies were significantly positively correlated with depression. The

results revealed that the Moral Ideal-self Scale and Moral Self Image Scale were both positively correlated with the BDI ( $p = .301$ ;  $p = .702$ ) and the Maryland Trait Depression Scale ( $p = .317$ ;  $p = .636$ ). The results also revealed that the Moral Ideal-self Scale and Moral Self Image Scale were both negatively correlated with the Psychological Well-Being Scale ( $p = -.455$ ;  $p = -.710$ ) and the Flourishing Scale. ( $p = -.484$ ;  $p = -.638$ ). Furthermore, resilience was positively associated with psychological well-being and negatively correlated with depression. Meanwhile, guilt was significantly positively associated with depression and negatively associated with well-being. Correlations can be found in Table 2.

### Mediational Analyses

As these correlations were all related as predicted, we examined the possibility that resilience and guilt mediated the relationship between moral self-discrepancies and depression and well-being. Using PROCESS macro, model 4 (Hayes, 2017), moral discrepancy (as measured by the MSIS) was used as the X variable, depression (as measured by the BDI) was used as Y variable, and resilience (as measured by the Resilience Scale) was used as the M variable. The results of the mediation analysis show that the overall model for moral discrepancy predicting depression was significant,  $F(1,55) = 6.52$ ,  $p = .01$ ,  $R^2 = 1.06$ , as more moral discrepancy was related to higher depression,  $b = .28$ ,  $t(55) = .11$ ,  $p = .01$ . Next, the analysis showed a significant effect of moral discrepancy on resilience, as the overall model was significant,  $F(1,55) = 13.15$ ,  $p = .001$ ,  $R^2 = .19$ , with lower moral discrepancy relating to higher resilience,  $b = -.80$ ,  $t(55) = -3.62$ ,  $p = .001$ . Finally, the analysis showed that the overall model of the effect of moral discrepancy and resilience on depression was significant,  $F(2,54) = 21.08$ ,  $p < .001$ ,  $R^2 = .439$ . The Effect of resilience on depression was also significant,  $b = -.30$ ,  $t(54) = -5.65$ ,  $p < .001$ , and the effect of moral discrepancy on depression was no longer significant,  $b = .038$ ,  $t(54) = .39$ ,  $p = .701$ . A Sobel test was performed and confirmed that there was a significant difference between the effect of moral discrepancy on depression based on the involvement of resilience,  $Z = 3.05$ ,  $p = .01$ .

Mediation analyses was also performed on moral discrepancy (X), well-being (Y), and resilience (M). The results of the mediation analysis show that the overall model for moral discrepancy predicting well-being was significant,

$F(1,55) = 12.54, p < .001, R^2 = .19$ , as more moral discrepancy was related to lower well-being,  $b = -1.33, t(55) = -3.54, p < .001$ . Next, the analysis showed a significant effect of moral discrepancy on resilience, as the overall model was significant,  $F(1,55) = 13.15, p = .001, R^2 = .19$ , with lower moral discrepancy relating to higher resilience,  $b = -.80, t(55) = -3.62, p < .001$ . Finally, the analysis showed that the overall model of the effect of moral discrepancy and resilience on well-being was significant,  $F(2,54) = 100.09, p < .001, R^2 = .79$ . The effect of resilience on well-being was also significant,  $b = 1.46, t(54) = 12.37, p < .001$ , and the effect of moral discrepancy on well-being was no longer significant,  $b = -.16, t(54) = -.74, p = .462$ . A Sobel test was performed and confirmed that there was a significant difference between the effect of moral discrepancy on well-being based on the involvement of resilience,  $Z = 3.47, p = .001$ .

The correlational analyses showed that guilt was highly correlated with both well-being and depression, so mediation analyses were performed on moral discrepancy (X), depression (Y) and guilt (M). The results of the mediation analysis show that the overall model for moral discrepancy predicting depression was significant,  $F(1,64) = 7.36, p = .01, R^2 = .10$ , as more moral discrepancy was related to higher depression,  $b = .28, t(64) = 2.71, p = .01$ . Next, the analysis showed a significant effect of moral discrepancy on guilt, as the overall model was significant,  $F(1,58) = 18.56, p < .001, R^2 = .24$ , with higher moral discrepancy relating to higher guilt,  $b = .78, t(58) = 4.31, p < .001$ . Finally, the analysis showed that the overall model of the effect of moral discrepancy and guilt on depression was significant,  $F(2,63) = 41.01, p < .001, R^2 = .567$ . The Effect of guilt on depression was also significant,  $b = .41, t(63) = 8.19, p < .001$ , and the effect of moral discrepancy on depression was no longer significant,  $b = .06, t(63) = .72, p = .477$ . A Sobel test was performed and confirmed that there was a significant difference between the effect of moral discrepancy on depression based on the involvement of guilt,  $Z = 3.38, p < .001$ .

Mediation analyses was also performed on moral discrepancy (X), well-being (Y) and guilt (M). The results of the mediation analysis show that the overall model for moral discrepancy predicting well-being was significant,  $F(1,55) = 12.54, p < .001, R^2 = .19$ , as more moral discrepancy was related to lower well-being,  $b = -1.33, t(55) = -3.54, p < .001$ . Next, the analysis showed a significant effect of moral discrepancy on guilt, as the overall

model was significant,  $F(1,58) = 18.56, p < .001, R^2 = .24$ , with those with higher moral discrepancies showing more guilt,  $b = .78, t(58) = 4.31, p < .001$ . Finally, the analysis showed that the overall model of the effect of moral discrepancy and guilt on well-being was significant,  $F(2,57) = 37.20, p < .001, R^2 = .57$ . The Effect of guilt on well-being was also significant,  $b = -1.35, t(57) = -6.87, p < .001$ , and the effect of moral discrepancy on well-being was no longer significant,  $b = -.36, t(57) = -1.16, p = .253$ . A Sobel test was performed and confirmed that there was a significant difference between the effect of moral discrepancy on well-being based on the involvement of guilt,  $Z = 3.27, p = .01$ .

## Discussion

Previous research has established a relationship between self-discrepancies and depression (Higgins, 1988), but very little research has been done regarding discrepancies as they relate to morality. Among this limited research, Peker and colleagues (2015) established a correlation between actual-self versus what society believes a person ought to be (ought-self) moral discrepancy and depression. While this may be, there has been no research focusing on moral discrepancies within oneself, and more specifically, ideal-self versus actual-self moral discrepancies. The present study aimed to fill this gap in literature and hypothesized that moral discrepancy would be positively correlated with depression and negatively correlated with well-being. Additionally, we examined the hypotheses that guilt and resilience would mediate these relationships. The results supported each of these hypotheses.

These findings are consistent with and support prior research that has found a relationship between self-discrepancy and depression (Higgins, 1987; Peker, Gündođdu, & Booth, 2015; Peker, Booth, & Güney, 2018). Furthermore, the results of this study suggest that both resilience and guilt significantly mediate the effects of moral discrepancy on both depression and well-being. In other words, both guilt and resilience may account for the relationship between moral discrepancy and depression and well-being to the point that the relationship was no longer significant when accounting for the two variables. This would indicate that resilience plays a key role in defending against depression that may be affiliated with actual vs. ideal-self moral discrepancies. Conversely, the results suggest that guilt also mediates the relationship between actual vs. ideal-self moral discrepancies and de-

pression and well-being. This would indicate that guilt is produced by actual vs. ideal-self moral discrepancies, which then lead to negative psychological consequences. Furthermore, these results would suggest that moral discrepancies are significantly correlated with both trait and state depression. This would indicate that those who possess a moral discrepancy may also experience both short term and long lasting depression.

There are numerous possible explanations for these results. The relationship between guilt and depression is well established in the literature (see Jarrett & Weissenburger, 1990; Kayhan et al., 2002). Research has also shown that moral transgressions can result in guilt (Ortony, Clore, & Collins, 1988); therefore it is possible that people feel a sense of guilt for not living up to their ideal moral self, thus increasing their chance of developing feelings of depression or adding to pre-existing feelings of depression. Another possibility that was not measured in the current study is that those with moral discrepancies may compare themselves to others that they perceive to have little or no moral discrepancy, which could result in a sense of alienation and disappointment. Research has shown that those with low self-esteem tend to compare themselves to others that they perceive to be better than themselves (upward comparison) and are more likely to experience negative emotions and further decreased self-esteem (Bunk & Gibbons, 2005). Furthermore, people with depression may simply view their own moral-self through a negatively skewed lens, as people with depression have been shown to be more likely to attend to negative information (Peckham, McHugh, & Otto, 2010), which can lead them to report a higher amount of moral discrepancy.

### **Limitations and Future Directions**

Certain limitations may limit the interpretation or generalizability of the results. First, the current results are largely correlational rather than experimental, so further evidence is still needed to determine causation. Nevertheless, the correlations among expected variables were all very strong, and mediational analyses were all significant. In order to find further support for these results, future research may consider inducing moral self-discrepancies in an experimental group to compare with a control to determine differences in self-reported depression and well-being, as well as guilt and resilience.

Additionally, the moral discrepancy scales were the first scales completed by the participants, followed by the depression scales. It is possible that

participants were made aware of their own moral discrepancies at the beginning of the survey, which in turn could have made them feel guilt for their moral transgression which could have also influenced their scores on the depression scales. Future research should examine if making participants aware of ideal-self vs. actual-self moral discrepancies is necessary to produce the effects found in the current study, or if these relationships naturally exist without the need to prime participants.

Furthermore, due to various unforeseen circumstances (including Covid-19), the study recruited the vast majority of its participants from Reddit. This may limit the generalizability of the results, although there is no reason to believe more so than a typical college student sample would. Nevertheless, the small sample lacked diversity, as most participants were female, white, and under the age of 23. Future research should attempt to replicate these results with a larger and more representative sample.

Additionally, there are several other different types of moral discrepancies aside from the actual vs. ideal-self interaction investigated in the current study. Future research may investigate these interactions as well to determine if moral discrepancies generally relate to depression and reduced well-being through guilt and lower resilience, or whether this is a unique consequence of this particular moral discrepancy. Furthermore, it could be beneficial to examine other facets of mental illness to examine the breadth and reach of the negative consequences of this moral discrepancy. Expanding the literature in this area could in turn expand our understanding of how people's perceptions of living up to or falling short of their own moral ideal may affect mental health and give us a better understanding of what variables may protect against depression and other mental illnesses. Research has established resilience as a protective factor against mental illness, but future research investigating other protective factors could offer additional insight regarding protecting against mental illnesses.

Future research could also benefit from studying the impact that moral discrepancies may have on both short term and long-term guilt and psychological well-being. The results of this study have shown a significant relationship between moral discrepancies and both short term and long-term depression, but these relationships have not been investigated for guilt

and psychological well-being. Further investigation of these variables may offer more insight to the relationship between moral discrepancies, depression, psychological well-being, and guilt.

The results of this study supported the initial hypotheses that moral discrepancy is positively correlated with depression and negatively correlated with psychological well-being. Furthermore, the study also supported the hypotheses that resilience acts as a mediator to these effects, while guilt acts as a moderator. These findings reinforce previous studies that have shown the relationship between self-discrepancy and depression as well as studies that have found resilience to be a significant protective factor against depression. Research further investigating the relationship between other types of moral discrepancies, depression, and well-being could provide a more comprehensive understanding of the effects of possessing a moral discrepancy. Future research in this area could also provide valuable information regarding other protective factors against depression and other mental illnesses.

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**Descriptive  
Statistics of Scales**

**Table 1**

***Descriptive Statistics of Scales***

Measure	Mean	SD	Minimum	Maximum	$\alpha$
Maryland Trait Depression	50.69	17.64	20.00	87.00	.951
Guilt Inventory	84.26	23.72	38.00	133.00	.942
BDI	38.00	12.31	22.00	71.00	.928
Moral Self Image Scale	11.55	5.57	2.00	32.00	.767
Moral Ideal-self Scale	18.94	14.89	-14.00	69.00	.939
Flourishing	27.71	11.93	8.00	54.00	.927
Resilience	79.65	26.39	31.00	127.00	.927
Brief Resilience	17.98	6.82	6.00	30.00	.931
Psychological Well-being		44.94	59.00	237.00	.9320

## Hypothesis Correlation Tests

**Table 2**

***Hypothesis Correlation Tests***

Variables	1	2	3	4	5	6	7	8	9
1. PWBS	1.00								
2. MSIS	-.710**	1.0							
3. Resilience Scale	.886**	-.616**	1.0						
4. Flourishing Scale	.913**	-.638**	.863**	1.0					
5. MISS	-.455**	.785**	-.439**	-.484**	1.0				
6. BDI	-.695**	.702**	-.661**	-.728**	.301**	1.0			
7. MTDS	-.719**	.636**	-.608**	-.673**	.317**	.822**	1.0		
8. Guilt Inventory	-.746**	.640**	-.693**	-.696**	.497**	.750**	.741**	1.0	
9. BRS	.669**	-.443**	.724**	.576**	-.316**	-.440**	-.547**	-.529**	1.0

\*\*p = .01 (1-tailed).

## Appendix A

### Moral Ideal-self Scale

**Instructions:** When you think about the future, what do you want yourself to be like? This could be how you want to be later in your life, how you want to be next year, or even how you want to be tomorrow. With this in mind, rate each trait below according to how much it describes the type of person you really want to be.

(1= *Not At All*; 7 = *Very Much*)

1. Generous
2. Good Example
3. Respectful
4. Truthful
5. Stands up for his/her beliefs
6. Makes good choices
7. Responsible
8. Follows values
9. True
10. Loyal
11. Does good actions
12. Understanding
13. Thankful
14. Compassionate
15. Has good values
16. Loving
17. Forgiving
18. Considerate
19. Caring
20. Helpful

## **Appendix B**

### **Moral Self-Image Scale**

**Instructions:** Please respond to the following statements as they apply to you.

*(1 = Much less than the person I want to be; 5 = Exactly as the person I want to be; 9 = Much more than the person I want to be)*

1. Compared to the caring person I want to be, I am:
2. Compared to the compassionate person I want to be, I am:
3. Compared to the fair person I want to be, I am:
4. Compared to the friendly person I want to be, I am:
5. Compared to the generous person I want to be, I am:
6. Compared to the hard-working person I want to be, I am:
7. Compared to the helpful person I want to be, I am:
8. Compared to the honest person I want to be, I am:
9. Compared to the kind person I want to be, I am:

**Appendix C**  
**Beck's Depression Inventory**

1. Please indicate which statement is most true to you:
  - I do not feel sad
  - I feel sad
  - I feel sad all the time and can't snap out of it
  - I'm so sad and unhappy that I can't stand it.
2. Please indicate which statement is most true to you:
  - I am not particularly discouraged about the future
  - I feel discouraged about the future
  - I feel I have nothing to look forward to
  - I feel the future is hopeless and that things cannot improve
3. Please indicate which statement is most true to you:
  - I do not feel like a failure
  - I feel I have failed more than the average person
  - As I look back on my life, all I can see is a lot of failures
  - I feel I am a complete failure as a person.
4. Please indicate which statement is most true to you:
  - I get as much satisfaction out of things as I used to
  - I don't enjoy things the way I used to
  - I don't get real satisfaction out of anything anymore
  - I am dissatisfied or bored with everything
5. Please indicate which statement is most true to you:
  - I don't feel particularly guilty
  - I feel guilty a good part of the time
  - I feel guilty most of the time
  - I feel guilty all the time
6. Please indicate which statement is most true to you:
  - I don't feel I am being punished
  - I feel I may be punished
  - I expect to be punished
  - I feel I am being punished
7. Please indicate which statement is most true to you:
  - I don't feel disappointed in myself
  - I am disappointed in myself
  - I am disgusted with myself
  - I hate myself

8. Please indicate which statement is most true to you:
- I don't feel I am any worse than anybody else
  - I am critical of myself for my weaknesses or mistakes
  - I blame myself all the time for my faults
  - I blame myself for everything bad that happens
9. Please indicate which statement is most true to you:
- I don't have any thoughts of killing myself
  - I have thoughts of killing myself, but I would not carry them out
  - I would like to kill myself
  - I would kill myself if I had the chance
10. Please indicate which statement is most true to you:
- I don't cry any more than usual
  - I cry more now than I used to
  - I cry all the time now
  - I used to be able to cry, but now I can't even cry though I want to
11. Please indicate which statement is most true to you:
- I am no more irritated by things than I ever was
  - I am slightly more irritated now than usual
  - I am quite annoyed or irritated a good deal of the time
  - I feel irritated all the time
12. Please indicate which statement is most true to you:
- I have not lost interest in other people
  - I am less interested in other people than I used to be
  - I have lost most of my interest in other people
  - I have lost all of my interest in other people
13. Please indicate which statement is most true to you:
- I make decisions about as well as I ever could
  - I put off making decisions more than I used to
  - I have greater difficulty in making decisions more than I used to
  - I can't make decisions at all anymore
14. Please indicate which statement is most true to you:
- I don't feel that I look any worse than I used to
  - I am worried that I am looking old or unattractive
  - I feel there are permanent changes in my appearance that make me look unattractive
  - I believe that I look ugly
15. Please indicate which statement is most true to you:
- I can work about as well as before
  - It takes an extra effort to get started at doing something

- I have to push myself very hard to do anything
  - I can't do any work at all
16. Please indicate which statement is most true to you:
- I can sleep as well as usual
  - I don't sleep as well as I used to
  - I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
  - I wake up several hours earlier than I used to and cannot get back to sleep
17. Please indicate which statement is most true to you:
- I don't get more tired than usual
  - I get tired more easily than I used to
  - I get tired from doing almost anything
  - I am too tired to do anything
18. Please indicate which statement is most true to you:
- My appetite is no worse than usual
  - My appetite is not as good as it used to be
  - My appetite is much worse now
  - I have no appetite at all anymore
19. Please indicate which statement is most true to you:
- I haven't lost much weight, if any, lately
  - I have lost more than five pounds
  - I have lost more than ten pounds
  - I have lost more than fifteen pounds
20. Please indicate which statement is most true to you:
- I am no more worried about my health than usual
  - I am worried about physical problems like aches, pains, upset stomach, or constipation
  - I am very worried about my physical health
  - I am so worried about my physical health problems that I cannot think of anything else.
21. Please indicate which statement is most true to you:
- I have not noticed any recent change in my interest in sex
  - I am less interested in sex than I used to be
  - I have almost no interest in sex
  - I have lost interest in sex completely.

**Appendix D**  
**Maryland Trait Depression Scale**

(1 = *Never*; 5 = *Experienced Many Times in a Month for Almost Every Month of My Adult Life*)

1. It has been hard for me to feel happy throughout my life
2. I have felt less interested in enjoyable activities
3. I often lose my appetite when my mood is low
4. I sleep more than most people when my mood is low
5. I felt sluggish and slow most of my life
6. I often feel sad most of my life
7. I have not had sufficient energy for most things
8. I cried often because my mood was low
9. It has usually been hard for me to get motivated
10. I have been burdened with feelings of guilt for much of my life
11. I don't sleep enough when my mood is low because I think negative thoughts
12. The blues have stayed with me no matter what I do
13. I have not spent much time doing activities or hobbies because I feel down
14. I have felt that I wanted to die
15. I often have a heavy feeling in my arms or legs when my mood is down
16. My weight has gone up or down a lot depending on my mood
17. Even though I did not do anything wrong, I often felt that I deserved to be punished
18. I feel hopeless about my future

## **Appendix E**

### **Guilt Inventory**

(1 = *Strongly Agree*; 5 = *Strongly Disagree*)

1. Lately I have felt good about myself and what I have done.
2. I have recently done something that I deeply regret
3. Lately, it hasn't been easy being me
4. Lately, I have been calm and worry free
5. If I could relive the last few weeks or months, there is absolutely nothing I have done that I would change
6. At the moment, I don't feel particularly guilty about anything I have done
7. I would give anything if, somehow, I could go back and rectify some things I have recently done wrong
8. There is at least one thing in my recent past that I would like to change
9. Recently, my life would have been much better if only I hadn't done what I did
10. I have been worried and distressed lately
11. I have made a lot of mistakes in my life
12. If I could do certain things over again, a great burden would be lifted from my shoulders
13. I have never felt great remorse or guilt
14. There is something in my past that I deeply regret
15. Frequently I just hate myself for something I have done
16. My parents were very strict with me
17. I often feel "not right" with myself because of something I have done
18. If I could live my life over again, there are a lot of things I would do differently
19. Guilt and remorse have been a part of my life for as long as I can recall
20. Sometimes when I think about certain things I have done, I almost get sick
21. I do not believe that I have made a lot of mistakes in my life
22. I often have a strong sense of regret
23. I worry a lot about things I have done in the past
24. There are few things in my life that I regret having done
25. I sometimes have trouble eating because of things I have done in the past
26. Sometimes I can't stop myself from thinking about things I have done which I consider to be wrong
27. I never have trouble sleeping

28. Guilt is not a particular problem for me
29. There is nothing in my past that I deeply regret
30. If I had my life to begin over again, I would change very little, if anything

## Appendix F

### Psychological Well-being Scale

**Instructions:** Choose one response below each statement to indicate how much you agree or disagree.

(1 = *Strongly Agree*; 7 = *Strongly Disagree*)

1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people
2. For me, life has been a continuous process of learning, changing and growing
3. In general, I feel I am in charge of the situation in which I live
4. People would describe me as a giving person, willing to share my time with others
5. I am not interested in activities that will expand my horizons
6. I enjoy making plans for the future and working to make them a reality
7. Most people see me as loving and affectionate
8. In many ways I feel disappointed about my achievements in life
9. I live life one day at a time and don't really think about the future
10. I tend to worry about what other people think of me
11. When I look at the story of my life, I am pleased with how things have turned out
12. I have difficulty arranging my life in a way that is satisfying to me
13. My decisions are not usually influenced by what everyone else is doing
14. I gave up trying to make big improvements or changes in my life a long time ago
15. The demands of everyday life often get me down
16. I have not experienced many warm and trusting relationships with others
17. I think it is important to have a new experience that challenge how you think about yourself and the world
18. Maintaining close relationships has been difficult and frustrating for me
19. My attitude about myself is probably not as positive as most people feel about themselves
20. I have a sense of direction and purpose in life
21. I judge myself by what I think is important, not by the values of what others think is important
22. In general, I feel confident and positive about myself
23. I have been able to build a living environment and a lifestyle for myself that is much to my liking
24. I tend to be influenced by people with strong opinions

25. I do not enjoy being in new situations that require me to change my old familiar ways of doing things
26. I do not fit in very well with the people and the community around me
27. I know that I can trust my friends, and they know they can trust me
28. When I think about it, I haven't really improved much as a person over the years
29. Some people wander aimlessly through life, but I am not one of them
30. I often feel lonely because I have few close friends with whom to share my concerns
31. When I compare myself to friends and acquaintances, it makes me feel good about who I am
32. I don't have a good sense of what it is I'm trying to accomplish in life
33. I sometimes feel as if I've done all there is to do in life
34. I feel like many of the people I know have gotten more out of life than I have
35. I have confidence in my opinions, even if they are contrary to the general consensus
36. I am quite good at managing the many responsibilities of my daily life
37. I have the sense that I have developed a lot as a person over time
38. I enjoy personal and mutual conversations with family members and friends
39. My daily activities often seem trivial and unimportant to me
40. It's difficult for me to voice my own opinions on controversial matters
41. I often feel overwhelmed by responsibilities
42. I like most parts of my personality

## **Appendix G**

### **Flourishing Scale**

**Instructions:** Below are 8 statements with which you may agree or disagree. Please indicate your agreement with each item by indicating that response for each statement.

(1 = *Strongly Agree*; 7 = *Strongly Disagree*)

1. I lead a purposeful and meaningful life
2. My social relationships are supportive and rewarding
3. I am engaged and interested in my daily activities
4. I actively contribute to the happiness and well-being of others
5. I am competent and capable in the activities that are important to me
6. I am a good person and live a good life
7. I am optimistic about my future
8. People respect me

## Appendix H

### Resilience Scale

**Instructions:** Please read the following statements. At the bottom of each you will find seven numbers, ranging from “1” (Strongly Disagree) on the bottom to “7” (Strongly Agree) on the top. Please choose whichever number best indicates your feelings about that statement.

(1 = *Strongly Agree*; 7 = *Strongly Disagree*)

1. When I make plans, I follow through with them
2. I usually manage one way or another
3. I am able to depend on myself more than anyone else
4. Keeping interested in things is important to me
5. I can be on my own if I have to
6. I feel proud that I have accomplished things in life
7. I usually take things in stride
8. I am friends with myself
9. I feel that I can handle many things at a time
10. I am determined
11. I seldom wonder what the point of it all is
12. I take things one day at a time
13. I can get through difficult times because I've experienced difficulty before
14. I have self-discipline
15. I keep interested in things
16. I can usually find something to laugh about
17. My belief in myself gets me through hard times
18. In an emergency, I'm someone people can generally rely on
19. I can usually look at a situation in a number of ways
20. Sometimes I make myself do things whether I want to or not
21. My life has meaning
22. I do not dwell on things that I can't do anything about
23. When I'm in a difficult situation, I can usually find my way out of it
24. I have enough energy to do what I have to do
25. It's okay if there are people who don't like me

**Appendix I**  
**Brief Resilience Scale**

**Instructions:** Please respond to each item.

(1 = *Strongly Disagree*; 5 = *Strongly Agree*)

1. I tend to bounce back quickly after hard times
2. I have a hard time making it through stressful events
3. It does not take me long to recover from a stressful event
4. It is hard for me to snap back when something bad happens
5. I usually come through difficult times with little troubles
6. I tend to take a long time to get over set-backs in my life.