

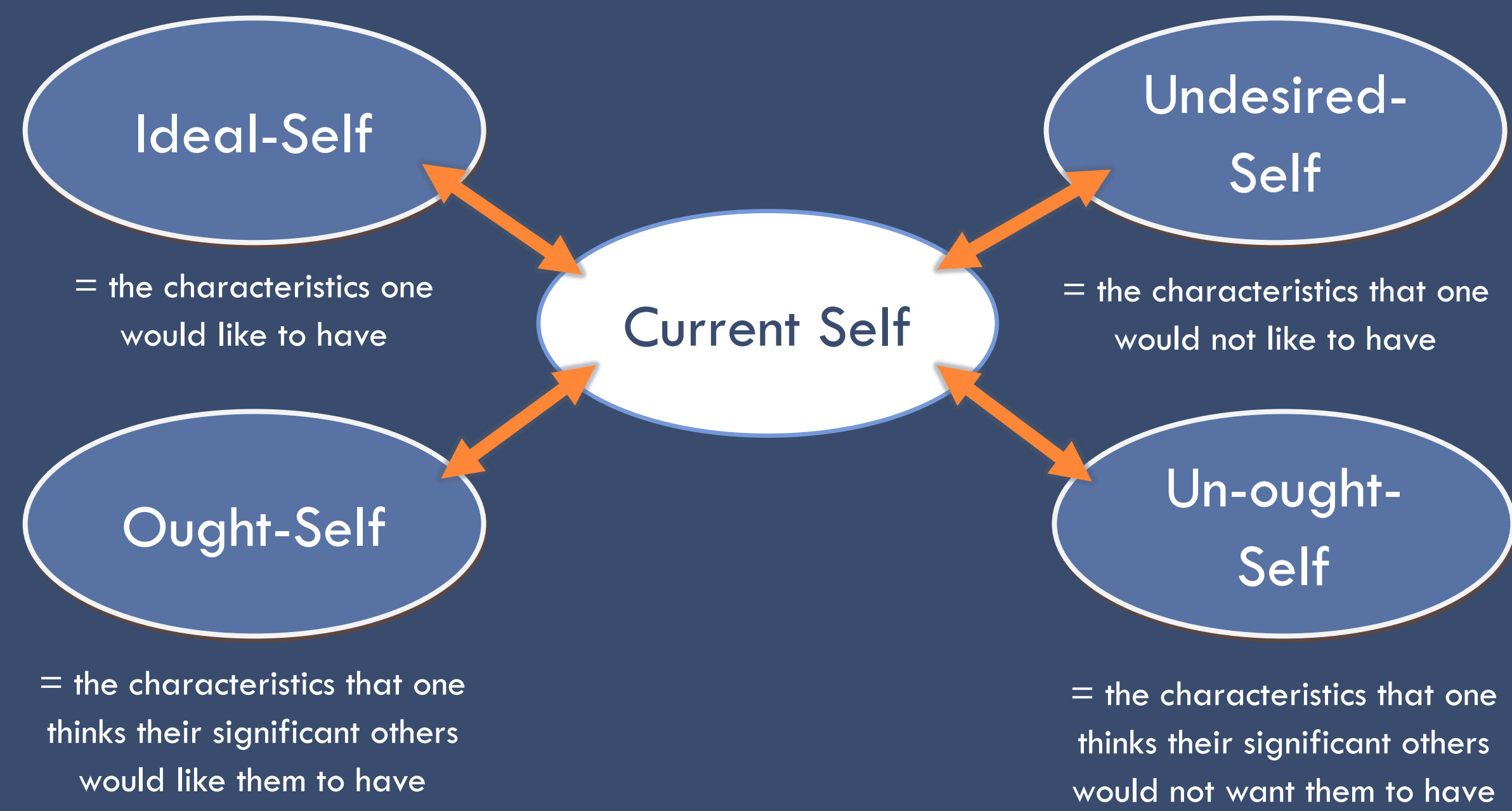
The relationship between self-discrepancies and psychological (in)flexibility

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Self-discrepancies ?



Self-discrepancies = The gap between the person's current self and different internal representations that serve as standards (i.e., "self-guides") (Higgins, 1987). These serve as sources of self-regulation, as people may try to approach or move away from these self-guides (e. g., vanDellen and Hoyle, 2008).

Psychological (in)flexibility ?

Psychological flexibility = The ability to fully contact the present moment and the thoughts and feelings it contains without needless defence, and, depending upon what the situation affords, persisting in or changing behaviour in the pursuit of goals and values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

Psychological inflexibility = Rigidity, lack of contextual sensitivity, avoidance of aversive emotions: « *It entails the rigid dominance of psychological reactions over chosen values and contingencies in guiding action* » (Bond et al., 2011, p. 678).

High psychological flexibility is associated with well-being, whereas psychological inflexibility is associated with psychopathology (for a review, see Kashdan and Rottenberg, 2010).

Hypotheses

Goal = study the role of psychological inflexibility and self-discrepancies in the manifestation of depression and anxiety symptoms.

Main hypotheses : Psychological Inflexibility is a moderator and mediator of

- the association of the perceived discrepancy between self-guides and current self *with* depression and anxiety symptoms
- the association of distress regarding these self-discrepancies *with* depression and anxiety symptoms
- the association of the perceived discrepancy between self-guides and current self *with* the distress regarding each of the different self-discrepancies

Method

Qualtrics online survey ($N = 410$, 309 females, $M_{age} = 28.4$ years, $SD = 11.9$) including the following questionnaires :

- Adapted version of the S-DS (Self-Discrepancies Scale, SD-S; Philippot, Dethier, Baeyens, & Bouvard, 2018). Participants were asked to report:
 - The perceived discrepancy between their current self and the four self-guides
 - The distress they felt regarding these discrepancies
- Their sense of self-efficacy regarding each self-guide (i.e., how much they thought they were able to improve the situation and reduce the discrepancy)
- The perceived conflict (or absence of it) between their ideal-self and ought-self
- Center for Epidemiologic Studies Depression Scale (CES-D; Fuhrer & Rouillon, 1989)
- Generalized Anxiety Disorder 7-item scale (GAD-7; Micoulaud-Franchi et al., 2016)
- Acceptance and Action Questionnaire to assess psychological inflexibility (AAQ-II; Monestès, Villatte, Mouras, Loas, & Bond, 2009)

Main Results

1

Psychological inflexibility = MODERATOR

...of the relationship between the perceived discrepancy with the *ideal-self*, the *ought-self*, the *undesired-self*, **and** the *distress* regarding each of these discrepancies.

Note : There was no moderation effect between other distress scores and depression or anxiety.

The more psychologically inflexible individuals were, the higher their distress regarding their self-discrepancies was.

2

Psychological inflexibility = MEDIATOR

...of 1) the effects of the discrepancies with the ideal-self and the un-ought-self on depression and anxiety symptoms ; 2) the effects of distress regarding the ideal-self and ought-self on depression and anxiety symptoms.

When individuals had discrepancies with their ideal-self and un-ought-self, and distress regarding their ideal-self and ought-self, they had higher scores in psychological inflexibility and these scores were associated with higher scores in depression and anxiety.

3

59% of the variance of depression and 47,6% of the variance of anxiety explained

Entering all the variables in two multiple linear regressions predicting respectively depression and anxiety scores, the models explained **59 % of the variance of depression scores**, $R^2 = .59$, $F(14, 392) = 40.21$, $p < .001$, and **47,6 % of the variance of anxiety scores**, $R^2 = .47$, $F(14, 393) = 25.44$, $p < .001$.

	R^2	ΔR^2	ΔF	Sig. F Change
<i>DV = Depression (CES-D)</i>				
Model 1	.392	.392	21.132	< .001
Model 2	.411	.019	12.899	< .001
Model 3	.590	.179	170.568	< .001
<i>DV = General Anxiety (GAD-7)</i>				
Model 1	.283	.283	12.992	< .001
Model 2	.295	.012	6.443	.012
Model 3	.476	.181	135.595	< .001

Note. Model 1 : ideal-self discrepancy, ought-self discrepancy, undesired-self discrepancy, un-ought-self discrepancy, ideal-self distress, ought-self distress, undesired-self distress, un-ought-self distress, ideal-self self-efficacy, ought-self self-efficacy, SEP undesired-self self-efficacy, un-ought-self self-efficacy.

Model 2 : adding the perceived conflict between the ideal-self and the ought-self to the model (method: enter).

Model 3 : adding psychological inflexibility to the model (method: enter).

Discussion

Psychological inflexibility (PI) seems to play a **dual role as a moderator and mediator**: it modulates the effect of self-discrepancies and mediates their effect on depression and anxiety.

PI could therefore be a **central mechanism involved in a positive feedback loop** in which the further away from their ideal-self and the more psychologically inflexible individuals are, the more distress they feel; this distress could be associated to an increase in PI, which would lead individuals to have more depressive and anxious symptoms.

Therefore, breaking this positive feedback loop by improving individuals' psychological flexibility could improve their mental health. This premise is at the heart of Acceptance and Commitment Therapy (Hayes et al., 2006) which appears to be a promising transdiagnostic therapeutic intervention (A-tjak et al., 2015). However, due to the cross-sectional nature of this study, these results require further experimental research.

Conclusion

This study was the first to investigate the relationship between self-discrepancies, psychological inflexibility, depression and anxiety symptoms. These results show that psychological inflexibility plays a central role in the effect of self-guides on people's mental health.

Conceptual model based on these data and results

