IDENTITIES, SELF-ESTEEM, AND PSYCHOLOGICAL DISTRESS: AN APPLICATION OF IDENTITY-DISCREPANCY THEORY

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ABSTRACT: Social psychological approaches to mental health often emphasize the link between social roles and psychological distress. Identity theorists, in particular, explain distress in terms of the meanings that roles hold for individuals. This research draws from sociological and psychological models of self and identity to explain how distress arises from discrepancies that occur among aspirations, obligations, and perceptions of role-identities. It also examines the role of self-esteem as both an outcome of identity discrepancies and a buffer in the relationship between identity discrepancy and distress. The results of this study indicate that although discrepancies related to aspirations tend to be associated with lower levels of depression and higher self-esteem, obligation-related identity discrepancies do not predict distress or self-evaluation. As expected, individuals with lower levels of self-esteem suffer more from aspiration-related discrepancies than do individuals with higher levels of self-esteem; however, individuals with higher self-esteem are more reactive to obligation discrepancies. The implications of these findings and suggestions for future research are discussed.

Specifying the relationship between external conditions and psychological distress is a central concern for mental health scholars. Although a number of psychological and sociological theories view emotional states as a product of self-processes, sociological social psychologists further emphasize social roles as a critical link between self and mental health (e.g., Burke 1991b, 1996; Simon 1992; Thoits 1986, 1991). In particular, social roles provide individuals with meaning and guidance that is necessary for the development and maintenance of the self-concept and well-being (Gecas 1982; Thoits 1991, 1992). To the extent that individuals perceive themselves as successfully enacting roles, they should experience a positive sense of self and enhanced mental health.

For identity theory, the link between social roles and psychological distress lies in the meaning that roles hold for individuals (Burke 1991, 1996; Simon 1992; Thoits 1986, 1991). A number of theorists have addressed the connection between iden-

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tity and mental health (e.g., Burke 1991, 1996; Jackson and Mustillo 2001; Simon 1992; Thoits 1991, 1992, 1995). Perhaps the most formal of these theories is one offered by Burke (1991, 1996), who draws from consistency theories and interruption theory (Mandler 1975, 1982) to explicate the relationships among stress, role-identities, and psychological distress. More recently, extensions of this work attempt to distinguish particular types of distress that might arise from identity processes (Large and Marcussen 2000; Marcussen and Large 2003), a goal shared by stress researchers (e.g., Aneshensel 1992; Mirowsky and Ross 1989).

Identity-discrepancy theory (IDT; Large and Marcussen 2000; Marcussen and Large 2003) combines sociological and psychological models of identity to differentiate between distress outcomes. Specifically, IDT represents an extension of Burke’s identity control model (1991, 1996) that incorporates ideas from self-discrepancy theory (Higgins 1987, 1996) to explain the form and degree of distress. Because depression and anxiety are considered common and general consequences of stress (Mirowsky and Ross 1989), IDT focuses on predicting these forms of distress.

Links between identity processes and self-esteem may also provide valuable insight into the relationship between discrepancy and distress. Although identity theorists have begun to explore the relationship between self-esteem and identity (e.g., Cast and Burke 2002; Ervin and Stryker 2001; Owens and Aronson 1999; Owens and Serpe 2003), the contributions of self-esteem research to identity theory (and vice versa) have only recently received serious empirical attention. For instance, Cast and Burke (2002) offer a theory that explains self-esteem as a product of—and buffer in—the identity verification process. Additionally, Owens and colleagues have examined the theoretical linkages among self-esteem, identity, and social movements (Owens and Aronson 1999) and among self-esteem, commitment, and identity salience in the family (Owens and Serpe 2003). In light of these recent developments, it is increasingly important for such identity models as IDT to take into account the role of self-esteem in the relationship among identities, stress, and distress.

Given its interdisciplinary nature, IDT has the potential to contribute to the sociological literature on stress and health in a number of important ways. First, it draws on the strengths of psychological research predicting specific forms of distress. Examining multiple outcomes is increasingly desirable in sociological studies of mental health (Aneshensel 1992; Mirowsky and Ross 1989). Second, by incorporating aspects of sociological models of distress, identity discrepancy emphasizes the link between social structure and psychological conditions, which may increase our understanding of the social distribution of mental health problems. Third, with the incorporation of self-esteem theory and research, IDT can serve as a vehicle for linking two extensive bodies of social psychological research that contribute greatly to the sociology of mental health.

In this study, I examine the utility of IDT in explaining psychological distress. Specifically, I offer a test of IDT that examines the relationship between identity discrepancies that occur in student, friend, and child identities and two types of distress: depression and anxiety. This study also includes an examination of the role of self-esteem in identity processes, as both an outcome of identity discrepancies
and as a buffer in the relationship between identity discrepancy and psychological distress. Before discussing IDT, I review the sociological and psychological models that form the basis of the integrated identity model.

BACKGROUND

Identity-Control Theory

According to identity theorists, the self is composed of multiple identities, each representing an individual’s perception of himself or herself in a particular role (Stryker 1980). In this sense, identities (also referred to as role-identities) connect individuals to social structure because a role’s meaning shapes, and is shaped by, structural arrangements. Identity-control theory (ICT; Burke 1991, 1996) specifies four basic components of an identity: the identity standard, self-relevant perceptions (or input), a comparator, and output. The identity standard is the content or meaning that the identity holds for the individual. Self-relevant perceptions are an individual’s understandings of situational elements that inform the individual about the self and constitute the input into the identity system. They include both an individual’s perceptions of the situation and the individual’s perception of how others view the situation (Riley and Burke 1995). The comparator is the process by which the congruence between the identity standard and the input is assessed, and the output is the consequence of this assessment. More specifically, the output is action toward the social situation that is meaningful in terms of the same dimensions of meaning relevant to the identity standard and self-relevant perceptions.

According to Burke (1991, 1996), the identity process involves a continuous assessment of the consistency between the identity standard (what our social roles mean to us) and self-relevant perceptions (how we believe others see us in those roles). Individuals are motivated to achieve a match between the standard for an identity and self-relevant perceptions in the situation. When there is incongruence between the standard and self-relevant perceptions, the individual acts in ways to alter that situation and thereby change the feedback from the social situation to be more consistent with the identity standard. Burke argues that the identity process typically operates smoothly and that only small adjustments are necessary from time to time.

Identity-interruption theory (Burke 1996) further integrates interruption theory (Mandler 1975, 1982) and identity theory to explain distress as an interruption of the normal operation of an identity process. For instance, an identity process may be interrupted because others in a social situation do not respond to an individual’s outputs. This may occur when an individual’s behavior does not produce the intended effect of bringing the feedback from others back in line with the identity standard. Distress does not necessarily result from an occasional discrepancy. In fact, a discrepancy wherein feedback is more positive than the individual’s standards might well have a short-term positive impact on one’s mood. However, continual discrepancy that remains unresolved, regardless of the direction, should result in distress (Burke 1991, 1996). Identity-interruption theory provides a useful model for explaining distress but does not provide a mechanism for
distinguishing forms of the distress. Self-discrepancy theory (Higgins 1987) focuses on such distinctions.

Self-Discrepancy Theory

Rather than focusing on particular role-identities, Higgins (1987) focuses on a global conception of the self that consists of three domains: actual, ideal, and ought. The actual self refers to a representation of the attributes that an individual (or some other) believes he or she possesses. The ideal self refers to a representation of the attributes that the individual (or some other) wishes or hopes for the individual to possess. The ought self refers to a representation of the attributes that the individual (or some other) believes the individual should possess. In essence, the ideal self reflects aspirations for the individual, and the ought self reflects obligations for the individual.

Similar to the theories already described, self-discrepancy theory (SDT) predicts that psychological distress arises because of discrepancies between the actual self and self-guides (ideal and ought selves). The theory also suggests that the larger the discrepancy, the greater the distress. However, unlike the identity theories discussed earlier, SDT also specifies the type of emotional reaction that will result from discrepancies. In general, discrepancies between the actual self and the ideal self produce dejection-related emotions (e.g., disappointment, sadness). Alternatively, discrepancies between the actual self and the ought self produce agitation-related emotions (e.g., fear, restlessness). The rationale for this distinction is that the actual-ideal discrepancy represents the absence of positive outcomes, whereas the actual-ought discrepancy represents the presence or threat of negative outcomes (Higgins 1987). Sustained incongruence between the actual self and self-guides, like unresolved identity discrepancy in identity-interruption theory (Burke 1996), results in negative emotional consequences. When congruence is not achieved, however, SDT predicts specific psychological outcomes (depression or anxiety) depending on which self-guide is inconsistent with the actual self.

Identity-Discrepancy Theory: A Synthesis of Sociological and Psychological Theories of Distress

IDT attempts to combine the aforementioned theories by maintaining a focus on meaning within social roles and incorporating the distinction between self-aspirations and obligations as different dimensions of this meaning (Large and Marcussen 2000). Symbolic interactionists indicate that meanings in terms of expectations associated with a role are derived from social structure (Stryker 1980). A person's location in the social structure impacts the interactions through which that person generates and affirms self-meaning. IDT builds on current identity models by noting that identity meanings also include a dimension of self-aspirations and that they, too, are anchored in social structure. Previous theorists (Burke 1996; Stryker 1991) have argued that incorporating ideas from SDT would allow for prediction of the specific forms of distress experienced, an important goal of stress research. For these reasons IDT elaborates (1) types of self-guides
(obligations and aspirations) and (2) specific emotional responses based on incongruence between self-relevant perceptions and particular self-guides (depression and anxiety).

Like previous identity models, IDT conceptualizes the self as composed of multiple identities. It further suggests that each identity includes identity standards that contain, to some degree, beliefs that reflect both aspirations and obligations. That is, rather than treating the aspiration and obligation domains as separate components of a single, global self, IDT considers them aspects of each specific identity. For example, a person may have a “student” identity containing both aspirations (e.g., “I wish to be a socially active student”) and obligations (e.g., “I should be an academically focused student”). Thus, a person can have an identity standard heavily constituted of aspirations or obligations (or both). This conceptualization of the self specifies more precisely the anticipated composition of distress that may occur in the case of discrepancy.

The goal of IDT is to predict when distress will occur and the specific form that it will take. Thus, like previous versions of identity theory, specifying differences in identity meaning is essential. Just as behavioral responses to identity discrepancies depend on meaning of the identity, so does the emotional response to an identity interruption. If the discrepancy is not alleviated, the type of distress experienced is contingent on the type of the meaning (aspiration or obligation or both). These assumptions constitute a modification of Burke’s theory providing for prediction of anxiety or depression (or both), depending on the meaning of the identity. Given the meaning of the identity and relevant social feedback, IDT predicts a particular distress outcome.

In sum, IDT extends sociological theories of identity by incorporating aspects of SDT. From SDT, IDT assumes that different types of discrepancy (aspiration discrepancies and obligation discrepancies) produce different types of distress (depression and anxiety). Aspirations and obligations constitute identity meaning and therefore broaden current conceptions of the identity standard. In line with sociological models of identity and unlike SDT, IDT also assumes that discrepancies occur within various role-identities. Moreover, and consistent with sociological models of identity, IDT uses self-relevant perceptions as a point of comparison for identity-based aspirations and obligations. In other words, rather than comparing aspirations and obligations to how one believes himself or herself to be (e.g., the actual self), IDT compares these two aspects of identities to how one believes others perceive himself or herself within a given identity.²

Previous work in testing IDT (Marcussen and Large 2003) shows some support for the notion that different types of discrepancies result in different types of distress. To date, however, this work does not examine additional factors that mental health scholars argue might influence the relationship between stress and distress, including self-esteem.

Identity Theory and Self-Esteem

In recent years, identity scholars have focused their attention on linking theories of identity and self-esteem (e.g., Cast and Burke 2002; Ervin and Stryker 2001;
Owens and Aronson 1999; Owens and Serpe 2003). According to Ervin and Stryker (2001), there are a number of reasons for exploring the links between these two bodies of literature. First, with its emphasis on roles and role-related behavior, identity theory offers a mechanism for tying self-esteem to social structure. Second, incorporating the extensive self-esteem literature into identity theories has the potential to extend the explanatory power of both areas of research. Finally, the authors suggest that forging connections between the two areas is a natural step, as identity and self-esteem represent the cognitive and affective aspects of the self, respectively (Ervin and Stryker 2001).

Recently, researchers have demonstrated the theoretical benefits of wedding these bodies of research. Applying self-esteem and identity theories to the study of social movements, Owens and Aronson (1999) argue that individuals are motivated to maintain positive self-esteem, which in turn may transform them into social movement activists. They further argue that such transformations take place via identity processes. Owens and Serpe (2003) further link self-esteem to identity theory to explain race differences in salience and commitment to the family identity.

Self-Esteem and Psychological Distress

Because self-esteem is viewed as affect attached to the self, Ervin and Stryker (2001) suggest that an important avenue for research seeking to integrate self-esteem and identity is to examine self-esteem as an emotional outcome in the identity process, similar to depression and anxiety. Indeed, self-esteem has played an important role in stress research. Mental health scholars argue that stress has direct implications for one's sense of self (Aneshensel 1996; Ensel and Lin 1991; Pearlman 1983; Thoits 1991). Self-esteem involves affective responses to how individuals view themselves and how they believe others view them (Rosenberg 1979, Rosenberg et al., 1995). As a result, events that threaten perceptions of control or that constitute poor performance in a role may damage the self-concept (Hoefer 1983; Pearlman et al. 1981; Thoits 1991).

Self-esteem may also serve as a coping resource. That is, self-esteem can buffer the impact of stress on psychological distress for individuals who have high levels of this psychological resource (e.g., Pearlman and Schoeler 1978; Thoits 1994). Conversely, individuals with lower levels of self-esteem may be more vulnerable to stressful life events and chronic strains. In either case, whether as an outcome or as a moderating factor, self-esteem has long been considered an important component of the stress process (Pearlin 1983).

Identity Discrepancy, Self-Esteem, and Psychological Distress

A few studies have examined the role of self-esteem in the context of identity verification. Cast and Burke (2002) explore this avenue in a recent article wherein they examine the ways in which self-esteem influences and is influenced by verification processes among married couples. The authors theorize that self-esteem is an outcome, a resource, and a motive in the identity process. Looking at self-
esteem as an outcome of identity-verification, Cast and Burke (2002) build on James’ (1890) description of self-esteem as balance between goals and successes, suggesting that the process is analogous to the comparison of self-relevant perceptions and the identity standard. Successful identity verification, according to these authors, builds and maintains self-esteem. Failure to verify an identity depletes self-esteem. In this sense, a discrepancy constitutes a stressor that has direct implications for self-esteem.

As a resource, self-esteem protects individuals from the harmful effects of discrepancy on psychological well-being. Like mental health scholars, Cast and Burke (2002) argue that self-esteem provides “energy” on which people draw in times of stress to shield them from the potential harm caused by a lack of self-verification. When discrepancies are persistent or large, individuals with higher levels of self-esteem are likely to suffer less.

In addition to being an outcome and a resource in the identity process, self-esteem can serve as a goal that motivates behavior (see Cast and Burke 2002 for a detailed discussion). In other words, individuals may seek opportunities to maintain or enhance their esteem. Similarly, and perhaps because of the tendency to self-enhance, individuals seek relationships that will verify their identities (Cast and Burke 2002; Swann 1990). As such, self-esteem can be a motive for maintaining relationships and particular social arrangements.3

Empirical work has offered some support for the relationship between identity and self-esteem. Studies examining self-verification processes in intimate relationships have found that the failure to verify one’s sense of self as a marital or dating partner can have direct implications for self-evaluation and depressive symptoms (Katz and Beach 1997, Shafer, Wickrama, and Keith 1996). Similarly, Cast and Burke (2002) found that failure to verify spousal identity resulted in the depletion of worth-based and efficacy-based self-esteem. These authors also found that although discrepancies were related to an increase in symptoms of psychological distress, high levels of self-efficacy buffered these symptoms. Moreover, and consistent with their hypothesis of self-esteem as a motive, couples were more likely to stay in their relationships when they had higher levels of spousal verification and higher levels of self-efficacy.

In general, these studies support the notion that stress produced as a result of a lack of identity-verification has consequences not just for psychological well-being but for the development and maintenance of the self-concept. Moreover, mental health problems that might normally result from discrepancies between the identity standard and self-perceptions are ameliorated by positive self-views. These studies also support the assertion made by Ervin and Stryker (2001): that the relationship between identities and self-esteem is important and particularly relevant to studies linking identities and mental health.

HYPOTHESES

This study explores the relationships among identity discrepancy, self-esteem, and psychological distress. I begin with an examination of the basic assumptions of IDT (Large and Marcussen 2000; Marcussen and Large 2003) that specify the
relationship between the type of discrepancy experienced (aspiration and obligation) and the form of distress experienced (depression and anxiety). Specifically, I test the following hypotheses:

Hypothesis 1: The greater the aspiration discrepancy, the greater the depression.

Hypothesis 1a: Aspiration discrepancies will have a greater impact on depression than on anxiety.

Hypothesis 2: The greater the obligation discrepancy, the greater the anxiety.

Hypothesis 2a: Obligation discrepancies will have a greater impact on anxiety than on depression.

Drawing on theory and research linking identity and self-esteem, this study also examines the relationship between identity discrepancy and self-esteem. In particular, I focus on Cast and Burke's (2002) characterization of self-esteem as an outcome and resource in the identity-verification process. I expect that the failure to verify aspirations and obligations will be negatively associated with self-esteem. Further, self-esteem should protect individuals from the otherwise psychologically damaging effects of identity discrepancy. Specifically, I examine the following hypotheses:

Hypothesis 3: The greater the discrepancy with respect to aspirations and obligations, the lower an individual's level of self-esteem.

Hypothesis 4: The association between discrepancy and distress will be weaker for individuals who have higher levels of self-esteem.

METHODS

Sample

Data for these analyses come from 306 self-administered questionnaires completed by undergraduate students at a midwestern university. Although limited in terms of its generalizability, this sample is suitable for testing some of the basic theoretical propositions of IDT, and for exploration of the links among discrepancies, self-esteem, and distress. Because of the nature of the sample, the focus of this article is on identities that were most likely to be held by a student population: student, child, and friend.

Dependent Measures

This study examined two measures of psychological distress: depression and anxiety. Depression was measured with items from the Center of Epidemiological Studies–Depression scale (Radloff 1977) and anxiety was measured with items from the General Social Survey (Davis, Smith, and Marsden 2003). Although a substantial correlation between depression and anxiety is common in mental health research, the goal of IDT is to predict these disorders differentially. For that reason, I used four items from each scale that have the least amount of overlap between the two constructs (see Marcussen and Large 2003).
For each measure of distress, respondents were asked to record how many days in the past week they experienced a number of symptoms. For depression, the items were: I was bothered by things that usually don’t bother me; I felt that I could not shake off the blues even with help from my family or friends; I felt depressed; and I felt sad. For anxiety, the items were: I felt so restless that I couldn’t sit long in a chair; I felt worried a lot about little things; I felt anxious and tense; and I had trouble in keeping my mind on what I was doing. Responses ranged from zero to seven days (Cronbach’s alpha = .92 for depression and .77 for anxiety).

Independent Measures

To assess identity discrepancies, respondents considered themselves with respect to three identities: student, child (son or daughter), and friend. For each identity, respondents reported the extent to which a given list of adjectives described (1) how others view them in terms of the identity (self-relevant perceptions), (2) how they aspire to be in terms of the identity (aspirations), and (3) how they feel they should be in terms of the identity (obligations). The adjectives for each identity include those that were selected based on a pilot test that asked students to identify the characteristics they believed to be relevant to these roles. For student identity, the adjectives were disorganized, social, irresponsible, studious, and intense. For child identity, the adjectives were disobedient, friendly, caring, dependent, and truthful. For friend identity, the adjectives were funny, honest, protective, dependable, and communicative. Responses were coded from 0 (not at all) to 10 (extremely). For each identity, two sets of discrepancy scores were calculated by taking the absolute differences between the scores on aspiration items and obligation items from scores on corresponding self-relevant perceptions. High scores indicate high levels of discrepancy.

Self-esteem was assessed using Rosenberg’s (1979) 10-point self-esteem scale. Respondents recorded the extent to which they agreed with the following statements: I feel that I’m a person of worth, at least on equal basis with others; I feel I have a number of good qualities; All in all, I am inclined to feel that I’m a failure; I am able to do things as well as most people; I feel I do not have much to be proud of; On the whole, I am satisfied with myself; I certainly feel useless at times; I take a positive attitude toward myself; I wish I could have more respect for myself; and At times, I think I am no good at all. Responses were coded on a 4-point scale from 1 (agree) to 4 (disagree). When necessary, items were recoded such that high scores indicated high self-esteem. All items were then summed to create a scale ranging from 10 to 40 (Cronbach’s reliability = .90).

Background Characteristics

There is little variability in the sample in terms of sociodemographic characteristics. A little more than 90 percent of the sample falls between the ages of 18 and 21, and 97 percent of the sample is unmarried. Although there is some variation in terms of employment (62% employed), preliminary analyses show that none of
these characteristics is significantly related to self-esteem or psychological distress. As such, these variables were dropped from the final models. Because previous research (Marcussen and Large 2003) indicates that gender is significantly related to distress and identity discrepancies, gender was included as a control variable in all models (male = 0, female = 1). The sample is composed of 217 (71%) women and 89 (29%) men.

Analytic Strategy
I used ordinary least squares (OLS) regression analysis to examine each of the hypotheses discussed above. The first set of analyses focused on the direct effects of aspiration and obligation discrepancy on depression and anxiety. The second set of analyses examined the relationships among identity discrepancy, self-esteem, and distress.5

RESULTS
Zero-order correlations among discrepancy measures and distress measures were examined to assess the relationships among identities standards and to determine how well the measures discriminate the theoretical concepts in the model. The correlations for all study variables can be found in the Appendix. As might be expected, the correlations between obligation and aspiration discrepancies within identities were rather high, ranging from .73 for the student identity to .82 for the friend identity.

Although theoretically distinct, these high correlations reveal a good deal of overlap in the measures of aspirations and obligations. To address issues of multicollinearity that might result from these relationships and the inclusion of interaction terms that include obligation and aspiration discrepancies, I centered the variables that comprised the discrepancy-self-esteem interaction terms (Aiken and West 1991). I also conducted multicollinearity diagnostics by assessing tolerance and variance inflation factors for each model. These analyses (not shown) indicate that multicollinearity does not pose a threat to the findings reported below.

Table 1 shows the descriptive statistics for the dependent and independent measures. Interestingly, the mean scores for discrepancy are highest for the student identity, both with respect to aspiration discrepancies and obligation discrepancies. This could be because the student identity was made more salient in this particular situation.

Identity Discrepancies and Psychological Distress
Table 2 shows the results for the relationships among identity discrepancies, depression, and anxiety.6 As indicated in the first row of the table, I find some support for Hypothesis 1, which predicts that aspiration discrepancies will be positively associated with distress. Specifically, aspiration discrepancies are significantly and positively related to depression for the student identity ($\beta = .168$) and for the child
TABLE 1
Descriptive Statistics for Study Variables (N = 306)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
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<tbody>
<tr>
<td><strong>Dependent and moderating variables</strong></td>
<td></td>
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</tr>
<tr>
<td>Depression</td>
<td>8.82</td>
<td>7.04</td>
<td>0–28</td>
</tr>
<tr>
<td>Anxiety</td>
<td>11.26</td>
<td>6.04</td>
<td>0–28</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>31.45</td>
<td>5.72</td>
<td>13–40</td>
</tr>
<tr>
<td><strong>Identity discrepancies</strong></td>
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<td></td>
</tr>
<tr>
<td>Aspiration</td>
<td></td>
<td></td>
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<tr>
<td>Student identity</td>
<td>10.69</td>
<td>6.59</td>
<td>0–35</td>
</tr>
<tr>
<td>Child identity</td>
<td>8.11</td>
<td>6.18</td>
<td>0–47</td>
</tr>
<tr>
<td>Friend identity</td>
<td>6.41</td>
<td>4.94</td>
<td>0–36</td>
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<tr>
<td>Obligation</td>
<td></td>
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</tr>
<tr>
<td>Student identity</td>
<td>12.91</td>
<td>6.72</td>
<td>0–37</td>
</tr>
<tr>
<td>Child identity</td>
<td>4.76</td>
<td>4.32</td>
<td>0–30</td>
</tr>
<tr>
<td>Friend identity</td>
<td>5.46</td>
<td>5.46</td>
<td>0–40</td>
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</tbody>
</table>

identity (β = .182). Aspiration discrepancies are not, however, significantly related to depression for the friend identity. Hypothesis 1a further predicts that aspiration discrepancies will be more strongly associated with depression than with anxiety. I find support for this hypothesis for the child identity only (β = .182 and .140, respectively).

Turning to obligation discrepancies, I do not find support for Hypothesis 2. That is, obligation discrepancies are not significantly associated with anxiety for any of the three identities. Hypothesis 2a states that the relationship between obligation discrepancies and distress will be stronger for anxiety than for depression. I do not find support for this hypothesis in either the student or the friend identity. For the child identity, and consistent with Hypothesis 2a, the effect of obligation discrepancy on anxiety is stronger than the effect of obligation discrepancy on depression.

TABLE 2
Standardized Coefficients for the Relationship between Discrepancies, Depression, and Anxiety for Student, Child, and Friend Identities

<table>
<thead>
<tr>
<th></th>
<th>Student Identity</th>
<th>Child Identity</th>
<th>Friend Identity</th>
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<tbody>
<tr>
<td></td>
<td>Depression</td>
<td>Anxiety</td>
<td>Depression</td>
</tr>
<tr>
<td>Aspiration discrepancy</td>
<td>.168*</td>
<td>.234**</td>
<td>.182*</td>
</tr>
<tr>
<td>Obligation discrepancy</td>
<td>.042</td>
<td>.042</td>
<td>.022</td>
</tr>
<tr>
<td>R²</td>
<td>.068</td>
<td>.095</td>
<td>.065</td>
</tr>
</tbody>
</table>

*Note: All models control for gender.
* p < .05; ** p < .01.
(β = .108 and .022, respectively). Nonetheless, the relationship between obligation discrepancy and anxiety is not significant for the child identity.

The Relationships among Discrepancies, Self-Esteem, and Psychological Distress

The next set of analyses examines the relationships between identity discrepancy and self-esteem. The hypothesis related to these analyses (Hypothesis 3) predicts that both types of identity discrepancy will be negatively associated with self-esteem. As can be seen in Table 3, and consistent with this hypothesis, aspiration discrepancies are associated with self-esteem for the student identity (β = −.325), the child identity (β = −.256), and the friend identity (β = −.229). Specifically, individuals with higher levels of aspiration discrepancies reported lower self-esteem than did those who reported lower levels of discrepancy. Obligation discrepancies, however, are not significantly related to self-esteem for the student, child, or friend identities net of the relationship between aspirations and self-esteem.

Tables 4 and 5 present the results for the relationships among discrepancies, self-esteem, and distress. To better illustrate the moderating (and mediating) influence of self-esteem in the relationship between identity discrepancy and distress, the first model in these tables reiterates that relationship (as seen in Table 2). The second model steps in self-esteem only. The third model includes discrepancy and self-esteem interactions and is the focus model for Hypothesis 4. For ease of interpretation, I examine these relationships across the three identities separately for depression and anxiety.

Table 4 shows the relationships among self-esteem, discrepancy, and depression. As can be seen in Model 2 across all three identities, and consistent with previous research, self-esteem is significantly (and negatively) related to depression. Model 3 also indicates that self-esteem does not buffer the effect of discrepancy on depression for any of the identities examined here. Therefore, Hypothesis 4 is not supported with respect to depression. Instead, the significant relationship between aspiration discrepancy and self-esteem for all three identities (see Table 3), combined with the results shown in Table 4 (Models 1 and 2), indicates that self-esteem mediates the relationship between aspiration discrepancy and depression for the student and the child identities.

<table>
<thead>
<tr>
<th>TABLE 3</th>
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<tr>
<td>Standardized Coefficients for the Relationship between Discrepancies and Self-Esteem for Student, Child, and Friend Identities</td>
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<td>---------------------------------</td>
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<td></td>
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<td>--------------------------------</td>
</tr>
<tr>
<td>Aspiration discrepancy</td>
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<tr>
<td>Obligation discrepancy</td>
</tr>
<tr>
<td>Constant</td>
</tr>
<tr>
<td>$R^2$</td>
</tr>
</tbody>
</table>

Note: All models control for gender.

*p < .05; **p < .01; ***p < .001.
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<thead>
<tr>
<th></th>
<th>Student Identity</th>
<th></th>
<th>Child Identity</th>
<th></th>
<th>Friend Identity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td>Aspiration discrepancy</td>
<td>0.168*</td>
<td>-0.001</td>
<td>-0.004</td>
<td>0.182*</td>
<td>0.048</td>
<td>0.009</td>
</tr>
<tr>
<td></td>
<td>(0.179)</td>
<td>(0.001)</td>
<td>(0.005)</td>
<td>(0.206)</td>
<td>(0.054)</td>
<td>(0.010)</td>
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<tr>
<td>Obligation discrepancy</td>
<td>0.042</td>
<td>0.014</td>
<td>0.008</td>
<td>0.022</td>
<td>-0.039</td>
<td>-0.031</td>
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<tr>
<td></td>
<td>(0.044)</td>
<td>(0.014)</td>
<td>(0.009)</td>
<td>(0.036)</td>
<td>(0.063)</td>
<td>(0.099)</td>
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<tr>
<td>Self-esteem</td>
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<td>-0.514***</td>
<td>-0.525***</td>
<td>-0.512***</td>
<td>-0.543***</td>
<td>-0.524***</td>
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<td></td>
<td>(-0.637)</td>
<td>(-0.629)</td>
<td>(-0.640)</td>
<td>(-0.624)</td>
<td>(-0.662)</td>
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<tr>
<td>Aspiration × self-esteem</td>
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<td>-0.150</td>
<td>-0.167</td>
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</tr>
<tr>
<td></td>
<td>(-0.024)</td>
<td>(-0.019)</td>
<td>(-0.021)</td>
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<tr>
<td>Obligation × self-esteem</td>
<td>0.103</td>
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<td></td>
<td>(0.016)</td>
<td>(0.012)</td>
<td>(0.013)</td>
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<tr>
<td>R²</td>
<td>0.068</td>
<td>0.306</td>
<td>0.299</td>
<td>0.065</td>
<td>0.301</td>
<td>0.308</td>
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Note: All models control for gender.

* p < .05; ** p < .01; *** p < .001.
### Table 5
Standardized (Unstandardized) Effects of Aspiration and Obligation Discrepancies on Anxiety (N = 306)

<table>
<thead>
<tr>
<th></th>
<th>Student Identity</th>
<th>Child Identity</th>
<th>Friend Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Model 3</td>
</tr>
<tr>
<td>Aspiration discrepancy</td>
<td>.234**</td>
<td>.104</td>
<td>.104</td>
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<td></td>
<td>(.212)</td>
<td>(.095)</td>
<td>(.095)</td>
</tr>
<tr>
<td>Obligation discrepancy</td>
<td>.042</td>
<td>.021</td>
<td>.019</td>
</tr>
<tr>
<td></td>
<td>(.038)</td>
<td>(.018)</td>
<td>(.017)</td>
</tr>
<tr>
<td>Self-esteem</td>
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<td>-.398***</td>
<td>-.411***</td>
</tr>
<tr>
<td></td>
<td>(-.416)</td>
<td>(-.415)</td>
<td>(-.430)</td>
</tr>
<tr>
<td>Aspiration × self-esteem</td>
<td>-.059</td>
<td></td>
<td>-.316**</td>
</tr>
<tr>
<td></td>
<td>(-.009)</td>
<td></td>
<td>(.034)</td>
</tr>
<tr>
<td>Obligation × self-esteem</td>
<td>.061</td>
<td></td>
<td>(.008)</td>
</tr>
<tr>
<td></td>
<td>(.294*)</td>
<td></td>
<td>(.047)</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.095</td>
<td>.231</td>
<td>.232</td>
</tr>
</tbody>
</table>

Note: All models control for gender.

* $p < .05$, ** $p < .01$, *** $p < .001$. 

Table 5 examines these same relationships for anxiety, and shows a different pattern of results. As seen in Model 2 and similar to the findings for depression, I found support for Hypothesis 3. For each of the identities, self-esteem is negatively associated with anxiety. However, unlike the findings for depression, self-esteem also moderates the relationship between discrepancy and anxiety. As stated, Hypothesis 4 predicts that the association between discrepancy and distress will be lower for those with higher self-esteem. This is the case for aspiration discrepancies for both the child and the friend identities. Because the main effects for aspiration discrepancy and anxiety are not significant for either of these two identities, however, the effect is not what would traditionally be considered a “buffering” effect. Nonetheless, high levels of self-esteem are shown to be beneficial in the face of aspiration discrepancies.

Contrary to the findings for aspiration discrepancies, the interactions between obligation discrepancies and self-esteem for these two identities are significant and positive. In other words, higher levels of self-esteem do not protect individuals from the harmful effect of obligation discrepancies on distress. Instead, among individuals with higher levels of self-esteem, the relationship between obligation discrepancy and anxiety is stronger (rather than weaker) compared to individuals with lower levels of self-esteem. As with the results discussed above, the association between obligation discrepancy and anxiety appears to be conditional on self-esteem—as the relationship between obligation discrepancy and anxiety (shown in Model 1) is not significant. Figures 1 and 2 illustrate the pattern of the interaction effects for the child identity, which are similar to the interaction patterns for the friend identity.

![Figure 1](image_url)

**Figure 1**

Relationship Between Child Aspiration Discrepancy, Self-Esteem, and Anxiety
Figure 2
Relationship Between Child Obligation Discrepancy, Self-Esteem, and Anxiety

DISCUSSION

The theory tested in this study focuses on the relationship between role-identities and feedback from one’s social environment to explain psychological distress. Specifically, IDT combines sociological and psychological theories of self and identity to predict distress that arises from an interruption between self-relevant perceptions and the meaning of an identity in terms of aspirations or obligations (or both). A better understanding of the relationships among identities, self-esteem, and psychological distress contributes more generally to a growing body of research linking social roles and mental health.

This study supports some, but not all, of the hypotheses proposed by IDT. For both the student and child identities, discrepancies between aspirations and self-relevant perceptions are associated with depression, as predicted. Moreover, and consistent with the theory, the relationship between aspiration discrepancies and depression is significantly stronger in magnitude than the relationship between aspiration discrepancies and anxiety for the child identity. This relationship does not hold, however, for the student and friend identities.

This test of the theory did not find support for the proposed relationship between obligation discrepancies and anxiety. Although modest support for this relationship appears in previous research (Marcussen and Large 2003), the findings reported here do not indicate that distress is significantly associated with obligation-related discrepancies.

In addition to examining the basic hypotheses of IDT, I investigated self-esteem as an outcome of aspiration and obligation discrepancies. Again, I found that aspiration discrepancies—not obligation discrepancies—are associated with self-esteem in the predicted direction. That is, for each of the three identities, higher levels of
aspiration discrepancies are associated with lower levels of self-esteem, and obligation discrepancies are not significantly related to self-esteem. Although unexpected, this finding is somewhat consistent with previous research that examines self-discrepancies and self-esteem. For instance, Moretti and Higgins (1990) report that discrepancies that occur between the actual-self and ideal-self are negatively related to self-esteem, whereas discrepancies occurring between the actual-self and ought-self are unrelated to self-esteem. A critical difference in this research is that discrepancies occur at the level of the global self, rather than within role-identities. As such, an actual-ideal discrepancy (in terms of its measurement and conceptual meaning) is more directly related to measures of self-esteem than would be the case with an aspiration discrepancy that occurs within a particular identity. Moreover, the correlations between self-esteem and both types of discrepancies are significant and negative, indicating some relationship between obligation discrepancies and self-esteem. Nonetheless, the similarity in findings across the two studies raises questions concerning the overlap between measurement of aspirations and self-esteem.

Finally, I examined whether self-esteem protects individuals from aspiration and obligation discrepancies. Interestingly, my findings appear to be dependent on both the type of discrepancy involved and the form of distress. When aspiration discrepancies are significantly associated with distress (either depression or anxiety), they are mediated, but not moderated, by self-esteem. Specifically, self-esteem mediated the relationship between aspiration discrepancy and depression for the student identity and between aspiration discrepancy and anxiety for the student identity.

The patterns seen in the relationships between the child and friend identities and anxiety indicate a more complex relationship than expected. First, the relationship between aspiration discrepancy and anxiety was moderated by self-esteem for both the child and the friend identities in the predicted direction. In other words, self-esteem appears to be protective of aspiration discrepancies for these two identities with respect to anxiety. As discussed, however, there is not a main effect between child-aspiration discrepancy and anxiety, nor is there a main effect between friend-aspiration discrepancy and anxiety. Therefore, high levels of self-esteem do not buffer an otherwise significant effect of discrepancy. Instead, the relationship between aspiration discrepancies and anxiety appears to be conditional on self-esteem. Individuals with high self-esteem have lower levels of anxiety in general and appear to be relatively unaffected by aspiration discrepancies, whereas individuals with low self-esteem experience greater anxiety at higher levels of discrepancy.

With respect to obligation discrepancies, the interaction between self-esteem and obligation discrepancy yields the opposite pattern for the child and friend identities. In other words, having high levels of self-esteem appears to strengthen the association between obligation discrepancy and anxiety rather than protect individuals from the negative consequences of this stressor. Once again, the findings show different patterns for aspiration and obligation discrepancies and raise interesting questions about differences in how individuals respond to these aspects of identity. On the one hand, when considering one's ideals and desires, self-
esteem appears to be a positive resource for individuals in the face of discrepancy. Failure to meet one's aspirations may be offset by having a generally positive self-image. This finding is consistent with past research (Cast and Burke 2002). On the other hand, the inability to meet responsibilities appears to be more psychologically harmful to individuals who possess higher self-esteem. Perhaps these individuals feel that they are more accountable (to self and others) for failing to meet the obligations and expectations associated with their various identities. Although the findings are not as predicted, they indicate that incorporating self-esteem is necessary to better understand the ways in which aspiration and obligation discrepancies differentially influence mental health.

CONCLUSIONS AND FUTURE DIRECTIONS

There are several strengths to this study. First, it draws on theoretically based research from sociological and psychological self and identity theories and extends these theories by elaborating identity meaning to include aspirations and obligations. The development of formal theories of identity should help to increase the likelihood of predicting distress outcomes, a goal especially relevant to IDT. Second, this research elaborates the link between self-esteem and identity theory, which represents an important step in both areas of research. Although I do not make specific predictions about how particular types of discrepancy (aspiration or obligation) should influence or be influenced by self-esteem, the results suggest that these particular dimensions of identity meaning relate differently to self-evaluation. Finally, despite the limited nature of the sample, the data used in this study allow for investigating multiple identities. The results provide some preliminary support for the notion that the relationships between aspiration and obligation discrepancies, self, and mental health vary across identities.

That said, there are a number of limitations of the study, most of which pertain to the data. These limitations raise concerns about the findings presented, but also point to directions this research can take in the future. The first concern involves the measurement of the key theoretical constructs. Although it is fair to assume that aspiration and obligations are empirically related to one another, they are theoretically or conceptually distinct. High correlations of these constructs in these data between aspiration and obligation discrepancies (from .73 to .82) within role identities (as seen in Table 2) call into question the discriminant validity of the measures in this data. As discussed in previous research (Marcussen and Large 2003), this is likely to be, at least in part, a product of how the dimensions were obtained. When respondents identified the dimensions that they believed to be relevant for these roles, they may have been predisposed to think in terms of social expectations in this context. This would result in a higher correlation between aspirations and obligations than would be desirable for a distinction between ideals and oughts.

The ability to adequately distinguish ideal and ought discrepancies is imperative to future studies that attempt to determine the differential effects of aspirations and obligations on mental health. For instance, in this study, aspiration discrepancies are more strongly related to both distress and self-esteem than are
obligation discrepancies. Moreover, high levels of self-esteem appear to reduce the impact of discrepancy on distress for aspiration-related discrepancies only. From these findings, we could conclude that only discrepancies that occur at the level of the desired or ideal self (i.e., aspiration discrepancies) influence self-evaluation and mental health. Similarly, it could be the case that self-esteem protects only certain types of identity discrepancies or, more specifically, that individuals with high self-esteem may be more sensitive and therefore react more strongly to certain types of discrepancies (e.g., discrepancies that involve obligations or perceived responsibilities) than do individuals with lower self-esteem—an argument consistent with the findings in this study. Although drawing these conclusions might be reasonable, it is probably premature without data that more clearly distinguish aspirations and obligations. The results presented here certainly suggest that aspirations and obligations have different effects on the self and mental health and thus highlight the need to explore further specific types of identity meaning in linking identity processes to self-esteem and distress. This exploration, however, must include better ways in which to disentangle these dimensions of the identity standard.

Once these measurement issues are addressed, research could take many directions to broaden the scope of IDT. These directions should involve further developing the theoretical model and expanding the applicability of the theory.

In terms of elaborating the model, it would be useful to extend ideas about what constitutes input into the identity system. This can be accomplished in several ways that seem especially important to this particular research. First, examinations of different types of significant others might be useful in determining the extent to which discrepancies influence mental health. Feedback from parents, spouses, friends, co-workers, and the like may differentially impact how discrepancies affect health; quite possibly, the strength of these influences varies by identity.

In addition to including other sources of significant others, incorporating different forms of input might shed light on the relationships between the discrepancies and distress (Large and Marcussen 2000). This study focuses on self-reflected appraisals in the form of perceptions of how others see an individual in a particular role. Although reflected appraisals play a central role in most identity models, social psychologists have long argued that the self develops by absorbing information in a variety of ways, including social comparisons, reference groups, and self-appraisals (Rosenberg 1981). Indeed, theorists have argued that different forms of feedback influence aspects of self-esteem differently (Bandura 1977; Burke and Stets 1999; Gecas and Schwalbe 1983). These sources may also differentially influence aspects of identity meaning. For instance, it is possible that self-relevant perceptions are critical sources of feedback for aspirations and obligations may be more strongly influenced by social comparisons. This might explain why this study yielded more support for the influence of aspiration discrepancies than for obligation discrepancies.

There have also been a number of developments in self-esteem research that could be incorporated into this research in the future. For instance, role-specific self-esteem might yield different results than those found with global self-esteem. Specifically, role-specific measures of self-evaluation may provide more insight
into the process of discrepancy within identities. Moreover, additional aspects of self-esteem might require closer examination: the distinction between worth-based esteem and efficacy-based esteem (Cast and Burke 2002; Gecas 1982; Gecas and Schwalbe 1983) and the distinction between positive and negative aspects of self-evaluation (e.g., Owens 1993). Cast and Burke (2002) find that efficacy-based, rather than worth-based, self-esteem buffers the effect of verification failure (i.e., discrepancy) on distress for the spouse identity. Examining finer distinctions in self-evaluation could provide more insight into the differential impact of different types of identity discrepancy (aspirations and obligations) on distress.

In terms of broadening the applicability of the research, it will be important to consider an examination of additional identities. The use of student data results in examining a limited number of identities. Investigating a broader array of identities should help to clarify the relationship between identities and well-being more generally and, in particular, may provide valuable insight into the relationships among aspirations, obligations, and social roles. For instance, some identities may comprise more aspirations and others more obligations. Furthermore, it may be more difficult to distinguish aspirations and obligations for some identities than for others. Examining these dimensions of the identity standard in a greater number of social roles may shed light on variation in the composition of identities in terms of aspirations and obligations, and how this variation impacts mental health.

Related to expanding both the theoretical model and its applicability, future studies may consider a more extensive range of mental and physical health outcomes. In this study, the measures include only subjective evaluations of depression and anxiety. Future research may be better able to assess the differential impact of aspiration and obligation discrepancies if symptoms such as somatization are considered, as well as additional dimensions of anxiety, such as social anxiety, guilt, and shame (Marcussen and Large 2003). In addition to including these alternative dimensions of distress, IDT may be useful in predicting other psychological disorders (e.g., substance abuse) and potentially physical illnesses, particularly those highly associated with depression and anxiety (Large and Marcussen 2000).

Finally, future work in this area would benefit from panel data. Because the data used in this study are cross-sectional, I am not able to assess the reciprocal effects among self-esteem, identity discrepancies, and distress. The theories presented here predict that discrepancy will influence self and mental health. However, they also conceptuallyize self and identity processes as dynamic. It is possible—and perhaps even likely—that distress and self-esteem influence the extent to which individuals experience (or perceive that they experience) discrepancies. Longitudinal data would help to sort out the reciprocal nature of the relationships among identity discrepancy, self-esteem, and distress. It would also allow for an examination of the long-term effects of discrepancy on both self-esteem and psychological distress.

Acknowledgments: The author is grateful to Michael D. Large for his contributions to this research and thanks Christian Ritter, Donald C. Barrett, and the anonymous reviewers at Sociological Perspectives for their helpful feedback.
IDENTITIES, SELF-ESTEEM, AND PSYCHOLOGICAL DISTRESS

APPENDIX

Correlations for Study Variables

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<td>.652**</td>
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*p < .05; **p < .01 (two-tailed).

NOTES

1. The label identity-discrepancy theory is used to denote a synthesis of the ideas of both identity-control theory and self-discrepancy theory. As such, the predictions of IDT are consistent with, and meant to represent extensions of, those made in each of these theories. For a more detailed review of IDT and its theoretical roots, see Large and Marcussen (2000).

2. Large and Marcussen (2000) discuss other potential sources of input, including social comparisons, reference groups, and self-appraisals (see also Bandura 1977; Ceces 1982; Rosenberg 1981). Although an examination of these various sources of input represents an important step in extending identity models of distress, this article examines reflected appraisals as a source of self-meaning, as articulated in Burke's original identity model (Burke 1991).

3. Both ICT and IDT are based on principles of self-verification rather than self-enhancement. Nonetheless, as Cast and Burke (2002) point out, these processes are similar to the extent that the identity in question is positively viewed. I do not examine self-esteem as a motive in this article and therefore limit my discussion of this issue.

4. In addition to the adjectives identified in the pilot study (discussed in Marcussen and Large 2003), each index also includes the adjectives good, powerful, and active. These items were chosen because they reflect responses to stimuli that are thought to be universally experienced (Osgood, May, and Miron 1975).

5. An earlier test of the theory (Marcussen and Large 2003) used structural equation modeling (SEM) and showed mixed support for the central hypotheses advanced by IDT. Because the present study focuses on interactions between self-esteem and discrepancies, I used OLS regression analysis rather than SEM. A more detailed discussion of the findings using SEM, however, is presented in Marcussen and Large (2003), and is available on request.

6. Scales for depression, anxiety, and self-esteem were logged (in analyses not shown) owing to their skewed distribution. Transforming the dependent variables did not significantly change the pattern or the magnitude of the effects.
7. The relative importance or salience of each identity is an important consideration in determining its effect on distress and self-esteem. In preliminary analyses, salience did not influence the patterns of results in these data. However, future research might investigate alternative measures of identity importance (e.g., psychological centrality) to determine the extent to which the relevance of each identity affects the relationships among discrepancy, distress, and self-evaluation.

8. In analyses not shown, I examined the items of the Rosenberg (1979) self-esteem scale separately on the basis of items that are reported to correspond with worth-based and efficacy-based self-esteem (see Cast and Burke 2002). The results of these analyses indicate that worth-based self-esteem is more strongly associated with student, friend, and child identity discrepancies than is efficacy-based self-esteem. However, future research examining the relationship between aspiration and obligation discrepancies and self-esteem may benefit from examining more complete measures of efficacy-based esteem.

REFERENCES


