"REACHING FOR THE STARS" AND "LOOKING DOWN FROM A PEDESTAL": DO DISCREPANCIES BETWEEN THE SELF AND POSITIVE OR POOR ROLE MODELS INFLUENCE EMOTIONAL ADJUSTMENT?

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The present study expands on previous research by examining social comparisons between the self and personally known positive and poor role models. Consistent with previous research on upward social comparisons, discrepancies between the self and positive role models (i.e., reaching for the stars) were more associated with self-esteem and anxiety. In contrast, downward social comparisons involving discrepancies between the self and poor role models (i.e., looking down from a pedestal) were more associated with depression and anger rumination. Findings are discussed within the context of the conceptual framework of "reaching for the stars" and "looking down from a pedestal".

Key words: *Idiographic methodology, social comparisons, self-discrepancies, role models, psychological adjustment.*

"Do not overrate what you have received, nor envy others. He who envies others does not obtain peace of mind".

– Buddha

The impact of social comparisons has been of interest since Festinger's original conceptualization of Social Comparison Theory (SCT) in 1954 to present research (e.g., Chambers & Whindschitl, 2009). SCT research ranges from examining how individuals select potential models or groups for self comparisons (e.g., Blanton, Buunk, Gibbons, & Kuyper, 1999), to how social comparisons are related to performance (e.g., Chambers & Whindschitl, 2009), to how social comparisons are related to psychological adjustment (e.g., Ahrens & Alloy, 1997). The present study expands on previous research by examining social comparisons in the context of interpersonal characteristics rather than comparisons between the self and another's performance. These social comparisons could in fact influence positive and negative self states such as the development of the feared self (Carver, Lawrence, & Scheier, 1999), the undesired self (Ogilvie, 1987), and the ideal self (James, 1890; Rogers, 1961). Moreover, the current study involves each participant generating positive and poor role models rather than the researcher providing comparison groups. The idiographic assessment of influential, personally known individuals can potentially provides more precision in the prediction of psychology adjustment on the individual level rather than the use of nomothetic models.

Historically, social comparison theory has emphasized two major categories of comparisons: downward social comparisons and upward social comparisons (e.g., Chambers & Whindschitl, 2009). Downward social comparisons involve comparing yourself to less fortunate others or poor role models. Upward social comparisons involve comparing yourself to idealized others or positive role models. Downward social comparisons have been related to levels of self-esteem (Gibbons & McCoy, 1991), levels of anger (Bo-

nifield & Cole, 2008), and levels of depression (Ahrens & Alloy, 1997). Upward social comparisons have also been related to levels of depression (Ahrens & Alloy, 1997). Moreover, research has shown that individuals often simultaneously engage in both upward and downward social comparisons (Blanton, Buunk, Gibbons, & Kuyper, 1999). However, research on the impact of personally known role models on psychological adjustment has yet to be examined.

According to Bandura's Social Learning Theory (e.g., Bandura, 1977), individuals acquire interpersonal characteristics from a gradual process of imitating the observable behaviors of others. Thus, role models in the environment influence the development of the self. For instance, fictional "superstars" have been found to produce either self-enhancement when the modeled success was attainable or self-deflation when the modeled success was unattainable (Lockwood & Kunda, 1997). There has also been research suggesting that the level of exposure of the role model or social referent impacts self-evaluation (Chambers & Whindschitl, 2009). Hence, personally known individuals are more likely to have a stronger impact on self-evaluations, in part due to exposure, than famous or fictional individuals. Thus, the present study builds on this previous work by examining the impact of personally known individuals in each participant's life. The theoretical framework used in the present study for role model impact was George Kelly's Personal Constructs Theory (1955) which directly relies on the use of social comparison in the formulation of self. Kelly (1955) developed the repertory grid technique, utilized in the present study, to capture the self in the context of the social world on an idiographic level.

Another unique component of the present study involves discrepancies between the self and personal role models in the prediction of psychological adjustment. This approach draws from Self-Discrepancy Theory (Higgins, 1987) which involves the prediction of specific psychological adjustment states (e.g., depression) in relation to specific self-discrepancies (e.g., the discrepancy between the current view of self and the ideal self or how one hopes to be). It was presently hypothesized that the use of upward (positive role models) and downward (poor role models) social comparisons would be related to specific types of psychological adjustment. The magnitude of discrepancy between the self and either positive or poor role models was hypothesized to be related to higher levels of psychological maladjustment. Specifically, higher levels of depression and anger rumination were predicted to relate to higher discrepancies in upward social comparisons. This discrepancy can conceptually be thought of as the individual "reaching for the stars" and try to obtain characteristics of esteemed role models. Further, higher levels of depression, anger rumination, and anxiety and lower levels of self-esteem were predicted to relate to smaller discrepancies in downward social comparisons. This discrepancy can conceptually be thought of as the individual "looking down from a pedestal" and trying to distance oneself from poor or undesirable role models.

METHOD

Participants

Three hundred-fourteen individuals (183 women and 131 men; M = 19.33 years of age, SD = 1.89) participated in the present study for partial credit towards a course requirement. The sample was comprised of 84.8% Caucasians, 3.8% Multi-racial individuals, 3.5% Asian or Pacific Islanders, 3.2% Hispanics, 3.2% African Americans, and .9% Native Americans.

Materials

Anger Rumination Scale. The Anger Rumination Scale (ARS; Sukhodolsky, Golub, & Cromwell, 2001) is a self-report instrument that measures the unintentional and recurrent tendency to focus on anger and recall past episodes of anger. Participants provided responses for 15 items of the ARS that correspond to the following three factors: Angry Afterthoughts, Thoughts of Revenge, and Angry Memories. A total score of all 15 items was used for the present analyses

(Cronbach's alpha = .91). Responses were gathered on a four-point Likert scale with *Almost Never* and *Almost Always* as anchors. Higher scores indicate more thoughts and attention focused on anger. The ARS has demonstrated adequate test-retest reliability and construct validity (Sukhodolsky et al., 2001).

Rosenberg Self-Esteem Inventory. The Rosenberg Self-Esteem Inventory (RSEI; Rosenberg, 1965) is a 10-item self-report measurement of global self-esteem. Responses were gathered on a seven-point Likert scale with the anchors *Strongly Disagree* to *Strongly Agree*. Higher scores indicate stronger self-esteem. Adequate reliability and construct validity have been found in previous research (Goldsmith, 1986). The Cronbach's alpha for all 10 items in the present study was .88.

Hamilton Anxiety Rating Scale. The Hamilton Anxiety Rating Scale (HAM-A; Hamilton, 1959) is a self-report checklist of psychological impairments and physiological discomforts. Participants rated the degree to which symptoms of anxiety troubled them over the last week. Responses were gathered on a five-point Likert scale with the anchors *Absent* to *Incapacitating/Devastating*. Higher scores indicate more symptoms of anxiety. Past research has demonstrated that the HAM-A is internally consistent, reliable across time, and is able to distinguish between clinical and non-clinical populations (Hamilton, 1959). The Cronbach's alpha for all 13 anxiety items in the present study was .79.

Center of Epidemiology Studies Depression Scale. The Center of Epidemiology Studies Depression Scale (CES-D, Radloff, 1977) is a self-report instrument of depressive behaviors, thoughts, and feelings. The CES-D consists of 20 statements and participants rate how much each statement applies to them on a four-point Likert scale with *Rarely or None of the Time (Less than 1 day)* to *Most or All of the Time (5-7 days)* as anchors. Higher scores indicate more depression. This measure has demonstrated adequate internal consistency and test-retest reliability as well as evidence of construct validity (Radloff, 1977). The Cronbach's alpha for all 20 items in the present study was .87.

Repertory Grid. Inherent in Personal Construct Theory is the development of self in the context of the individual's social world. Hence, a repertory grid was utilized to capture the view of the self in comparison to personally known others. Participants completed repertory grids via Idiogrid 2.4 software (Grice, 2002) in which they provided the name or title (e.g., Kimberly, Coach) of 12 unique individuals (based on Kelly, 1955). The 12 roles elicited were from the following three categories:

Personality

1. "A person who is really outgoing"
2. "A person who is really shy"
3. "A person who is pleasant"
4. "A person who is unpleasant"

Intelligence

5. "Your favorite teacher"
6. "A teacher who had a point of view you found objectionable"
7. "A person you find to be bright"
8. "A person you find to not be bright"

Morality

9. "A spiritual person"
10. "A person whom you do not trust"
11. "A person you know who upholds high ethical standards"
12. "An unethical person"

Participants then rated these 12 individuals, along with their actual self (i.e., how one currently views her/himself) and ideal self (i.e., how one wishes or hopes to be), on 15 bipolar adjective sets (adapted from Aquino & Reed, 2002; Osgood, Suci, & Tannenbaum, 1957) using a five-point scale ranging from *Strongly Disagree* (-2) to *Strongly Agree* (+2). The presentations of the adjective sets and the individual being rated were randomized for each participant. The 15 bipolar adjective sets represented three domain areas: Personality (*Extraverted vs. Introverted, Agreeable vs. Disagreeable, Conscientious vs. Unconscientious, Emotionally Stable vs. Neurot-*

ic, and Open to New Experiences vs. Conventional), Intelligence (*Intellectual vs. Unintellectual, Creative vs. Uncreative, Sharp vs. Dull, Deep vs. Shallow, and Smart vs. Dumb*), and Morality (*Good vs. Bad, Fair vs. Unfair, Forgiving vs. Unforgiving, Just vs. Unjust, and Honest vs. Manipulative*). This procedure is identical to previous studies utilizing repertory grids (e.g., McDaniel & Grice, 2005; 2008) and captures a breadth of potentially important role models as well as characteristics.

Procedure

In groups of four or less, in private cubicles, participants completed repertory grids as described above. Next, participants completed, in random order, the four psychological adjustment measures. Each participant took no longer than 60 minutes to complete all tasks. All procedures were approved by a human ethics committee.

RESULTS

The 12 models provided by each participant were averaged across all 15 adjective ratings into an overall positive role model category (six odd numbered roles; see *Method* section; reliability = .88) and an overall poor role model category (six even numbered roles; see *Method* section; reliability = .88). To insure that these categories were appropriate, the ideal self, consisting of all 15 adjective ratings, was correlated with the created positive and poor role model categories. Results supported the categorization of role models; the ideal self (how one wishes or hopes to be) was significantly associated with positive role models [r (269) = .58, $p < .001$] and was unrelated to poor role models [r (269) = .11, $p = .09$]. Participants ideally wished to be like individuals who were really outgoing, pleasant, good mentors, bright, spiritual, and ethical which thus indicated their inclusion into the positive role model category. To explore whether positive role models were more consistent in their behavior then poor role models, descriptive statistics were conducted. While positive role models were rated higher in positive qualities than negative role models (Mean = 1.05 and .16, respectively), the standard deviations or variation in behaviors were similar (*SD* = .31 and .33, respectively). Hence, individuals' ideal selves were similar to positive role models and unrelated to poor role model and this finding was not explained by the consistency in role model behavior.

Next, domain-specific positive and poor role model categories were calculated by averaging across the five adjective rating pairs for each domain (*personality*, *morality*, and *intelligence*) for the two elicited positive role model individuals or the two poor role model individuals within each domain. Similarly, an actual self for each rating domain (five adjective rating pairs for each domain) and an overall actual self (15 adjective rating pairs) were calculated. Subsequently, absolute discrepancies between actual self ratings and either positive or negative role models (overall and domain-specific) were created.

Descriptive statistics for the actual self-role model discrepancies within the three domains of personality, intelligence, and morality, across the three domains, as well as the well-being measures of self-esteem, anxiety, depression, and anger rumination, are presented in Table 1.

On average, participants in the present study reported moderate levels of self-esteem, depression, and anxiety as well as relatively lower levels of anxiety. Discrepancies between the self and positive role models (within and across domains) were relatively small when compared with the total possible discrepancy (viz., the average discrepancy was approximately half a scale increment within a four-point possible discrepancy scale). Discrepancies between the self and poor role models (within and across domains) were larger when compared to the self-positive role model discrepancies (viz., the average discrepancy was approximately one scale increment within a four point possible discrepancy scale). Overall positive or poor role model self-discrepancies were very similar to domain-specific discrepancies (see Table 1).

Table 1. *Descriptive statistics for actual self-positive role models discrepancies, actual self-poor role models discrepancies, and psychological adjustment*

Measure		Mean	Standard Deviation	Observed Minimum	Observed Maximum	N
Actual-Positive Role Model Discrepancies						
	Personality	.32	.26	.00	1.53	269
	Morality	.27	.26	.00	1.63	269
	Intelligence	.29	.25	.00	1.30	269
	Overall Average	.29	.17	.01	.94	269
Actual-Poor Role Model Discrepancies						
	Personality	.79	.47	.02	2.36	269
	Morality	.96	.51	.00	2.52	269
	Intelligence	.95	.49	.02	2.17	269
	Overall Average	.90	.39	.13	2.14	269
Psychological Adjustment						
	Self-Esteem	4.66	.83	1.86	6.43	313
	Depression	1.52	.34	.84	2.85	314
	Anxiety	1.41	.45	.69	3.23	314
	Anger Rumination	1.74	.54	1.00	3.53	314

Note. Observed minimum and maximum values in the present sample for each measure are presented. Absolute values are presented for the actual self-role model discrepancies. Discrepancies could range from 0 to 4. Self-esteem could range from 1 to 7. Depression could range from 0 to 3. Anxiety could range from 0 to 4. Anger rumination could range from 1 to 4. *N* values vary based on missing data.

Hence, all subsequent analyses utilized overall discrepancies rather than domain-specific discrepancies.

Next, bivariate correlations between the actual self-positive role model discrepancies, the actual self-poor role model discrepancies, and the measures of psychological adjustment (see Table 2).

As would be expected, psychological adjustment variables were significantly correlated with the strongest relationship between depression and anxiety [r (314) = .62, $p < .001$]. For actual self-positive role model discrepancies, higher discrepancies were significantly correlated with depression and anger rumination while self-esteem and anxiety were unrelated to these types of discrepancies. For actual self-negative role model discrepancies, higher discrepancies were significantly correlated with higher self-esteem and lower anxiety, depression, and anger rumination.

Table 2. *Bivariate correlations between actual self-positive role model discrepancies, actual self-poor role model discrepancies, and measures of psychological adjustment.*

	Actual Self-Positive Role Model Discrepancies	Actual Self-Poor Role Model Discrepancies	Self-Esteem	Anxiety	Depression	Anger Rumination
Actual Self-Positive Role Model Discrepancies	—					
Actual Self-Poor Role Model Discrepancies	.05	—				
Self-Esteem	-.06	.30***	—			
Anxiety	.06	-.14*	-.41***	—		
Depression	.18**	-.17**	-.37***	.62***	—	
Anger Rumination	.13*	-.12*	-.36***	.41***	.49***	—

Note. $^{*}p \leq .05$
$^{**}p \leq .01$
$^{***}p \leq .001$

Lastly, the relative contributions of actual self-positive vs. poor role model discrepancies were examined for the ability to predict each psychological adjustment outcome. Even though the psychological adjustment variables are correlated (see Table 1) and constructs such as depression and anxiety have overlapping features, the relationship between each specific psychological adjustment variable was of interest. Thus, four multiple regressions were conducted with each of the psychological adjustment measures as the outcome variable with actual self-positive and actual self-poor role model discrepancies as predictors. Results from these analyses are presented in Table 3.

Each of the four multiple regression models was significant. Actual self-poor role model discrepancies were significantly predictive of self-esteem, anxiety, depression, and anger rumination in the context of actual self-positive role model discrepancies. Specifically, individuals who had a greater discrepancy between themselves and negative role models were more likely to experience higher levels of self-esteem and lower levels of anxiety, depression, and anger rumination. Furthermore, actual self-positive role model discrepancies were predictive of depression and anger rumination. Specifically, individuals who had larger self-positive role model discrepancies were more likely to experience higher levels of depression and anger rumination.

Table 3. *Multiple regression models predicting measures of psychological adjustment from actual self-positive role model discrepancies and actual self-poor role model discrepancies.*

Psychological Adjustment					Actual Self-Positive Role Model Discrepancies		Actual Self-Poor Role Model Discrepancies	
	F	Degrees of Freedom	Multiple R Squared	p	Standardized Beta	p	Standardized Beta	p
Self-Esteem	13.47	2, 265	.09	<.001	-.08	.21	**.30**	**<.001**
Anxiety	3.48	2, 266	.03	.03	.07	.25	**-.15**	**.02**
Depression	9.05	2, 266	.06	<.001	**.19**	**.002**	**-.18**	**.003**
Anger Rumination	4.42	2, 266	.03	.01	**.14**	**.02**	**-.12**	**.05**
Note. Degrees of freedom varied across psychological adjustment measures based on missing data.								

DISCUSSION

The present results underscore the importance of looking at self-role model discrepancies in both upward and downward social comparisons. When looking at discrepancies between the self and poor role models, the results support the importance of looking down from a pedestal on others for increased self-esteem and decreased anxiety, depression, and anger rumination. Thus, the conceptual idea of individuals looking down from a pedestal on others is useful when describing psychological adjustment and the present study supports the notion that higher pedestals are better for psychological adjustment. When looking at discrepancies between the self and positive role models, the results support the importance of only reaching for the stars when those stars are attainable. If an individual does not share the same characteristics held by idealized, positive role models, then depression and anger rumination can result. Thus, the conceptual idea of individuals reaching for the stars is useful when describing psychological adjustment and the present study supports the notion that closer stars (symbols of achievable behavior) are better for psychological adjustment. These results support previous work on attainable and unattainable characteristics in positive role models (Lockwood & Kunda, 1997).

Some limitations of the present work involve the diversity of the sample, the characteristic domains represented, and the variety of psychological adjustments measured. Future work needs to examine discrepancies between the self and role models within younger age groups in order to assess the impact of role models on identity development and psychological adjustment. Further, the present study explored the domains of the Big Five personality traits, moral characteristics, and intelligence characteristics. While these domains provide a good representation of important characteristics, future studies could incorporate additional domains not utilized in the present study or even have each participant generate personally relevant characteristics. The utilization of personally generated characteristics within repertory grids (e.g., McDaniel & Grice, 2008) would be of specific interest to further explore the connection between personal construct theory and social comparison theory. Lastly, the present study does sample a breadth of psychological adjustment indexes. However, the use of additional psychological adjustment

measures beyond self-esteem, depression, anxiety, and anger rumination could further inform researchers about the relationship between role models and the self.

Overall, the present study makes a unique contribution to the literature by showing the discrepancy between the self and role models may be more informative than just the type of social comparison (upward or downward). Through idiographic methods, the present study sheds light on the impact of positive and poor role models on psychological adjustment. Current findings suggest that for the optimal psychological health one would want to decrease the discrepancy between positive role models and the self while also increasing the discrepancy between the self and poor role models. Further, it appears that smaller discrepancies between the self and poor role models are more detrimental in terms of the number of psychological maladjustment qualities than larger discrepancies between the self and positive role models. In other words, it appears to be much worse to sit on a short pedestal when looking down on poor role models than to fall short reaching for the stars in a high standard positive role models comparison. Lastly, the present study support the conceptual notion of "reaching for the stars" and "looking down from a pedestal". This conceptual framework could be very useful in guiding future studies on social comparisons and psychological adjustment.

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