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Chapter 11

STRENGTH AND WEAKNESS OF CHARACTER: PSYCHOLOGICAL HEALTH AND RESILIENCE

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ABSTRACT

People vary in terms of the extent to which they are disposed to exert self-regulation to achieve actions consistent with their personal morality; that is, people vary in terms of their degree of strength of character (DSC). Those who are more disposed to exert self-regulation (high DSC, or strength of character) behave more consistently with their personal morality than those who are less disposed to do so (low DSC, or weakness of character). In this chapter, we explore potential adverse effects of the unconscious strain produced by behaving in ways that are inconsistent with one's moral beliefs. Morally incongruent behaviour, we suggest, is apt to awaken recurrent, ego-dystonic moral emotions, such as guilt, shame, and regret. Chronic exposure to these emotions, in turn, may cause or contribute to various states of psychopathology, such as depression, anxiety, and somatisation. Furthermore, it may also render people more vulnerable to the deleterious impact of other stress; that is, render people less resilient. Examining the effects of moral functioning on psychological health from the perspective of general moral character, as we endeavour to do in this chapter, provides important insights into these effects additional to those able to be gleaned from the viewpoint of a specific isolated character component, such as personal morality or self-regulation.

Keywords: Self-Regulation, Character Strength, Moral Behaviour, Personal Morality

INTRODUCTION

I am dragged along by a strange new force.
Desire and reason are pulling in different directions.
I see the right way and approve it, but follow the wrong.
Ovid, *Metamorphoses* (as quoted in Haidt, 2006, p. 4)

...the swift ship as it drew nearer
was seen by the Sirens, and they directed their sweet song toward us:

"Come this way, honoured Odysseus, great glory of the Achaians,
and stay your ship, so that you can listen here to our singing;
for no one else has ever sailed past this place in his black ship
until he has listened to the honey sweet voice that issues
from our lips; then goes on, well pleased..."

So they sang, in sweet utterance, and the heart within me
desired to listen, and I signalled to my companions to set me
free, nodding with my brows, but they leaned on and rowed hard,
and Perimedes and Eurylochus, rising up, straightway
fastened me with even more lashings and squeezed me tighter.
(Homer, *The Odyssey*, c. 8th century BCE/1968, p. 188)

Both fictional narrators in these epigraphs experience a conflict between desire and personal morality. Ovid's Medea is torn between her love for Jason and her duty toward her father, a duty she voluntarily embraces. Homer's Odysseus has been forewarned to resist attempting contact when passing the Sirens, whose alluring song has led to the drowning of many a sailor aforetime. Medea and Odysseus, however, respond to their conflicts in different ways, thereby revealing an important difference between their respective moral characters. Medea submits regularly to desire, and thus manifests a tendency to act in ways that are inconsistent with her personal morality (i.e., she shows weakness of character). Odysseus, on the other hand, having committed himself to follow his scruples, has ordered his men to keep him fixed to the mast until clear of danger (an act signifying strength of character). As a result, the former, but not the latter, must lament over her character, and must struggle with recurrent feelings of both guilt and shame. In this chapter, we examine the possibility that these two different patterns, exemplified respectively by Medea and Odysseus, have discriminate and marked effects on various psychological health outcomes. By using character, a higher-order construct (McCullough and Snyder, 2000), to explore the effects of moral functioning on psychological health, we endeavour to employ an approach that may provide important insights into these effects additional to those able to be gleaned by using isolated lower-order or sub-component character constructs, such as personal morality (e.g., Menninger and Pruyser, 1963) and self-regulation (e.g., Weinberger and Schwartz, 1990). Penn and colleagues (Penn, Jayawickreme, Atanasov, and Schien, 2010) recently theorised that the level of consistency between personal morality and typical behaviour - termed, in this chapter, as *degree of strength of character* (DSC) - may affect psychological health indirectly via its effect on chronic moral emotions. Specifically, they argue that behaviour that is consistently "value-incongruent" (and thus is evidence of weakness of character) may be

detrimental to psychological health, because such behaviour might arouse stressful, chronic moral emotions. Furthermore, these emotions may, in turn, render people more vulnerable to the deleterious impact of other stressors; that is, chronic exposure to guilt, shame or regret may be apt to render sufferers less resilient. In this chapter, we put forward DSC as a model that can explain the effects of moral functioning on psychological health and resiliency.

Degree of Strength of Character

Moral character (i.e., character) is a higher-order construct (McCullough and Snyder, 2000) that can be defined as the particular form of development of a person's moral faculties which dispose him or her to excessive, deficient or appropriate behavioural responses (Palmour, 1986). Three features of this definition require further description: moral faculties, character development, and response dispositions.

A behavioural response that is dispositional, that is largely stable across time and situations, is what is referred to as a trait (Pervin, 1994). For example, if Wendy is honest at just about all times (e.g., Monday, Tuesday, Wednesday, etc.) and at all places (e.g., home, work, the markets), then to Wendy can be ascribed the trait of honesty. Response dispositions that are excessive or deficient are, by definition, undesirable, negative, or bad (bad traits), while those that are appropriate are necessarily desirable, positive, or good (good traits). Character is a higher-order construct or global personal quality; to say that someone has a good character is to say that he or she possesses a range of good traits (McCullough and Snyder, 2000).

Character and character traits are valid constructs. While Mischel (1968) influentially argued that human action is largely determined by the situation (i.e., the situationist position), subsequent researchers have argued for an influence of character on behaviour beyond that of contextual factors (see Alzola, 2008; Kenrick and Funder, 1988; Tellegen, 1991 for reviews of the literature). Among the chief objections to the situationist position are: (a) that Mischel's (1968) literature review was selective and biased, in favour of the situationist position (Funder, 2004); (b) that the experimental findings used to support the situationist position do not accurately reflect phenomena found in natural contexts (i.e., limited ecological validity of the research findings); (c) that some of the experimental results are inconclusive; (d) that the experiments were conducted using ambiguous, and extreme and atypical situations; and (e) that the Situationists were incorrect in inferring individual behaviour from group behaviour, and adult behaviour from child behaviour (Alzola, 2008). Furthermore, Epstein and O'Brien (1985) analysed data from five studies commonly used to support the situationist position with a procedure that, unlike those employed originally, accounted for behaviour both across situations and occasions, in keeping with the requirement for determining the influence of traits. Their results, in contrast to those from the original studies, provided strong evidence for the existence of traits. Moreover, current research literature reveals support for an interactional influence of situation and person. A number of interactionist models have been proposed (e.g., Cervone and Tripathi, 2009; Lapsley and Narvaez, 2004).

Three key human faculties that contribute to the development of character were discussed in the pioneering work of Aristotle (c. 330 BCE/1998), each of which has been elucidated

upon by subsequent authors. These are personal morality, desires, and self-regulation. Personal morality is a self-accepted or self-endorsed set of values for good or bad behaviour and character (Cambridge International Dictionary, 1995). Personal morality provides one with standards for guiding and self-appraising one's moral behaviour (e.g., Rokeach, 1973). A person's desires (i.e., impulses, appetites, desires, and emotions) serve to motivate behaviour (e.g., Peabody, 1873). A desire may be directed toward a goal that is either morally good or immoral (Baumeister and Exline, 2000); in other words, a desire may either be compatible or incompatible with personal morality. A morally incongruent desire must be controlled (i.e., regulated) if that person is to avoid acting in a way that is immoral (Baumeister and Exline, 2000), that is, in a way inconsistent with his or her personal morality. Hence, self-regulation is a further faculty that is central to character. Self-regulation can be defined as the conscious and automatic exercise of control over oneself (thoughts, desires, task performances, and attentional processes), especially with respect to aligning the self with preferred (therefore, regular) standards (i.e., values; Vohs and Baumeister, 2004).

Past authors have variously conceptualised the mechanism underlying self-regulation as a cognitive process, as a skill to be learned, or as a strength akin to the traditional concept of "willpower," with empirical evidence supporting the latter notion (see Baumeister, Heatherton, and Tice, 1994 for a review of the literature; see also Baumeister and Heatherton, 1996). According to this model (Baumeister and Heatherton, 1996; Baumeister et al., 1994), at a given time, a person possesses a certain amount of energy or strength that can be expended to oppose desires. Because a desire carries some amount of strength, to resist that desire, a greater quantity of strength must be exerted against it. Because the capacity for self-regulation is an expendable strength, it is therefore a limited resource: one that can be depleted to the point at which self-regulation breaks down. When the amount of stored resource is below that required to resist an opposing desire, the person is helpless and self-regulation will inevitably fail. Baumeister's series of experiments (Baumeister, Bratslavsky, Muraven, and Tice, 1998; Muraven, Tice, and Baumeister, 1998) consistently revealed that people fare worse at self-regulation when they have already just performed a different act of self-regulation than when they have not.

Furthermore, according to the strength model, self-regulatory expenditure or breakdown is not permanent but rather, like muscular energy, the strength resource replenishes. Recent experiments show that at least two factors involved in such replenishment may be blood glucose (Gailliot et al., 2007) and self-affirmation (Schmeichel and Vohs, 2009).

Moreover, the model posits that although an individual's capacity for self-regulation changes moment-by-moment as a function of both exertion and expenditure on the one hand, and rest and replenishment on the other, it also demonstrates considerable cross-situational and temporal stability (Baumeister and Heatherton, 1996; Baumeister et al., 1994). In this way, it is not only a state but also a trait. The relevant analogy here is of bodily strength: That a professional gymnast's physical energy has been depleted following a vigorous exercise session does not change the fact that, in comparison to the average same-aged peer, he or she is a physically strong person. Similarly, some people tend to have a greater capacity for self-regulation than do other people. Baumeister (Baumeister and Heatherton, 1996; Baumeister et al., 1994) cited a number of empirical studies in support of the strength-as-trait notion. For example, Gottfredson and Hirschi (1990) cited extensive evidence in support of the view that crimes usually happen in the context of a lifestyle characterised by an array of self-regulation

failures, both legal and illegal, including a range of crimes, drug abuse, sexual misbehaviour, volatile relationships, gambling, and so forth.

According to the strength model, while self-regulatory failure is inevitable in the case of insufficient stored strength, most notably self-regulation also, and most often, fails when the store is adequate (Baumeister and Heatherton, 1996; Baumeister et al., 1994). In such cases, the person has more-or-less freely and deliberately participated (acquiesced) in behaviours that comprise the self-regulatory failure. In other words, people may, and regularly do, fail to exert the control they have over themselves. Acquiescence is especially likely when the store is partially depleted (i.e., the person is tired). When people acquiesce, they may do so under circumstances that permit them to affirm (albeit erroneously) that self-regulation would be practically impossible. They may feel overpowered momentarily to the point at which they cannot sustain self-regulation, but once they ease the control, they not only fail to reinstate it, but also may even actively engage in obstructing it. For instance, a dieter may feel overcome by stress or desire, such that he or she is unable to avoid all consumption of an excluded food and hence may break down and have one piece of chocolate. At that point, though, he or she overlooks reinstating the restriction and may even actively take part in consuming more chocolate. Baumeister (Baumeister and Heatherton, 1996; Baumeister et al., 1994) proposed that acquiescence is regularly involved in a range of problem behaviours often associated with self-regulatory failure, such as overeating, smoking, excessive alcohol consumption, sexual misbehaviour, prejudicial discrimination, crime, and violence.

By its incorporation of the concept of acquiescence, or failure to exert self-regulation, the strength model has a basis in the notion of human free will. A range of empirical studies underscore people's autonomy in the regulation of an array of personal behaviours, including drug and alcohol use (see Sayette, 2004 and Wertz and Sayette, 2001 for reviews of the literature), aggression, gambling, and shopping (see Baumeister and Heatherton, 1996; Baumeister et al., 2004). For instance, Sayette's reviews of drug cue exposure studies (Sayette, 2004; Wertz and Sayette, 2001) provided initial evidence that acquiescence may influence aspects of the substance craving experience, including magnitude and emotional valence. To cite another example, amongst the Malays, the pattern of running amok institutionalised a widespread view that aggression rooted in anger due to aggravation was uncontrollable; however, when the British took over and put into place severe penalties for running amok, the practice ebbed significantly, suggesting that the young men could control it after all (Carr and Tan, 1976).

Hence, it seems that successful self-regulation depends on the strength both of the desire and the self-regulatory efforts that counter it, and that change in either can turn the scale and affect the result (Dale and Baumeister, 1999). This perspective meets with opposition in the area of substance addiction, where a hard-line version of the disease model (e.g., Miller, 1991) views drug dependency exclusively as an ailment affecting psychological functioning (Stuart, 1995). While the strength model is compatible with a biopsychosocial approach (e.g., Committee on Addictions of the Group for the Advancement of Psychiatry, 2002), in which drug abuse patients are viewed as covering an entire spectrum ranging from those whose problem is largely under personal control to those whose recovery will require intensive medical treatment, the latter model is not compatible with this approach. Rather, it deems attempts at any patient's recovery via correction of a weak character as forlorn, and instead advocates for purely medical intervention (Miller, 1991). This one-size-fits-all approach is at

odds with emerging evidence of a likely role for acquiescence in substance addiction (see Sayette, 2004; Wertz and Sayette, 2001).

The conceptualisation of self-regulation as a strength that is dispositional, and to a degree under the person's autonomous control, implies that just as it is possible to increase physical strength through regular exercise, so self-regulatory strength should gradually develop the more regularly that one exerts it (Baumeister and Heatherton, 1996; Baumeister et al., 1994). There is empirical support for this suggestion (see Baumeister, 2005).

Hence, improvement in the capacity for self-regulation should contribute to the development of character. Indeed, a number of authors (e.g., Baumeister, 2005; Penn and Wilson, 2003) have argued that character is developed through interaction, not only between processes of "nature" (including biological and genetic influences) and "nurture" (including educational and cultural influences), but also "processes of the *self*" (Penn and Wilson, 2003, p. 28), which involve the exercise of free will, and of which one process would comprise the exertion of self-regulation. The existence of these latter set of processes, those pertaining to free will, is a necessary assumption of the character notion. As argued by William James (1890/1950), unless we grant that people are autonomous agents, morality and related concepts (such as character) are meaningless; and the blaming and punishment of those who transgress is senseless, if behaviour is entirely determined and beyond the person's control.

Although a person's character is, according to Palmour (1986), "relatively fixed and marked as an adaptation and strategy toward life" (p. 339), it can become either more or less good as he or she acquires moral traits of a good or bad nature.

The conception of character presented in this chapter is an evaluative one - that is, one that permits ascribing to moral traits terms such as excessive and appropriate, good and bad. But to evaluate character requires that there exists a set of objective or universal standards or values for moral behaviour.

Some metaethicists (e.g., Arrington, 1983; Harman, 1996) have argued that there are no such universal values with which to appraise moral actions, and that morality can only be judged in relation to particular situations, within the values of particular belief systems and socio-historical contexts (moral relativism). Conversely, others (e.g., Andre and Velasquez, 1992; Gowans, 2008; Norris, 1996; Rachels, 1999; Spaemann, 1989) have argued that indeed there is some system of moral values that applies for all similarly positioned individuals, irrespective of social or cultural group membership (e.g., culture, religion, ethnicity, race, nationality, gender), and that sociocultural differences in moral beliefs and practices do not invalidate deciding between good and bad among them (moral universalism). Still others (e.g., Foot, 2002) have offered mixed models that allow for both relativist and universalist elements.

Several arguments have been raised to support a role for universal moral values, and to refute a strict relativist perspective. Some of these are as follows. First, several arguments expose apparent self-contradictions in relativistic theory that serve to invalidate it. These are that it must claim absolute truth for its own position and therefore cannot evade inconsistency (e.g., Norris, 1996; Spaemann, 1989; but see also Mackenzie, 2007); that there are difficulties inherent in specifying the relevant social or cultural group (people typically belong to more than one group, as defined by various criteria, e.g., culture, religion, ethnicity, race, and gender; Gowans, 2008) as well as the prevalent social morality (in our pluralistic society numerous different moral standpoints compete; Spaemann, 1989); and that it leaves unanswered the question of why a particular set of standards are authoritative for persons in a

society (Gowans, 2008; Spaemann, 1989). Second, Rachels (1999) argued that the preclusion of cross-group moral comparisons under moral relativism produced unacceptable consequences. For example, under moral relativism, one would have to deem the persecution of Jews in Nazi Germany morally permissible - even obligatory. Third, Andre and Velasquez (1992) claimed that while the moral practices of groups may differ, the moral values fundamental to these practices do not. For instance, in some societies, killing one's parents after they reached a certain age was common practice, due to the belief that people were better off in the afterlife, if they entered it while still physically fit and active. While such a practice would be condemned in another society, they would still agree with the underlying moral value - caring for parents.

Hence, there is a body of support for the notion that character can be evaluated based on the moral traits that the person manifests, as McCullough and Snyder (2000) claimed. This notion underlies recent psychological research (Fowers, 2005, 2008; Penn et al., 2010) employing Aristotle's (c. 330 BCE/1998) character typology. Aristotle described five types of character, two of which are relevant to the present chapter (see also Penn et al., 2010). Persons with incontinence or weakness of character experience desires incompatible with their personal morality, but tend not to exert self-regulation (such that their behaviour is regularly inconsistent with their personal morality). An example is the man with an alcohol problem whose personal morality is such that he has resolved to drink minimally, yet on each separate outing, finding the desire to keep on drinking, he gives in and binges. Persons with continence or strength of character (not to be confused with the term "strengths of character"; see for example, Peterson and Seligman, 2004) also experience personal-morality inconsistent desires but, unlike persons with weakness of character, are apt to exert self-regulation, such that their behaviour is regularly consistent with their personal morality. Thus, the example can be given of a second man with an alcohol problem who also has resolved to minimise his drinking, yet on multiple outings, desires to continue drinking. Unlike the first man, on each outing he regulates his urge, thereby minimising his intake and remaining sober. Hence, the tendency to exert self-regulation distinguishes weakness of character from strength of character (Baumeister and Exline, 2000; Fowers, 2005, 2008; Penn et al., 2010).

Although Aristotle discussed weakness and strength of character (c. 330 BCE/1998) as two distinct character types, recent empirical evidence suggests that these two constructs represent either extreme of a single dimension. Individuals have fairly stable differences in their ability to exert self-regulation so as engage in moral actions (Baumeister and Exline, 1999, 2000). This implies that there are relatively fixed individual differences in degree of consistency, or inconsistency, between behaviour and personal morality among persons of weak- and strong-character.

Thus, for such individuals, it is possible to speak of a person's DSC (what Penn et al., 2010 refer to as "[level of] value-congruence") which, in conceptual terms, is located at some point along a continuum from low (i.e., weakness of character) through moderate to high (i.e., strength of character). So, to continue with the examples of the men with alcohol problems who have resolved to drink minimally, a third such man may submit to desire on a number of separate outings but resist on several others. The available evidence suggests that the DSC of such a man is somewhere between that of the two other men described above. The DSC construct is summarised in Figure 1 and is defined as level of disposition to exert self-regulation over desires incompatible with personal morality in order to behave in ways consistent with personal morality.

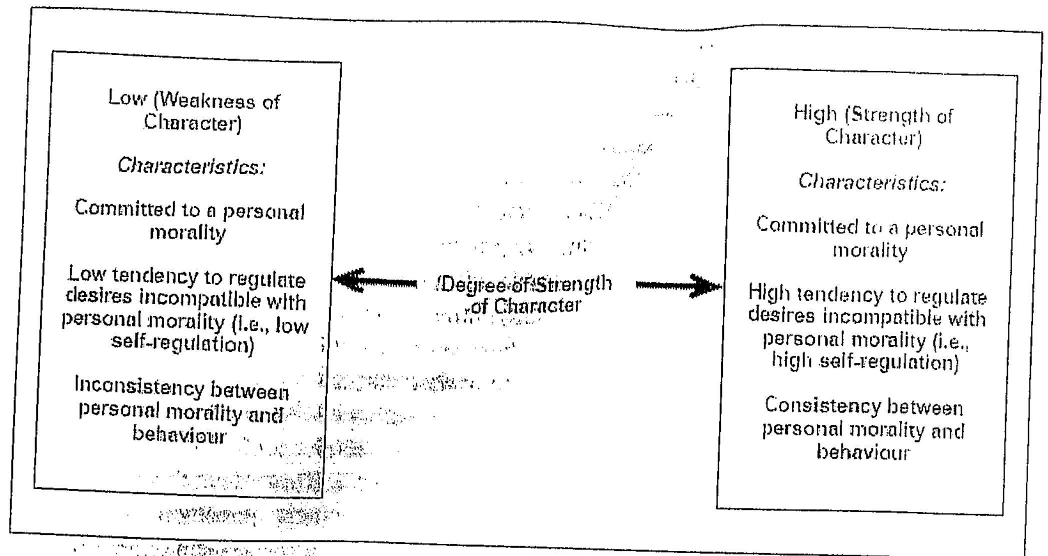

Figure 1. The Degree-of-Strength-of-Character Continuum.

The DSC concept, with its emphasis on the notions of self-regulatory strength and personal morality, is robust to several incompatible aspects of Bandura's (1986, 1991, 1996) social-cognitive theory of moral agency. Bandura initially (1991) argued that willpower or strength has no involvement in self-regulation, although he later (1996) afforded it a limited role. Instead, he emphasised the agent's selective activation and disengagement of socially - or self-imposed sanctions for immoral (i.e., inhumane) behaviour, which are linked to his or her moral standards. From this perspective, self-regulatory failure (acting immorally) is most commonly the result, not of insufficient exertion of strength, but of disengagement of one's moral self-sanctions from inhumane action, that is, non-application of one's moral standards. This is achieved through a variety of psychosocial manoeuvres (e.g., moral justification, disavowing one's sense of personal agency, dehumanising the victim). Through this process, inhumane acts are performed free from self-sanction because they are seen as benign or laudable. Bandura (1991) provided the example of warfare: "The conversion of socialized people into dedicated combatants is achieved not by altering their personality structures, aggressive drives, or moral standards. Rather, it is accomplished by cognitively restructuring the moral value of killing, so that it can be done free from self-censuring restraints" (p. 73).

According to this theory (Bandura, 1991), moral standards do not function as continuous regulators of moral behaviour. Rather, self-regulatory mechanisms only operate when activated and moral sanctions can be disengaged through the aforementioned psychosocial manoeuvring. Selective activation and disengagement of internal control allows the same moral standards to produce different types of behaviour, both humane and inhumane.

Another important component of self-regulation, according to Bandura (1991), is "people's belief in their efficacy to exercise control over their own motivation, thought patterns and actions" (p. 69). He argued: "The stronger the perceived self-regulatory efficacy, the more perseverant people are in their self-controlling efforts and the greater is their success in resisting social pressures to behave in ways that violate their standards. A low sense of self-regulatory efficacy heightens vulnerability to social pressures for transgressive conduct." (p. 69)

Several aspects of the social-cognitive theory of moral agency are incompatible with the DSC notion. First is the minimisation of the role of strength in self-regulation. Despite Bandura's (1996) openly declared de-emphasis of strength, the self-efficacy component of his self-regulation theory implicitly supports, rather than hinges on, the strength notion. As demonstrated above, to "exercise control" (Bandura, 1991, p. 69) entails the exertion of one's strength; it is not a purely cognitive or skill-based procedure (Baumeister and Heatherton, 1996; Baumeister et al., 1994). This point is implicitly supported by Bandura himself, as can be observed, for example, by the following re-examination of the quote provided above: "The stronger the perceived self-regulatory efficacy, the more *perseverant* people are in their self-controlling *efforts* and the greater is their success in *resisting* social *pressures* to behave in ways that violate their standards." (1991, p. 69; Italics added for emphasis.) As explained above, terms such as *pressure*, *effort*, and *resisting* imply a key role for strength in the process of self-regulation.

Second is the notion that both humane and inhumane, and moral and immoral, behaviour can occur with the same moral standards. Here, the incompatibility between the two theories is not that people actually do engage in such psychosocial manoeuvring, but that this could occur whilst leaving moral standards intact. From various meta-ethical standpoints that support the existence of universal moral standards (see above), the conditional application of a universal moral standard is seen as oxymoronic. As noted above, moral standards emerge directly from moral values (e.g., Rokeach, 1973). Bandura appears to be inconsistent on this issue in so far as he deemed the "adoption of standards rooted in a value system" (1996, p. 20) a component of moral agency, yet, in the example of warfare given above, argued that it is possible not to alter moral standards whilst simultaneously "cognitively restructuring the moral value of killing" (1991, p. 73). He did not explain how standards, rooted in values, could nonetheless remain fixed as values are changed. From the perspective of the Aristotelian character typology, the psychological manoeuvring process articulated by Bandura represents the degradation or relinquishment of personal morality that necessitates a decline in character from a position of relative strength or weakness to a position closer to vice (for a discussion of the vice-like or vicious character, see Aristotle, c. 330 BCE/1998; Fowers, 2005, 2008; Penn et al., 2010). An example is the person who believes that in carrying out unprovoked aggression toward a person from a different race, he or she has done no wrong because the target did not have the station of a human being. There are at least several moral values such a person can no longer be said to possess (e.g., integrity [the target is indeed a human being], fairness, equality, peacefulness, and respect).

The third aspect of the social-cognitive theory that is incompatible with the DSC notion is the argument that conscience or person morality does not assist self-regulation by invariantly overseeing behaviour, but that it is only operational when activated. Rather, one's personal morality is likely to be activated far more frequently than Bandura implied. Bandura appears to be one of those many contemporary Western authors who limit the notion of morality by seemingly equating it solely with pro-sociality (for a discussion of cultural variations in the morality concept see Shweder, Much, Mahapatra, and Park, 1997). The extent of his moral concern is limited to acts that may be considered humane or inhumane, as evidenced by the fact that he interchanged the terms moral and humane, and immoral and inhumane. It seems plausible that the average person, given the nature of the daily scenarios he or she is typically exposed to, would not typically face decisions that require him or her to act either humanely or inhumanely. However, employing the broader notion of morality argued for in this chapter,

one that emphasises, in addition to the pro-sociality concept, the notion of character, leads to the conclusion that, over the course of a day, one's personal morality will be recurrently activated in the process of guiding moral behaviour (e.g., to sacrifice comfort by getting out of bed in the morning; to resist temptation by saving the leftover chocolate for tomorrow).

CHRONIC MORAL EMOTIONS

Guilt and shame are distinct yet connected emotions (e.g., Ekman, 1992; Lewis, 1971; Tangney, 1995). They are similar in that they are negatively valanced, self-conscious, moral emotions elicited by similar failures or transgressions, and hence they regularly co-occur (Tangney and Fischer, 1995). Lewis (1971) has received widespread support for her notion that guilt and shame are chiefly distinguished by focus on self (Tangney and Fischer, 1995). In guilt, the person finds fault with his or her behaviour without berating the self, whereas in shame the person's entire self is deemed faulty.

Either emotion can be manifested in chronic form, which can be distinguished from another condition of high guilt or shame: the trait form. Barr (2003), employing general theories of emotion (Diener and Emmons, 1985; Ekman and Davidson, 1994), described the former type as a recurrent condition of guilt or shame commonly devoid of a discernible antecedent event, and the latter type as a guilt or shame disposition that organises adaptive responses to diverse stimuli, trans-situational events, or life situations. With respect specifically to shame, Andrews (1998) likewise differentiated the chronic and trait forms of this emotion. So, too, did Bybee and Quiles (1998) with regard specifically to guilt, but they also proposed a further distinction. They provided empirical support for the notion that chronic guilt and trait guilt differ in accord with Diener's (e.g., Diener and Emmons, 1985) distinction between emotion frequency (the amount or duration of time in which the emotion predominates) and emotion intensity (the strength with which the emotion is experienced) which represent separate processes that uniquely contribute to affective experience. From this perspective, chronicity (i.e., frequency) of guilt is independent of the personal proclivity to experience high intensity guilt (i.e., trait guilt).

That guilt and shame share features resulting in their frequent co-occurrence (Tangney and Fischer, 1995; see above) suggests that chronic shame and chronic guilt may also often co-occur. In this connection, Tangney (e.g., Tangney, Burggraf, and Wagner, 1995) contended that guilt, when chronic, becomes fused with shame. She argued that when guilt experience (e.g., "Oh, what a terrible *thing* I have done") is continual or unresolvable, assessments become more global ("... and aren't I a terrible *person*"), resulting in more frequent shame. A recurrent condition of both guiltiness and shamefulness unattached to an immediate precipitating event may be termed chronic moral emotions. If chronic shame and chronic guilt do often co-occur (thereby validating the notion of chronic moral emotions), then the literature on the assessment of guilt and shame should reveal a relation between the chronic forms of these emotions.

Indices of guilt and shame chronicity (as opposed to trait guilt and shame) are provided by measures requiring respondents to rate how often, frequently, or continually they experience these emotions (Andrews, 1998; Bybee and Quiles, 1998). According to Andrews (1998) and Bybee and Quiles (1998), such measures include Harder, Cutler, and Rockart's

(1992) Personal Feelings Questionnaire (PFQ-2; although it was originally intended to measure the trait forms of these emotions) and Hoblitzelle's (1987) Adapted Shame and Guilt Scale, as well as the Guilt Inventory (GI; Kugler and Jones, 1992) and the Internalized Shame Scale (ISS; Cook, 1994, 2001), which specifically measure chronic guilt and chronic shame, respectively.

Indices of chronic shame and chronic guilt correlate highly. For example, there is a strong correlation both between the guilt and shame scales of the PFQ-2 (r = .64; Harder et al., 1992), and between the GI and the ISS (r = .72; Kugler and Jones, 1992). These findings suggest that chronic shame and chronic guilt often co-occur, thereby supporting the notion of chronic moral emotions.

Chronic Moral Emotions and Psychological Health

Psychological health can be conceptualised as comprising two distinct, though correlated, dimensions; well-being and psychological illness (e.g., Veit and Ware, 1983). The components of psychological illness are hierarchical in nature, with general psychological illness being superordinate to various components such as depression, anxiety, and somatisation (Derogatis and Cleary, 1977). From a psychological perspective, well-being can be divided into two broad theoretical traditions; the eudemonic tradition (also referred to as psychological well-being, or PWB; Keyes, Shmotkin, and Ryff, 2002) and the hedonic tradition (subjective well-being or SWB; Lucas, Diener, and Suh, 1996). To summarise the distinction between these two traditions, the domain of PWB refers to characterological strengths, meaning and purpose in life, and psychological maturity, while SWB refers to the balance of affective states and overall satisfaction and happiness (Keyes et al., 2002).

Moral emotions, when chronic, may cause or contribute to various psychological disorders, such as those relating to depression, anxiety, and substance use (Penn et al., 2010; Tangney and Salovey, 1999). Consistent with this notion, both the PFQ-2 and the GI correlate with increases in numerous SCL-90-R indices of psychological illness in undergraduate samples (Harder et al., 1992; Jones and Kugler, 1993).

Furthermore, at least for chronic guilt, its chronic aspect may be central to its possible adverse effect on psychological health. Diener (e.g., Diener and Emmons, 1985) maintained that frequency (i.e., chronicity) and not intensity of positive emotion is related to psychological well-being, including long-term happiness and self-esteem. Bybee and Quiles (1998) saw the implication of this for guilt, arguing that chronicity and not intensity of guilt is associated with poor psychological health. Tangney and Salovey (1999) shared the same view: "It is not the intensity of one's guilt that drives one to seek therapy but rather the number of situations in which one finds oneself feeling guilt and the persistence with which these guilt experiences eat away at one's peace of mind" (p. 181). In support of this contention, Bybee and Quiles showed that measures of chronic guilt and not of trait guilt (i.e., guilt intensity) correlate with psychological illnesses such as depression.

Moreover, at least for chronic guilt, it may be that, as the emotion becomes more chronic, its adverse effect on psychological health increases (Bybee and Quiles, 1998). Bybee and Quiles (1998) showed that the PFQ-2, which asks respondents to rate how continuously they experience symptoms of guilt; a vague time frame that may extend from hours to years, correlates less strongly with psychological illness than the GI, which includes provisos such

as, "for as long as I can recall" and "if I could live my life over again," phrases implying a very long time perspective.

Several hypothesised mechanisms of the possible adverse effects of chronic moral emotions on psychological health fall under the category of what Meares (2003, p. 691) termed disruptions to the experience of "personal being" or "self", disruptions that he argued are a prevalent feature of all psychological illnesses. First, chronic moral emotions may produce a feeling of contempt or hatred for a morally bad and defective self (e.g., Penn et al., 2010; Tangney, 1996). Second, in cases of chronic moral emotions, individuals may be more likely to see themselves as less authentic (Wood, Linley, Maltby, Baliousis, and Joseph, 2008). Third, they may also exhibit low levels of self-compassion, a state characterised by self-kindness, a sense of common humanity, and mindfulness (Neff, 2003). Fourth, chronic shame may lead to intense, recurrent feelings of helplessness and hopelessness over the difficult or impossible task of remaking or repairing the moral self (Penn et al., 2010; Tangney, 1996).

These "self" disruptions may have substantial and serious consequences for psychological health. Penn et al. (2010) explain the pathway from a pattern of self hate and hopelessness to depression, drug abuse and, in extreme cases, suicide. They note Baumeister's (1991) argument that suicide often results not from the desire to die, but rather the desire to escape the hated self, an argument that is supported by empirical evidence (see Joiner, Brown, and Wingate, 2005 for a review of the literature). They thus argue that individuals with high intensity, negatively-valanced self-awareness (see Penn and Witkin, 1994) who also feel hopeless about the prospects of improving important features of the self, may be at high risk of suicide, and that this is perhaps especially so when other self-escapement attempts (e.g., drug use) have failed.

Fifth, a concomitant of shame is worry that others will view one poorly (Ferguson, Stegge, and Damhuis, 1991). Hence, in the case of chronic shame, such worry may be strong and continual, and may be implicated in various anxiety disorders.

Degree of Strength of Character and Chronic Moral Emotions

DSC is posited to influence chronic moral emotions by affecting negative or positive assessments, of both personal behaviour and the self, in relation to personal morality. Persons of weak character may recurrently assess their behaviour and themselves as failures vis-à-vis their personal morality, since their actions are personal-morality inconsistent (Aristotle, c. 330 BCE/1998; Penn et al., 2010). Thus, it may be that persons of weak character tend to experience chronic moral emotions, as they are apt to recurrently assess their behaviour and selves as failures. In this connection, Bybee and Quiles (1998) stated: "Acts that are repeated, that are habitual, or that form a pattern may give rise to both chronic guilt and shame as the individual feels guilty over each incident and ashamed for the characterological flaw that permitted the behavior to be continued. Singular incidents may also give rise to both chronic guilt and shame. A solitary event may mar and stigmatize, leading to ongoing guilt over the event (e.g., having an accident while driving under the influence) and shame over the label (e.g., being a drunk driver)." (p. 281)

This notion can be demonstrated by returning to the examples provided above of the men resolved to overcome their alcohol problems; as a result, the man who repeatedly broke his

resolution feels recurrently shameful and guilty; the man who broke his resolution only part of the time reacts less so.

Conversely, persons of strong character tend not to assess their moral behaviour negatively, as their actions are personal morality-consistent; hence they are less likely to experience these chronic moral emotions (Penn et al., 2010). Thus, the man with an alcohol problem who each time was able to resist binging is spared feelings of guilt and shame as a result. Hence, weakness and not strength of character is likely to result in chronic moral emotions.

The DSC Model

One approach to examining the effects of moral functioning on psychological health is to consider the effects of a specific isolated component of character, such as personal morality (e.g., Menninger and Pruyser, 1963), self-regulation (e.g., Weinberger and Schwartz, 1990), or a signature moral trait (e.g., Peterson and Seligman, 2004). A complimentary alternative approach is to address the impacts of character as a unified whole or Gestalt comprising a combined interaction of manifold moral faculties and traits. As noted above, this general or integrative approach provides important insights into these effects beyond those provided by specific approaches. More specifically, it should be more informative than the former approach in cases where the possibility of moral problems underlying, or contributing to, pathologies such as depression, anxiety, or somatisation, is only made apparent when considering the interrelations between various moral features of the patient. For example, knowing that Mary has lately had desires for men other than her partner may not, on its own, suggest that moral issues may be relevant to her current persistent dysphoria. However, knowing also whether she values fidelity, and whether she has recently acted upon these desires - thereby more fully understanding her entire character - will likely inform this issue.

Penn et al.'s (2010) model based on "[level of] value-congruence" (i.e., DSC) is one such general approach. The model, which is shown in Figure 2, is as follows. DSC affects psychological health (including both psychological illness and psychological well-being) indirectly through its effect on chronic moral emotions. Specifically, weakness of character leads to feelings of hatred, helplessness, and hopelessness toward the self which stem from the chronic experience of moral emotions, and which may be implicated in psychological health problems, such as general psychological illness and reduced well-being. Given that PWB and SWB are frequently but not always associated (e.g., Keyes et al., 2002), it is reasonable to hypothesise that weakness of character would impact PWB directly, leading to knock-on effects for SWB. In this light, chronic moral emotions resulting from weakness of character are a type of self-induced stress that may cause or contribute to psychological health problems (Penn et al., 2010). Conversely, as strength of character should not lead to chronic moral emotions, such individuals may be spared such threats to their psychological health.

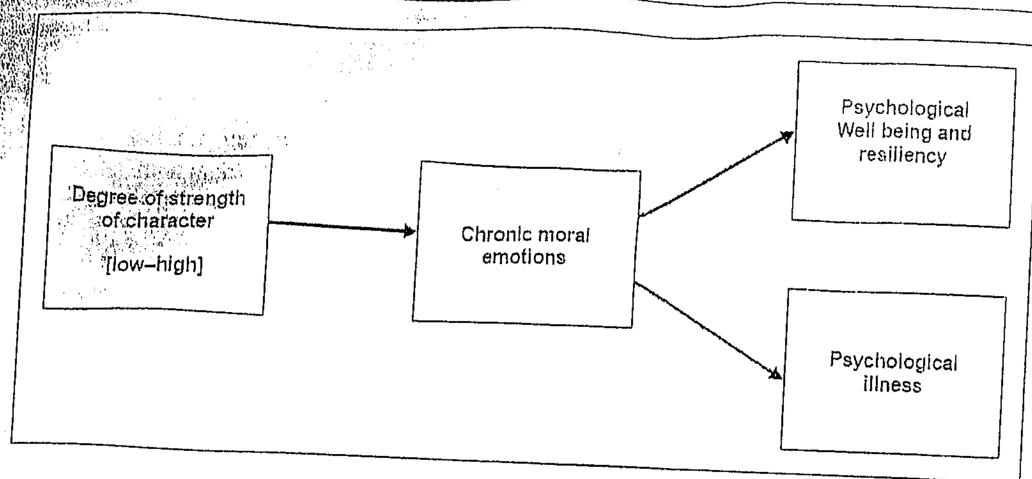

Figure 2. Conceptual Model of the Relations between Degree of Strength of Character, Chronic Moral Emotions, Psychological Illness, Well-Being and Resiliency. (Based on Penn et al., 2010).

An implication of the DSC model of moral functioning and psychological health is that when a person of weak character develops toward strength of character, reductions in chronic moral emotions and psychological symptomatology should ensue. McCullough and Snyder (2000) argued that formal interventions, such as psychotherapy, have the potential to assist character development. Similarly, Tangney and Salovey (1999) stated that "[t]herapy may include helping distressed clients develop problem-solving skills aimed specifically at identifying proactive solutions or other constructive means of atoning for their transgressions" (pp. 181–182). There is empirical evidence that many extant commonly employed psychotherapies address psychological health problems directly by developing the patient's ability to self-regulate (Dale and Baumeister, 1999). For example, alcoholism is directly alleviated by developing the ability to self-regulate alcohol intake. However, in seeking empirical support from the clinical literature for the validity of the DSC model, what is sought is evidence that psychotherapy that targets character development may benefit psychological health indirectly, namely via reduction of chronic moral emotions.

Preliminary evidence is provided in the form of Penn et al.'s (2010) therapy case study on "Daniel," a young Caucasian whose presentation included reported intent to commit suicide on his forthcoming twenty-first birthday (which was due within two months from intake), recurrent self-harm, depression, and past (but not current) drug abuse (e.g., methamphetamine, cocaine, and cannabis). Another salient feature of Daniel's presentation was poor self-regulation. For example, it was reported that, on several past occasions, a bout of rage resulted in his completely destroying his parents' home.

Following thte establishment of suicide risk management, the therapist suggested that the reason he wanted to die could be traced to his tendency to act in ways that violated his own implicit, self-endorsed values (i.e., weakness of character); that as a result he did not like the person he had become; and that he did not hold much hope that he could improve. Daniel resonated with the therapist's idea that Daniel could attempt reversal of this trend via a perseverant, day-by-day effort to bring his way of life more in line with his own sense of right and wrong. The intervention commenced with identification and acknowledgement of the areas of Daniel's life requiring change, as well as facilitating him to become more conscious

of his maturing personal morality. Subsequent sessions served to assist Daniel's attempts to realign his way of life in this manner.

By termination of therapy, Daniel showed exceptional psychosocial, behavioural, and emotional progress. He appeared to have higher self-esteem, and his depressive symptoms and suicidal ideation had completely remitted. He had his own apartment and regular employment. The case of Daniel is consistent with the DSC model of moral functioning and psychological health.

Research with different populations of people needs to be undertaken to explore how chronic moral emotions may affect the psychological and moral health of individuals in various countries and circumstances.

CONCLUSION

In this chapter, we have argued that weakness of character, unlike strength of character, may lead to the recurrent experience of moral emotions such as guilt and shame, and that chronic moral emotions may, in turn, lead to decreased well-being and resiliency, as well as increased risk for psychopathology. The question of character and its importance for well-being has returned to psychology (e.g., Haidt, 2006; Hill and Lapsley, 2009; Peterson and Seligman, 2004), and we believe our paradigm offers much in furthering the discourse of the relationship between character and mental health. In addition to unpacking the relationship between DSC and resilience, discussions of DSC in relation to psychological illness and well-being, self-compassion, emotional intelligence, and wisdom present exciting areas of future research. Exhibiting moral strength may contribute to healthy living and resilience by both protecting us from self-induced stress and promoting our well-being.

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