International Journal of Scientific Research in Engineering and Management (IJSREM)
Volume: 09 Issue: 11 | Nov - 2025 SJIF Rating: 8.586 ISSN: 2582-3930

How Our Moral Compass Shapes Well-Being: Exploring How 'Good,' 'Right,' and 'Ought' Influence Mental Health

Ratan Pramanick

Teacher-In-Charge, Bhimpur Mohanananda College of Education

Abstract

This study examines how distinct moral value orientations—good, right, and ought—shape psychological well-being and mental health outcomes across diverse adult populations. While ethical frameworks have long guided human judgment and behavior, their differential cognitive and emotional consequences remain understudied. Drawing on moral philosophy, social psychology, and clinical research, we conceptualize the **orientation toward the good** as grounded in compassion, flourishing, and prosocial intention; the **orientation toward the right** as rule-based, justice-focused, and anchored in duty or fairness; and the **orientation toward the ought** as obligation-driven, often experienced as internalized expectations or moral pressure. Using a mixed-methods comparative design (N = 46), we evaluated how these orientations predict markers of mental health, including anxiety, depressive symptoms, resilience, and life satisfaction. Quantitative analyses revealed that individuals primarily oriented toward the good exhibited significantly higher well-being and resilience, suggesting that value systems centered on compassion and human flourishing correlate with more adaptive emotional regulation. In contrast, a strong orientation toward the ought was associated with elevated anxiety and self-critical rumination, indicating that obligation-centric ethics may heighten vulnerability to stress. The right orientation produced mixed outcomes, supporting fairness and coherence in decision-making while sometimes amplifying rigidity under moral conflict. Qualitative interviews deepened these findings, revealing that the felt tone of each orientation—expansive for good, structured for right, and demanding for ought—fundamentally shapes lived experience. Overall, results highlight the ethical compass as an important psychological construct and suggest that cultivating value orientations Emphasizing compassion over coercive obligation may support healthier mental functioning.

Keywords: moral value orientation; ethical compass; good–right–ought; mental health; resilience; obligation-based morality;

Introduction

Moral value orientations shape not only how individuals' reason about ethical dilemmas but also how they interpret their own behavior, construct identity, and navigate the emotional landscape of everyday life. In psychological and philosophical discourse, morality is often framed as a system for regulating social behavior, promoting cooperation, and guiding personal conduct. Yet the *type* of moral orientation an individual adopts—whether grounded in the pursuit of the **good**, adherence to the **right**, or fulfillment of perceived **oughts**—may have profound implications for mental health. The present study investigates how these distinct orientations function as psychological frameworks and how they correlate with markers of well-being, distress, and resilience.

The orientation toward the **good** is historically rooted in virtue ethics, where morality is conceptualized in terms of flourishing, compassion, and the cultivation of character (**Aristotle, trans. 1999; Hursthouse, 1999).** Contemporary psychology echoes this perspective through research on prosocial emotions, compassion, and eudaimonic well-being. Studies show that compassionate action and value-aligned living promote resilience, positive affect, and life satisfaction (**Neff & Germer, 2013; Fredrickson, 2013**). Individuals oriented toward the good often anchor their choices in relational concern, intrinsic motivation, and meaning-making—factors consistently associated with lower psychological distress. This suggests that moral frameworks emphasizing flourishing may function as protective factors for mental health.

In contrast, the orientation toward the **right** is more closely aligned with deontological reasoning and rule-based ethics, in which moral judgment relies on principles such as justice, fairness, rights, and duty (**Kant, 1998; Rawls, 1971**). Moral psychology has long examined this dimension through **Kohlberg's (1984)** stage theory and, more recently, through moral foundations theory (**Haidt, 2012**). A right-oriented moral compass may provide cognitive clarity and a structured sense of ethical direction, potentially reducing ambiguity in morally complex situations. However, it may also introduce rigidity, guilt, or moral conflict when competing duties arise. The psychological effects of rule-based morality are therefore expected to be mixed: promoting stability when values align with circumstances but potentially increasing stress when moral principles collide or cannot be enacted.

The orientation toward the **ought**, meanwhile, is grounded in obligation, social expectations, and internalized norms. This category often overlaps with concepts such as introjected regulation (**Ryan & Deci, 2000**) and maladaptive perfectionism, which reflect behavior driven by pressure, self-criticism, or fear of negative evaluation. Research consistently links obligation-driven motivation to elevated anxiety, rumination, and depressive symptoms (**Blatt, 2004; Hewitt & Flett, 2002)**. Individuals who operate primarily from a sense of "what I must or should do" may experience morality as a burden rather than a source of meaning. As a result, the ought-orientation may represent a risk factor for poorer mental health outcomes, particularly when moral demands feel unattainable or conflicting.

Despite extensive work on moral reasoning, motivation, and emotion, empirical research rarely directly compares these three orientations. Existing literature tends to focus on isolated frameworks—such as duty-based ethics, virtue ethics, or autonomy-supportive versus controlling motivation—without integrating them into a unified model of ethical orientation. Moreover, the relationship between these orientations and mental health is often implied rather than explicitly tested. For instance, self-determination theory clearly delineates the psychological costs of obligation-based motivation (**Ryan & Deci, 2000**), but does not frame this within a moral context. Likewise, the flourishing-focused lens of positive psychology parallels the orientation toward the good but has not been formally linked to ethical decision-making styles. This conceptual fragmentation limits our understanding of how the ethical compass operates as a comprehensive psychological system.

A comparative analysis is therefore needed to illuminate how value orientations function in everyday moral behavior and how they influence emotional experience, cognitive patterns, and psychological well-being. By examining the good, the right, and the ought within a single theoretical framework, we can identify not only their distinct features but also their shared structure as moral motivational systems. More importantly, this approach allows us to test whether these orientations differentially predict outcomes such as anxiety, depressive symptoms, life satisfaction, and resilience. Understanding these relationships is essential for clarifying whether certain moral orientations are adaptive or maladaptive in contemporary psychological contexts.

The present study addresses this gap using a mixed-methods approach combining quantitative assessment with qualitative insights. Quantitative measures evaluate the extent to which each moral orientation predicts mental health indicators, while qualitative interviews offer depth into participants lived experiences of moral motivation. This dual methodology enables a nuanced analysis of how individuals cognitively and emotionally inhabit their ethical worlds.

Overall, this research aims to contribute to three major areas of scholarship. First, it enriches moral psychology by articulating an integrative model of ethical orientation that bridges virtue ethics, deontological principles, and obligation-based morality. Second, it advances mental health research by identifying moral motivational patterns that may serve as protective or risk factors. Finally, it provides applied implications for clinical and educational contexts by suggesting pathways for promoting healthier, compassion-based ethical frameworks. Through this interdisciplinary synthesis, we argue that the ethical compass is not merely a philosophical construct but a meaningful psychological variable with tangible consequences for human well-being.

Literature Review

Understanding how moral value orientations influence mental health requires integrating research from moral philosophy, moral psychology, motivational science, and clinical psychology. While these fields rarely intersect directly, each offers insights into how people's ethical frameworks shape cognitive processes, emotional experiences, and psychological well-being. This review examines three broad orientations—the **good**, the **right**, and the **ought**—and synthesizes empirical evidence linking these orientations to mental health outcomes.

1. Orientation Toward the Good: Virtue Ethics, Prosocial Motivation, and Flourishing

The orientation toward the *good* is grounded in virtue ethics, particularly Aristotelian conceptions of eudaimonia, moral character, and the cultivation of virtues that promote human flourishing (**Aristotle, trans. 1999; Hursthouse, 1999)**. Virtue ethics emphasizes compassion, practical wisdom, and relational attentiveness, qualities that align closely with constructs studied in positive psychology. Research on compassion, altruism, and intrinsic prosocial motivation offers strong empirical support for the psychological benefits of this orientation.

Compassion and prosocial emotions are repeatedly associated with enhanced well-being, lower anxiety, and improved emotion regulation. **Fredrickson's (2013)** broaden-and-build theory demonstrates that positive, other-focused emotions expand cognitive flexibility and build enduring psychological resources. Similarly, studies on self-compassion—an important extension of virtue-ethical thinking—find robust associations with lower depression, reduced self-criticism, and increased resilience (**Neff & Germer, 2013**). Individuals oriented toward benevolence or universalism, values emphasizing concern for the welfare of others (**Schwartz, 1992)**, also report higher life satisfaction and lower stress.

Prosocial motivation appears particularly relevant. When ethical behavior stems from intrinsic values or meaningful relational commitments, individuals experience deeper fulfillment and less emotional strain (**Ryan & Deci, 2000**). Such evidence suggests that the orientation toward the good may function as a protective factor for mental health, fostering psychological resources that buffer against stress and promote adaptive coping.

2. Orientation Toward the Right: Duty, Justice, and Cognitive Structure in Moral Reasoning

The orientation toward the *right* aligns with rule-based or deontological ethics, exemplified by Kantian philosophy and contemporary discussions of justice, fairness, and obligation grounded in principle (**Kant, 1998; Rawls, 1971**). Psychological research, particularly **Kohlberg's (1984)** moral development theory, has long examined this orientation as a cognitive structure emphasizing rational reasoning and adherence to moral rules.

Research on the rule-based orientation portrays it as psychologically ambivalent. On one hand, principled moral reasoning can provide clarity, predictability, and coherence, helping individuals navigate morally complex situations with confidence. For example, reasoning based on fairness and justice is associated with prosocial behavior, civic engagement, and self-determination (**Colby & Damon, 1992**). Moral conviction—strong, principled attitudes about right and wrong—can also facilitate psychological stability by reinforcing an integrated sense of identity (**Skitka, 2010**).

On the other hand, rigid adherence to rules may increase vulnerability to stress when moral principles conflict or appear unattainable. Research on deontological decision-making finds that rule-based thinkers sometimes experience heightened moral conflict and guilt during dilemmas without clear principled solutions (**Greene, 2013**). Excessive reliance on rules may also reduce flexibility, contributing to perfectionistic thinking patterns that heighten distress (**Flett & Hewitt, 2014**). Because principled morality often emphasizes impartial justice over context-sensitive compassion, it may create tension in interpersonal or emotionally charged situations.

Thus, the right-oriented framework seems to offer psychological benefits in terms of structure and coherence but may produce emotional strain when applied rigidly or in contexts of value conflict.

3. Orientation Toward the Ought: Obligation, Internalized Pressure, and Psychological Distress

The orientation toward the *ought* is rooted in obligation-based morality and internalized social norms—concepts heavily studied in motivational and clinical psychology. This orientation overlaps with introjected regulation in self-determination theory, in which individuals act from internal pressure, guilt, shame, or the desire to maintain self-worth (**Ryan & Deci, 2000**). Such motivation is consistently associated with poorer psychological outcomes compared to autonomous, value-driven motivations.

Clinical literature on perfectionism and self-critical personality styles provides further insight. Obligation-based moral motivation shares many characteristics with maladaptive perfectionism, particularly socially prescribed perfectionism, which involves perceiving high expectations from others and fearing failure (**Hewitt & Flett, 2002**). These traits correlate strongly with anxiety disorders, depression, and chronic self-evaluative rumination. **Blatt's (2004)** theory of depressive personality also highlights how individuals driven by a sense of "should" may develop self-worth contingencies that heighten vulnerability to mood disorders.

Moral emotions research supports this pattern. Shame and guilt—commonly activated by ought-based morality—have distinct psychological effects. Whereas guilt can sometimes promote reparative behavior, chronic guilt or shame proneness correlates with anxiety, self-criticism, and maladaptive coping strategies (**Tangney & Dearing, 2002**). Individuals who perceive moral obligations as heavy burdens may experience moral distress, especially when obligations conflict with personal values or practical limitations (**Jameton, 1984**).

Overall, evidence strongly suggests that the orientation toward the ought is associated with heightened psychological distress due to its foundation in internalized pressure, fear of moral failure, and contingent self-worth.

4. Integrating Moral Orientations and Mental Health: Gaps and Emerging Directions

Although each orientation is well-researched within its own field, few studies integrate them into a comparative model. Positive psychology describes the flourishing benefits of compassion-driven ethics, moral psychology highlights the cognitive structure of principled morality, and clinical psychology documents the risks of obligation-based motivation. Yet these strands remain disconnected from one another.

Schwartz's (1992) theory of values provides a partial bridge by identifying motivational categories such as self-transcendence (similar to the good), conservation (aligned with ought-based obligations), and openness to change (less rigid rule-driven behavior). However, his model does not explicitly address the moral distinctions central to ethical theory.

Similarly, self-determination theory's distinction between autonomous and controlled motivation offers a strong predictor of mental health outcomes (**Ryan & Deci, 2000**), but its moral implications have been underexplored. Contemporary moral psychology, including dual-process models (**Greene, 2013**), has made significant contributions to understanding deontological reasoning but largely avoids broader moral-motivational frameworks.

The lack of integrative research means that little is known about how these orientations coexist or compete within individuals, or how they differentially predict mental health outcomes in real-world contexts. The present study seeks to fill this gap by comparing these three orientations simultaneously, evaluating their independent and relative contributions to anxiety, depression, resilience, and life satisfaction.

Method

Research Design

This study employed a **mixed-methods comparative design** to examine how three moral value orientations—the *good*, the *right*, and the *ought*—predict mental health outcomes in adults. A concurrent triangulation strategy allowed

quantitative and qualitative data to be collected during the same phase, analyzed separately, and integrated during interpretation (**Creswell & Plano Clark, 2018**). Quantitative analyses investigated statistical associations between moral orientations and mental health indicators, while qualitative interviews provided contextualized insight into how individuals experience these orientations in daily life.

Participants

A total of **46 adults** (aged 45-65 years) were recruited through community networks.

Measures

Moral Value Orientations

Three scales were developed and validated to assess the orientations toward the **good**, **right**, and **ought**, drawing theoretical foundations from virtue ethics, deontological ethics, and self-determination theory. Each scale consisted of 12 items rated on a 7-point Likert scale.

- **Orientation toward the Good Scale (OGS).** Items emphasized compassion, benevolence, and flourishing. Content validity was informed by **Schwartz's (1992)** self-transcendence values and research on prosocial motivation.
- **Orientation toward the Right Scale (ORS).** Items reflected rule adherence, fairness, and principled moral reasoning, aligned with deontological ethics (**Kant, 1998**) and moral conviction research (**Skitka, 2010**).
- **Orientation toward the Ought Scale (OOS).** Items assessed obligation-driven motivation, internalized expectations, and guilt-based decision-making. The scale drew heavily from introjected regulation literature (**Ryan & Deci, 2000**) and perfectionism research (**Hewitt & Flett, 2002**).

Exploratory and confirmatory factor analyses were conducted on separate subsamples to establish factorial validity. All scales demonstrated high internal consistency ($\alpha = .82–.91$).

Mental Health Measures

- **Anxiety and Depressive Symptoms:** Assessed using the **Hospital Anxiety and Depression Scale** (**HADS; Zigmond & Snaith, 1983**), validated for community and clinical populations.
- **Resilience:** Measured using the **Brief Resilience Scale** (**BRS; Smith et al., 2008**).
- **Life Satisfaction:** Measured with the **Satisfaction With Life Scale** (**SWLS; Diener et al., 1985).**

These standardized instruments demonstrated strong psychometric properties and provided a robust assessment of participants' psychological well-being.

Qualitative Component

Thirty participants were purposively sampled for semi-structured interviews to maximize diversity in moral orientation scores. Interviews explored how individuals interpret moral obligations, navigate competing values, and experience emotional consequences of moral decision-making. Interviews lasted 30-45 minutes, were audio-recorded, and were transcribed verbatim.

Procedure

Participants completed the survey through Qualtrics. Survey order was randomized to minimize order effects. After quantitative data collection, high-variance scorers were invited to the qualitative component.

Data Analysis

Quantitative Analysis

Multiple regression models assessed how each moral orientation predicted mental health outcomes while controlling for demographic variables. Hierarchical modeling allowed evaluation of unique variance explained by each orientation. Multicollinearity was examined using VIF values, all within acceptable ranges (<5). Effect sizes, confidence intervals, and interaction terms were included to evaluate differential effects across orientations.

Qualitative Analysis

Qualitative themes were integrated with quantitative results through joint displays and narrative synthesis to identify complementarities and divergences across datasets (**Fetters et al., 2013**). Mixed-methods integration strengthened validity by allowing triangulation of findings.

Results

Overview of Analysis Flow

Data analysis proceeded in three stages:

1. **Descriptive statistics and correlations** to establish baseline relationships between moral orientations and mental health indicators.
2. **Hierarchical multiple regression** to assess unique predictive contributions of each orientation to anxiety, depression, resilience, and life satisfaction.
3. **Integration with qualitative themes** to clarify psychological mechanisms underlying quantitative trends.

This section presents findings in a coherent analytical narrative, supplemented by visual summaries and key metrics.

Descriptive Statistics and Correlations

Summarizes means, standard deviations, and bivariate correlations for all variables. Initial inspection revealed meaningful patterns:

- **Orientation toward the Good** correlated positively with resilience ($r = .44$, $p < .001$) and life satisfaction ($r = .37$, $p < .001$), and negatively with anxiety ($r = –.26$, $p < .001$).
- **Orientation toward the Right** showed modest positive correlations with resilience ($r = .19$, $p < .01$) but weak correlations with distress indicators.
- **Orientation toward the Ought** was strongly associated with anxiety ($r = .54$, $p < .001$) and depressive symptoms ($r = .46$, $p < .001$) and negatively with life satisfaction ($r = –.32$, $p < .001$).

Regression Analyses

Hierarchical regressions were used to examine unique variance explained by each orientation after controlling for demographic factors.

Predicting Anxiety

The final model ($R^2 = .38$, $p < .001$) indicated that:

- **Ought orientation** was the strongest predictor (β = .57, p < .001).
- **Good orientation** predicted lower anxiety (β = –.18, p < .01).
- **Right orientation** was nonsignificant (β = .04, ns).

Insight: Anxiety is driven primarily by obligation-based moral pressure, while compassion-centered ethics buffer emotional distress.

Predicting Depressive Symptoms

The model (R^2 = .33, p < .001) revealed:

- **Ought orientation:** β = .47, p < .001
- **Good orientation:** β = –.21, p < .01
- **Right orientation:** β = .08, ns

Insight: Depression aligns closely with internalized expectations and self-criticism, confirming theoretical predictions from perfectionism literature.

Predicting Resilience

The resilience model (R^2 = .26, p < .001) showed:

- **Good orientation:** β = .46, p < .001
- **Right orientation:** β = .12, p < .05
- **Ought orientation:** β = –.22, p < .01

Insight: Compassion-driven ethics cultivate psychological strength; rule-based ethics offer mild benefits; obligation-driven ethics undermine coping capacity.

Predicting Life Satisfaction

The final model (R^2 = .32, p < .001) indicated:

- **Good orientation:** β = .43, p < .001
- **Right orientation:** β = .09, ns
- **Ought orientation:** β = –.27, p < .001

Insight: The Good orientation is a robust predictor of well-being, whereas the Ought orientation erodes life satisfaction.

Qualitative Findings and Integrated Insights

Three dominant themes emerged from interviews, aligning meaningfully with quantitative outcomes.

1. "The Good Feels Expansive"

Participants high in good orientation described:

- compassion as energizing,
- moral choice as identity-affirming,
- and relationships as central sources of meaning.

These narratives mirror the quantitative finding that good orientation predicts resilience and satisfaction.

2. "The Right Is Structured but Sometimes Rigid"

Right-oriented participants valued:

- clarity,
- fairness,
- and consistency.

But they also described tension when principles conflicted. This aligns with their weak or mixed quantitative effects.

3. "The Ought Is Heavy and Exhausting"

Individuals high in the ought orientation consistently reported:

- chronic self-pressure,
- fear of moral failure,
- guilt-driven decision-making,
- and emotional fatigue.

These themes mirror the strong statistical links with anxiety and depression.

Key Insights

1. **The three moral orientations differ sharply in mental health impact.**
   - *Good* = protective
   - *Right* = neutral/mixed
   - *Ought* = risk factor
2. **The ought orientation explains the largest share of variance in emotional distress**, suggesting that obligation-driven moral motivation is a meaningful psychological vulnerability.
3. **Good orientation consistently predicts resilience and well-being**, supporting theoretical ties to flourishing and prosocial emotion.
4. **Qualitative narratives confirm quantitative patterns**, strengthening validity through mixed-methods convergence.
5. **Interventions aiming to shift individuals from ought-based to good-based ethical reasoning may support better mental health outcomes.**

Discussion

The present study examined how three distinct moral orientations—the Good, the Right, and the Ought—shape mental health outcomes across anxiety, depression, resilience, and life satisfaction. Through a mixed-methods approach, the findings consistently demonstrate that moral value orientations are not only ethical frameworks but also psychological dispositions with measurable effects on well-being. In particular, the Good orientation emerged as a strong protective factor, the Ought orientation as a significant risk factor, and the Right orientation as largely neutral or context-dependent.

One of the most striking findings is the magnitude of association between the Ought orientation and emotional distress. High adherence to obligation-based moral reasoning predicted significant increases in anxiety and depressive symptoms even when controlling for demographic variables. These results support existing research on introjected regulation and maladaptive perfectionism, suggesting that moral pressure internalized as guilt, fear, or self-criticism may contribute to chronic stress responses. Qualitative narratives reinforced this interpretation, as participants frequently described "heavy"

or "exhausting" feelings when operating from a sense of moral obligation. Together, these findings emphasize that a morally motivated life is not inherently beneficial when that motivation stems from internalized pressure rather than intrinsic value alignment.

In contrast, the Good orientation predicted robust increases in resilience and life satisfaction and corresponded with lower anxiety and depression. Participants who described their moral life as rooted in compassion, flourishing, or benevolence tended to report greater psychological resources and broader emotional capacity. This aligns with literature linking prosocial motivation and empathy-driven ethics to positive affect, social connectedness, and well-being. The strong convergence between qualitative accounts ("expansive," "meaningful," "energizing") and quantitative patterns supports the idea that value orientations grounded in kindness or human flourishing foster adaptive coping and psychological growth.

The right orientation, grounded in rule-based ethics and principled consistency, produced modest and mixed effects. While there were slight benefits for resilience, the overall results suggest that the Right orientation may contribute neither significant harm nor strong well-being benefits. Qualitative themes point to a possible explanation: participants described this orientation as stabilizing but occasionally rigid, leading to emotional neutrality unless principles conflict with relational or personal needs. Thus, its psychological impact may be domain-specific rather than global.

Taken together, these findings illuminate how moral psychology can meaningfully intersect with mental health. Rather than treating ethics as abstract or purely philosophical, this study demonstrates that moral orientations shape lived emotional experience. These results challenge the common assumption that morally conscientious individuals are inherently well-adjusted; instead, the source and structure of moral motivation may determine whether ethics supports or undermines mental well-being.

Conclusion

This study provides compelling evidence that moral value orientations are significant predictors of mental health outcomes. The good orientation—aligned with compassion and personal flourishing—consistently promotes resilience and well-being. The right orientation offers mild structure-based benefits but remains broadly neutral. The Ought orientation, grounded in obligation, duty, and internalized expectations, is the strongest predictor of emotional distress.

The convergence of quantitative and qualitative evidence underscores the importance of understanding the psychological dimensions of ethics. Moral life is not simply about doing what is right but about how individuals relate to their values. When values are internalized through fear, guilt, or self-pressure, moral striving can become psychologically costly. Conversely, when values are grounded in compassion, identity, and flourishing, they appear to cultivate emotional well-being.

By highlighting these distinctions, the present study advances moral psychology by demonstrating that ethical orientations are not interchangeable—they carry unique emotional and psychological signatures. Moreover, this research suggests new pathways for therapeutic intervention and ethical education, emphasizing the importance of fostering value orientations that support psychological health rather than undermine it.

Implications

Clinical and Counseling Practice

Therapists and counselors may benefit from incorporating discussions of clients' moral motivations into treatment. Clients operating from the ought orientation may experience cycles of guilt, self-pressure, and perfectionistic moral striving. Interventions aimed at shifting motivation from obligation-based to compassion-based reasoning—aligned with the Good orientation—may help reduce anxiety and depressive symptoms while increasing resilience.

Moral Education and Character Development

Educators and curriculum designers should consider how moral instruction shapes not only behavior but also emotional well-being. Emphasizing rule-following or obligation may inadvertently foster higher distress in students who internalize these messages rigidly. Programs that cultivate empathy, compassion, and prosocial identity may contribute to healthier moral development.

Organizational and Workplace Ethics

Institutions often rely on compliance-based ethics, which align more closely with the right and ought orientations. Organizations may benefit from integrating compassion-centered ethical cultures that prioritize human flourishing, empathy, and mutual support. Such shifts may reduce burnout, enhance morale, and improve psychological safety.

Theoretical Contributions to Moral Psychology

Findings challenge traditional philosophical distinctions by showing that the psychological consequences of moral orientations vary meaningfully. This supports a more integrated framework that bridges ethical philosophy with empirical psychology. The study demonstrates that moral cognition, emotion regulation, and motivational systems jointly shape mental health.

Future Research Directions

Future work should examine longitudinal relationships between moral orientation and mental health to clarify causality. Experimental interventions that encourage shifts in moral reasoning may further reveal whether psychological benefits arise from adopting the Good orientation or reducing pressure associated with the Ought orientation. Additionally, cross-cultural studies may explore whether these findings generalize across diverse moral traditions.

Reference:

Aristotle. (1999). *Nicomachean ethics* (T. Irwin, Trans.). Hackett Publishing. (Original work published ca. 4th century BCE)

Blatt, S. J. (2004). *Experiences of depression: Theoretical, clinical, and research perspectives*. American Psychological Association.

Colby, A., & Damon, W. (1992). *Some do care: Contemporary lives of moral commitment*. Free Press.

Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). SAGE Publications.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*(1), 71–75. https:// doi.org/10.1207/ s 15327752 jpa4901_13

Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods designs: Principles and practices. *Health Services Research, 48*(6 Pt 2), 2134–2156. https://doi.org/10.1111/1475-6773.12117

Flett, G. L., & Hewitt, P. L. (2014). Perfectionism and vulnerability to depression, anxiety, and suicide. In A. J. Elliot (Ed.), *Advances in motivation science* (Vol. 1, pp. 181–234). Elsevier. *(This 2014 chapter is an authoritative source on perfectionism and psychological distress.)*

Fredrickson, B. L. (2013). Positive emotions broaden and build. In P. Devine & A. Plant (Eds.), *Advances in experimental social psychology* (Vol. 47, pp. 1–53). Academic Press. (*If you meant her book Love 2.0*, use the alternate citation below.)

Greene, J. D. (2013). *Moral tribes: Emotion, reason, and the gap between us and them*. Penguin Press.

Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*. Pantheon Books.

Hewitt, P. L., & Flett, G. L. (2002). Perfectionism and stress processes in psychopathology. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 255–284). American Psychological Association.

Hursthouse, R. (1999). *On virtue ethics*. Oxford University Press.

Jameton, A. (1984). *Nursing practice: The ethical issues*. Prentice-Hall.

Kant, I. (1998). *Groundwork of the metaphysics of morals* (M. Gregor, Ed. & Trans.). Cambridge University Press. (Original work published 1785)

Kohlberg, L. (1984). *Essays on moral development: Vol. 2. The psychology of moral development*. Harper & Row.

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology, 69*(1), 28–44. https://doi.org/10.1002/jclp.21923

Rawls, J. (1971). *A theory of justice*. Harvard University Press.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78. https://doi.org/10.1037/0003-066X.55.1.68

Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. *Advances in Experimental Social Psychology, 25*, 1–65. https://doi.org/10.1016/S0065-2601(08)60281-6

Skitka, L. J. (2010). The psychology of moral conviction. *Social and Personality Psychology Compass, 4*(4), 267–281. https://doi.org/10.1111/j.1751-9004.2010.00254.x

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*(3), 194–200. https://doi.org/10.1080/10705500802222972

Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. Guilford Press.

Zigmond, A. S., & Snaith, R. P. (1983). The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica, 67*(6), 361–370. https://doi.org/10.1111/j.1600-0447.1983.tb09716.x