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Self-Verification in Clinical Depression: The Desire for Negative Evaluation

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Do clinically depressed individuals seek favorable or unfavorable information about the self? Self-verification theory makes the counterintuitive prediction that depressed individuals solicit feedback that confirms their negative self-views. To test this prediction, participants were classified on the basis of a structured clinical interview and self-report measures into high self-esteem, low self-esteem, and depressed groups. All participants were offered a choice between receiving favorable or unfavorable feedback; 82% of the depressed participants chose the unfavorable feedback, compared to 64% of the low self-esteem participants and 25% of the high self-esteem participants. Additional evidence indicated that depressed individuals also failed to exploit fully an opportunity to acquire favorable evaluations that were self-verifying. The authors discuss how seeking negative evaluations and failing to seek favorable evaluations may help maintain depression.

A disturbing picture emerges from research addressing the interpersonal aspects of depression: Depressed individuals seem to create around themselves the very environments that sustain their negative self-views. A wealth of empirical evidence has demonstrated that the interpersonal style of depressed individuals is characterized by a wide array of socially inappropriate verbal and nonverbal behaviors, including but not limited to excessive self-disclosure (Gibbons, 1987), hostile speech content (Coyne, 1976a; Gotlib & Robinson, 1982), unfavorable self-evaluation (Hautzinger, Linden, & Hoffman, 1982), lack of responsiveness (Bouhuys & van der Meulen, 1984), reduced eye contact (Dow & Craighead, 1987), negative facial displays (G. E. Schwartz, Fair, Salt, Mandel & Klerman, 1976), and slowed or monotonic speech (Teasdale, Fogarty, & Williams, 1980). Numerous studies have shown that enacting these interpersonal behaviors elicits rejection and unfavorable evaluations from interaction partners, and this holds whether the actor is actually depressed or merely a confederate role playing the part (e.g., Coyne, 1976a; Gotlib & Beatty, 1985; Gurtman, 1987; Hokanson, Sacco, Blumberg, & Landrum, 1980; Joiner, Alfano, & Metalsky, 1992; Strack & Coyne, 1983; Swann, Wenzlaff, Krull, & Pelham, 1992, Study 3). Rejection and hostility from others, in turn, foster a depressogenic environment that serves to confirm the unfavorable self-views of depressed individuals, thereby maintaining or exacerbating a depressive state (Andrews, 1989; Shustack & West, 1985; Swann, Wenzlaff, Krull, & Pelham, 1992). In effect, by engaging in a maladaptive interpersonal style, depressed individuals become caught up in a self-perpetuating cycle that sustains their depression.

Why do depressed individuals behave in ways that contribute to their own unhappiness? The most popular answer to this question has been what we term the *ironic perspective.* This perspective suggests that, paradoxically, depressed individuals enact such behaviors out of a desire for positivity. In line with this perspective, Coyne (1976b) has suggested that depressed individuals are so motivated to seek favorable feedback in the form of reassurance from others that their efforts often backfire. By excessively and inappropriately demanding reassurance, they tend to engender negative reactions in the very people from whom they are seeking positive feedback (Joiner et al., 1992; see also Gasparikova-Krasnec & Post, 1984). From this perspective, depressed persons strongly desire positive feedback but use inappropriate strategies to elicit such reactions from others.

We propose an alternative to this approach, however. Over a decade of research has established that individuals with negative self-views tend to solicit unfavorable information about the self and gravitate toward others who provide such feedback (see Swann, 1983, 1990, in press). According to self-verification theory, self-confirming evaluations are sought because they promote perceptions of prediction and control by fostering intrapsychic and interpersonal coherence (Lecky, 1945; Secord & Backman, 1965; Swann, 1990, in press). From an intrapsychic perspective, confirming feedback serves to reassure people that their self-views are veridical and reliable. Discrepant feedback, on the other hand, threatens perceptions of prediction and con-

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trol as it suggests that the individual is misperceiving the most basic aspect of existence, namely, one's self. By fostering a sense of intrapsychic coherence and stability, evaluations that match self-appraisals promote the perception that individuals are correctly apprehending themselves and, by extension, their surroundings.

Self-confirming evaluations also foster a sense of interpersonal coherence. When interacting with others, individuals are more likely to attain social goals to the extent that their interaction partners harbor realistic (i.e., neither excessively negative nor excessively positive) expectations of them. Therefore, to maximize the likelihood of predictable and manageable social transactions, individuals gravitate toward and prefer to interact with others who appraise them in a confirming manner.

In short, engaging in self-verification allows people to bolster their sense of prediction and control by promoting intrapsychic and interpersonal coherence (see Swann, Stein-Seroussi, & Giesler, 1992). To attain self-verifying reactions, individuals with high levels of self-esteem tend to solicit favorable feedback from others because such feedback verifies their relatively positive self-views, whereas persons with low self-esteem tend to solicit unfavorable feedback because such evaluations confirm their relatively negative self-views (e.g., Pelham, 1991; Swann, Pelham, & Krull, 1989; Swann & Read, 1981a, 1981b; Swann, Stein-Seroussi, & Giesler, 1992).

Self-Verification and Depression

Because most people possess predominantly positive self-views, the desire for self-verification usually fosters a search for favorable evaluations. Unfortunately, because depressed individuals possess relatively negative self-views (Beck, 1967; Gara et al., 1993; Shustack & West, 1985), seeking confirming evaluations typically means seeking unfavorable feedback (e.g., Roth & Rehm, 1980; Swann, Wenzlaff, Krull, & Pelham, 1992). Therefore, the feedback-seeking activities of depressed individuals should mirror those of persons with low self-esteem. Because both groups possess negative self-views, they should both solicit unfavorable appraisals from others.

One possible difference between depressed individuals and low self-esteem persons is that depressed individuals are more likely to recover from their negative self-views. Although the available research is somewhat equivocal, longitudinal studies have demonstrated that following the remission of depression, self-esteem returns to normal levels (e.g., Hamilton & Abramson, 1983; cf. Cofer & Wittenborn, 1980). Thus, the negative self-views of depressed individuals may be more transient than those of people with low self-esteem. Nevertheless, a tendency for the negative self-views of depressed individuals to be unstable does not mean they are not held with great conviction. As numerous researchers and clinicians have noted, depressed individuals often cling to their negative self-views with unexpected tenacity during depressive episodes (e.g., Beck, Rush, Shaw, & Emery, 1979). This is important because from the perspective of self-verification theory, people attempt to confirm those self-views that are held with certainty (Maracek & Mettee, 1972; Swann & Ely, 1984; Swann, Pelham, & Chidester, 1988). Thus, the sometimes transient nature of the self-views of depressed individuals should not alter the expression of self-verification strivings during depressive episodes: Currently depressed persons, like nondepressed persons, should seek evaluations that confirm their firmly held self-views.

To investigate self-verification processes in depression, Swann, Wenzlaff, Krull, and Pelham (1992) and Swann, Wenzlaff, and Tafarodi (1992) directly assessed feedback seeking in college students classified as depressed or dysphoric on the basis of the short form of the Beck Depression Inventory (BDI; Beck & Beck, 1972). Swann and his colleagues found that when compared to nondepressed participants, depressed participants preferred to be viewed in a relatively negative manner by their friends and dating partners and exhibited a corresponding preference for interaction partners who had evaluated them unfavorably in a laboratory setting. Swann, Wenzlaff, and Tafarodi (1992, Study 1) showed that depressed participants preferred to interact with an unfavorable evaluator even when they had the option of engaging in an unrelated task. Moreover, in a following study, they offered support for the motivational character of these feedback preferences in depression: Mildly depressed persons were more likely to solicit information about their weaknesses following exposure to positive (i.e., nonconfirming) as compared to negative (i.e., confirming) feedback. Finally, in a prospective study, the desire of dysphoric individuals for negative feedback from their roommate at midsemester was associated with rejection by their roommate at semester's end (Swann, Wenzlaff, Krull, & Pelham, 1992). Taken together, these studies suggest that depressed or dysphoric individuals are motivated to seek unfavorable appraisals and that their tendency to acquire such evaluations may result in rejection and other adverse outcomes.

This is not to imply, however, that depressed people are single-mindedly drawn to negative feedback. For example, Swann, Wenzlaff, Krull, and Pelham (1992, Study 4) revealed a tension between the desire for self-verification and the desire for positivity among persons with negative self-views. Participants were first provided with either negative or positive feedback, after which their affective reactions were assessed. The investigators found that participants with negative self-views were sad and upset after initially receiving unfavorable feedback and happy and pleased after initially receiving favorable feedback. When presented with the opportunity to choose further feedback, however, participants with negative self-views solicited unfavorable feedback, despite the fact that receiving such feedback distressed them. These findings suggest that people with negative self-views in general and depressed individuals in particular may be caught in a crossfire between their desire for positivity and their desire for self-verification (Joiner, Alfano, & Metalsky, 1993; Shrauger, 1975; Swann, Griffin, Predmore, & Gaines, 1987).

Or are they? Critics of research by Swann, Wenzlaff, Krull, and Pelham (1992) have suggested that the self-verification strivings displayed by their participants are limited to people who have mildly negative self-views. Specifically, Hooley and Richters (1992) have suggested that persons classified solely on the basis of the BDI may not necessarily meet clinical criteria for depression and therefore may differ qualitatively from individuals who are "truly" depressed (e.g., Coyne, 1994; Tennen & Affleck, 1993; cf. Vredenburg, Flett, & Krames, 1993). Because the negative affective state experienced by clinically de-

pressed individuals is likely to be more aversive than that of persons who do not necessarily meet criteria for the full disorder (e.g., individuals identified by self-report inventories), truly depressed individuals may be more motivated to solicit positive feedback and less likely to indulge their desire for verifying feedback. Additionally, although diminished self-esteem is highly associated with clinical depression, depressed individuals differ from nondepressed persons with low self-esteem in a variety of important ways (e.g., depressed individuals tend to experience heightened self-focus, impairments in effortful processing, persistent negative mood, somatic symptoms, etc.). Thus, the feedback-seeking behavior of clinically depressed individuals may differ in important ways from that of individuals who possess negative self-views but are not clinically depressed.

The primary goal of the present investigation was to determine whether clinically depressed persons would solicit unfavorable or favorable feedback. We also sought to determine the lengths to which depressed people would go in their search for unfavorable evaluations. As suggested by several recent investigations, positivity strivings may remain at least partially active during depression (e.g., Dunning & Story, 1991; Pelham, 1991) and may therefore guide feedback preference and solicitation. Moreover, past research has also shown that although people with negative self-views choose unfavorable evaluations when seeking information pertaining to their weaknesses, if they have opportunity to seek information about their strengths, they do so (Swann, Pelham, & Krull, 1989). Nevertheless, because past research has focused on people (usually college students) classified on the basis of self-report inventories, it is possible that a different picture would emerge if clinically depressed persons were examined. Conceivably, the exceptionally negative self-views of clinically depressed persons could cause them to pass up the opportunity to receive evaluations about their strengths.

Although we were primarily interested in how depressed individuals compared to nondepressed persons with average levels of self-esteem (i.e., high self-esteem individuals), we also wished to discover whether the feedback-seeking activities of depressed individuals would differ from those of persons with low self-esteem. Because both groups possess negative self-views, self-verification theory predicts that both depressed and low self-esteem individuals should display a preference for unfavorable appraisals over favorable appraisals. For these two groups, unfavorable feedback is particularly likely to be regarded as self-confirming and thus is preferred over favorable feedback, which tends to be regarded as less self-confirming and therefore less desirable. As such, we recruited two groups of individuals possessing similar levels of negative self-views. The members of one group were clinically depressed; the members of the other were not. Any differences in feedback seeking between the two groups could thus be attributed to the effects of depression or its naturally occurring correlates, because both groups possessed equally negative self-views.

To determine whether clinically depressed individuals desire positive or negative information about themselves, the current investigation classified depressed individuals on the basis of a structured diagnostic interview using criteria of the third revised *Diagnostic and Statistical Manual of Mental Disorders (DSM–III–R;* American Psychiatric Association, 1987). We then exposed these participants to a standard self-verification paradigm in which they were provided with the opportunity to choose between receiving positive or negative feedback. In addition, to assess their preferences for information about strengths and weaknesses, we asked participants to rank order a series of relatively positive and negative attributes, indicating on which attributes they most wanted to receive feedback.

Method

Overview

After having earlier completed a series of questionnaires, each participant was led to believe that two advanced graduate students had each begun to prepare a personality profile of the participant, based on the participant's questionnaire responses. Ostensibly, time constraints allowed the participant to examine only one of the profiles. Each participant was asked to choose which profile to examine on the basis of summarized versions. One summary was negative; one was positive. A few minutes later, participants rated how much they wished to examine both in-depth profiles. Following these ratings, participants who initially qualified as depressed were interviewed to confirm their clinical status.

Participants

Three different groups of participants were recruited. Participants were either (a) clinically depressed, that is, they met *DSM–III–R* (American Psychiatric Association, 1987) criteria for current major depression; (b) nondepressed and possessing high self-esteem; or (c) nondepressed and possessing low self-esteem. Classifications were made initially on the basis of personality inventory scores or screening interviews, and depression was confirmed by means of the nonpatient version of the Structured Clinical Interview for *DSM-III-R* (SCID; Spitzer, Williams, Gibbon & First, 1990).

Participants were recruited from the University of Texas' Department of Psychology research participant pool and through ads placed in local newspapers. Potential participants from the psychology research pool, identified through their scores on the short form of the BDI (Beck & Beck, 1972) administered during a mass pretesting session, were selected and contacted. Nonpool participants who responded to ads placed in local newspapers were initially classified on the basis of a short screening interview given over the phone. For all participants, final assignment into each of the three groups was performed according to their scores on the Rosenberg Self-Esteem Inventory (Rosenberg, 1965) and the long form of the BDI (Beck & Beamesderfer, 1974), which were completed prior to the experimental session, and on the basis of the SCID, which was conducted by an advanced graduate student previously trained in its administration.[1]

[1] Because the reliability of the SCID to diagnose major depression has been repeatedly demonstrated and similar to past work (e.g., Hewitt & Flett, 1993), SCID reliability was not re-assessed in this study. However, to provide further validation that the interviewer was able to diagnose current major depression reliably, we first identified a sample of 14 individuals who had either just completed or were beginning a multiweek, therapeutic program for depression. The interviewer, who was blind to the status of those he was interviewing, administered the section of the SCID assessing current major depression to each individual. A clinical psychologist with extensive SCID experience attended each interview and simultaneously completed a separate SCID. The interviewer identified 5 of the 14 participants as experiencing current major depression. The agreement rate between the interviewer and the clinician was 100%, supporting our contention that the interviewer was able to reliably diagnose current major depression.

Participants in the high and low self-esteem groups were required to score 15 or less on the BDI and in the top or bottom 30th percentiles of the Rosenberg Self-Esteem Inventory, respectively. Participants in the depressed group were required to score 16 or more on the BDI and to meet SCID criteria for current major depression. Participants recruited from the participant pool received course credit for their participation; nonpool participants were paid $10 for their time.

Nine participants originally recruited for the depressed group on the basis of either the short screening interview or their BDI score did not meet SCID criteria for current major depression and were excluded from the analysis. Although the depressed group was composed of a greater percentage of community members (46%) than the low (24%) and high self-esteem groups (25%), pool and community participants within the same status group did not differ reliably on any relevant variables (e.g., Rosenberg score, BDI score, feedback choice, desire to see the positive and negative profiles, etc.). Gender distribution across the three groups was approximately equal, with 60%, 70%, and 60% of the members of the high self-esteem, low self-esteem, and depressed groups, respectively, being female. Finally, several participants did not complete fully either the preexperimental questionnaires or portions of the dependent measures, resulting in sample sizes that differ across various analyses.

Procedure

Prior to the experimental session, participants were sent a packet of questionnaires to complete. The packet consisted of the following: the Rosenberg Self-Esteem Inventory (Rosenberg, 1965); the Self-Attributes Questionnaire (SAQ; Pelham & Swann, 1989), which measures individuals' self-perceived standings on five specific traits (e.g., social competence, intellectual ability, etc.); a question assessing how much the participant desires feedback about himself or herself; the long form of the BDI (Beck & Beamesderfer, 1974); and several other demographics and filler personality scales. The response key of the SAQ was altered slightly to account for the fact that not all participants were students (i.e., instead of rating themselves on each SAQ attribute relative to other *students*, participants were asked to rate themselves relative to others in general).

On arriving for the experimental session, each participant was told that as part of a training exercise, two advanced graduate students in the psychology department would be constructing a personality assessment of the participant on the basis of his or her answers to the questionnaire packet. In the meantime, the experimenter would conduct a standard clinical interview (the SCID) with the participant in order to acquire additional information. Once participants agreed to participate, the experimenter indicated that if time allowed, the graduate students would be able to give participants specific feedback on some of their SAQ attributes. Participants were then asked to rank the five SAQ attributes in the order of how much they wanted to receive feedback on each one. This ancillary measure of feedback seeking allowed us to assess whether participants preferred feedback pertaining to their strengths or to their weaknesses.

After participants rank ordered the SAQ attributes, the experimenter reported that each graduate student was in the process of compiling a "personality summary" of the participant that the participant would be able to examine. The summaries would supposedly reflect the longer, more in-depth personality assessment participants would receive later in the session. Before retrieving the summaries, the experimenter stated that because of a scheduling error, time constraints prohibited the participant from reading through both in-depth assessments and that the participant would need to choose which assessment to examine on the basis of the summaries. In actuality, all participants received the same two summaries. One summary was positive (e.g., this person seems well adjusted, self-confident, happy, etc.); one was negative (e.g., this person seems unhappy, unconfident, uncomfortable around others, etc.). Participants' choice of assessment comprised one of the primary dependent variables.

Table 1
Rosenberg and BDI Scores Across the Three Groups

Group	*n*	Rosenberg score		BDI score	
		M	*SD*	*M*	*SD*
High self-esteem	20	38.15	1.50	3.85	4.87
Low self-esteem	25	20.40	3.46	7.84	4.16
Depressed	28	18.78	7.36	26.46	6.75

Note. Rosenberg scores can range from 0 to 40, with higher numbers denoting greater self-esteem. Beck Depression Inventory (BDI) scores can range from 0 to 63, with higher numbers denoting greater depression.

Before exiting to retrieve the summaries, the experimenter explained that participants were required to perform a brief exercise to insure that all participants began the interview from the same mental state.[2] The experimenter then exited and returned a few minutes later with a folder containing the two summaries. Participants were given as much time as they desired to read the summaries, after which they were asked to indicate verbally their assessment choice. The experimenter then asked participants to rate how much they desired to read each assessment on 11-point scales ranging from *not at all* to *very much*. Afterwards, participants rated the accuracy and favorability of each graduate student's summary on four 11-point scales. The former ratings allowed us to assess feedback preferences on a continuous scale; the latter determined whether participants could discriminate between the positive and negative summaries and allowed us to determine how self-confirming (i.e., subjectively accurate) the summaries were perceived to be.

After completing the ratings, those participants originally assigned to the depression group were administered the SCID in order to confirm their clinical status. All participants were then debriefed and either assigned course credit or paid $10, as appropriate. Special care was taken to ensure that participants in the depression group did not become upset or distressed over the procedure. Additionally, information pertaining to community counseling services was made available to all who participated.

Results

Classification Status

To confirm classification status, participants' scores on the BDI and the Rosenberg Self-Esteem Inventory were each submitted to a one-way (status: high self-esteem, low self-esteem, or depressed) analysis of variance (ANOVA). As depicted in Table 1, the analysis confirmed that participants classified as high in self-esteem, low in self-esteem, and depressed exhibited corresponding scores on the Rosenberg Self-Esteem Inventory, $F(2, 70) = 98.86$, $p < .0001$, and on the BDI, $F(2, 70) =$

[2] Exercise type (control or letter shadowing task) originally constituted an additional two-level independent variable but did not produce any main or interactive effects on any of the major dependent measures. To ensure collapsing across exercise type was appropriate, we carried out the same set of analyses reported in the Results section solely on the participants in the control condition. The patterns of findings closely duplicated each other.

Table 2
Perceived Accuracy and Favorability Ratings of the Positive and Negative Summaries

Group	Perceived accuracy of summary		Perceived favorability of summary	
	Positive	Negative	Positive	Negative
High self-esteem				
M	9.70	2.45	9.70	2.95
SD	1.08	1.82	1.38	2.42
Low self-esteem				
M	6.60	6.48	9.04	4.52
SD	2.10	2.10	1.43	2.08
Depressed				
M	5.67	7.89	8.48	6.41
SD	2.67	2.15	2.68	2.90

Note. Higher numbers denote greater perceived accuracy or favorability. Scores can range from 1 to 11.

122.94, $p < .0001$. *T* tests revealed that all groups' Rosenberg and BDI scores differed significantly from one another (all $ps < .005$) except for the Rosenberg scores of depressed and low self-esteem participants, $t(51) = 1.00, p < .32$.

One-way ANOVAs conducted on demographics data revealed no differences between groups on gender, race, or educational achievement variables, $Fs < 1$. However, the depressed group was older on average ($M = 24.64$, $SD = 7.09$) than the low self-esteem group ($M = 18.88$, $SD = 1.56$) and the high self-esteem group ($M = 18.60$, $SD = 1.31$), $F(2, 70) = 15.47, p < .0001$. Past investigations using participants ranging in age from 17 to 78 have indicated that age generally does not affect self-verification strivings (e.g., Swann, Hixon, & De La Ronde, 1992), and using age as a covariate in the analyses reported in the current investigation did not significantly change participants' choice of or desire for positive and negative feedback. Thus, age was not included in any of the analyses reported below.

Manipulation Checks

Because the perceived match between feedback and self-views plays a critical role from the perspective of self-verification theory, we first examined participants' ratings of how self-confirming (i.e., accurate) they found the summaries to be using a 3 (group: high self-esteem, low self-esteem, or depressed) × 2 (summary type: positive or negative) ANOVA. As indicated by the significant interaction term, $F(2, 69) = 41.62, p < .0001$, and as depicted by the means in Table 2, high self-esteem people perceived the positive summary to be more self-confirming than the negative summary, $F(1, 19) = 158.84, p < .0001$, and depressed participants rated the negative summary as more self-confirming than the positive summary, $F(1, 26) = 7.73, p < .01$. Note, however, that low self-esteem participants perceived the two summaries to be equally self-confirming, $F < 1$. These findings are particularly important. From the perspective of self-verification theory, how self-confirming feedback is perceived to be determines the desirability of feedback. We would thus expect that the low self-esteem persons in our study would tend not to show a significant preference for one summary over the other, whereas high self-esteem participants should prefer the favorable summary and depressed participants should prefer the negative summary.

We also examined ratings of the perceived favorability of the two summaries using the same 3 (group: high self-esteem, low self-esteem, or depressed) × 2 (summary type: positive or negative) ANOVA. As expected, a main effect was attained for summary type, $F(1, 69) = 113.54, p < .0001$, with the positive summary being viewed as more favorable than the negative summary across groups. However, the interaction term was also significant, $F(2, 69) = 10.31, p < .0001$. As depicted by the means in Table 2, the three groups did not differ in their perceptions of the favorability of the positive summary, $F(2, 69) = 2.17, p > .12$, but we were somewhat concerned that they differed in their perceptions of the favorability of the negative summary, $F(2, 69) = 11.15, p < .0001$, with depressed participants viewing the negative summary in the most favorable light. However, depressed participants still clearly perceived the summaries as dissimilar: The negative summary was rated as significantly more unfavorable than the positive summary by depressed participants, $F(1, 26) = 5.95, p < .02$, and this also held true for the high self-esteem participants, $F(1, 19) = 87.55, p < .0001$, as well as the low self-esteem participants, $F(1, 24) = 83.82, p < .0001$. This issue is discussed further in the section *Clarifying the Role of Perceived Accuracy in the Desire for Negative Evaluation.*

Evaluation Choice

Evaluation choice (i.e., summary choice) comprised one of the primary dependent variables of interest. A chi-square procedure was used to examine the percentage of individuals in each group who chose the positive and negative summaries. As predicted by self-verification theory, the analysis indicated that group membership determined feedback choice, $\chi^2(2, N = 73) = 16.13, p < .0001$, with 82% of the depressed participants, 64% of the low self-esteem participants, and only 25% of the high self-esteem participants choosing the negative evaluation.

Recall that high self-esteem participants rated the positive summary more self-confirming than the negative, low self-esteem participants rated the summaries as equally self-confirming, and depressed participants rated the negative summary more self-confirming than the positive. On the basis of these ratings, we expected that a smaller proportion of high self-esteem participants would choose the negative summary compared to the low self-esteem participants, $z = 2.6, p < .005$, one-tailed, and that a smaller proportion of low self-esteem participants would choose the negative summary compared to depressed participants, $z = 1.5, p < .07$, one-tailed. Although all effects were in the predicted direction, the difference between depressed and low self-esteem persons did not quite attain conventional levels of significance. As we predicted, depressed participants exhibited a clear preference for negative feedback (i.e., 82% chose the unfavorable evaluation). However, low self-esteem participants also exhibited the same preference, although in weaker form (i.e., 64% chose the unfavorable evaluation).

This finding prompted us to examine further the evaluation choices of the low self-esteem participants, specifically those of

Table 3
Preference Ratings for Positive and Negative Feedback

Group	Summary		Difference score
	Positive	Negative	
High self-esteem			
M	9.40	8.40	1.00
SD	2.14	2.44	2.22
Low self-esteem			
M	8.24	8.64	−0.40
SD	2.65	2.33	3.16
Depressed			
M	7.93	9.86	−1.93
SD	3.16	2.03	3.48

Note. Preference ratings can range from 1 to 11, with greater numbers denoting greater preference.

the 22 low self-esteem participants who perceived one summary to be more self-confirming than the other. For those who felt that the negative summary was more self-confirming than the positive, 11 of 11 chose the negative summary. Of the 11 who perceived the positive summary to be more self-confirming than the negative, 8 chose the positive summary, $\chi^2(1, N = 22) = 12.57, p < .0001$. Thus, even though only a marginally significant difference existed between low self-esteem participants' and depressed participants' average feedback choices, on an idiographic level, the feedback preferences of low self-esteem participants were still highly associated with how self-confirming they perceived the two summaries to be.[3]

Evaluation Preferences

We also examined participants' continuous ratings of how much they desired to view the positive and negative summaries using a 3 (group: high self-esteem, low self-esteem, or depressed) × 2 (summary type: positive or negative) ANOVA. As indicated by the significant interaction term, $F(2, 70) = 5.25, p < .008$, and depicted by the difference scores in Table 3, high self-esteem participants reported a marginally significant preference for the favorable summary, $F(1, 19) = 4.04, p < .06$, low self-esteem participants displayed no preference, $F < 1$, and depressed participants preferred the unfavorable summary to the favorable summary, $F(1, 28) = 8.29, p < .007$. Consistent with self-verification theory, participants tended to prefer the summary they perceived as most self-confirming.

Clarifying the Role of Perceived Accuracy in the Desire for Negative Evaluation

Although depressed and low self-esteem participants possessed equivalent levels of self-esteem, depressed participants preferred the negative summary to the positive summary, whereas low self-esteem participants did not exhibit a preference. This finding indicates that the presence–absence of depression or its naturally occurring correlates contributed to participants' desire for negative feedback over and above any contributions made by self-esteem. As suggested by the pattern of accuracy ratings in Table 2, depression exerted its effects by influencing perceptions of accuracy, causing the depressed participants to view the negative summary as more accurate (i.e., self-confirming) than the favorable summary, thus increasing the negative summary's desirability.

To verify that differences between each group's desire for the negative summary could be attributed to differences in how the negative summary was perceived, we performed the following regression analyses on our entire sample. Using the desire for the negative summary as the dependent variable and group membership as an explanatory variable, we first established that group membership was indeed related to the desire to receive negative feedback, $F(2, 70) = 3.05, p < .054, R^2 = .08$. We next added participants' perceptions of the accuracy and the favorability of the negative evaluation to the model. The resulting analysis, $F(4, 67) = 3.95, p < .006, R^2 = .19$, confirmed our expectations: Perceived accuracy attained significance, $F(1, 67) = 3.87, p < .053$, whereas group membership and perceived favorability did not, $F(2, 67) = 1.04, p < .36$, and $F(1, 67) = 1.95, p < .17$, respectively. These results suggest that group membership per se and perceived favorability had no independent effect on feedback preference (i.e., group membership and perceived favorability could only have influenced participants' preferences by affecting perceived accuracy).

In line with self-verification theory, differences between the three groups' desire for negative evaluation seem to be directly related to their perceptions of how self-confirming they found the negative summary to be. Furthermore, these differences do not seem to be related to the perceived favorability of the summary. Note that this finding demonstrates that depressed participants were not "encouraged" to prefer the negative summary because it appeared more favorable to them than to high and low self-esteem participants. As indicated by the regression analyses, only perceived accuracy influenced participants' preferences for the negative evaluation.

Additionally, we also applied the same regression model using participants' desire to view the positive evaluation as the dependent variable and group membership, perceived accuracy of the positive summary, and perceived favorability of the positive summary as the three explanatory variables, $F(4, 67) = 14.64, p < .0001, R^2 = .47$. Once again, perceived accuracy attained significance, $F(1, 67) = 48.65, p < .0001$, whereas perceived favorability did not, $F(1, 67) = 1.61, p < .21$. Unlike the previous analysis, which used desire to view the negative evaluation as the dependent variable, in the current analysis group membership retained significance, $F(2, 67) = 3.50, p < .04$, and the

[3] Before concluding this section, we wished to determine whether we could replicate the results of past studies addressing feedback choice in depression that relied solely on BDI scores to classify depressed participants. Using the traditional cut-off of >9 on the BDI (Coyne, 1994), we divided our total sample into a nondepressed group (mean BDI score = 3.50, $SD = 2.98, N = 32$) and a depressed group (mean BDI score = 22.00, $SD = 8.70, N = 41$). In line with prior research, a chi-square analysis revealed that 78% of the depressed group chose the negative summary, whereas only 38% of the nondepressed group chose the negative summary, $\chi^2(1, N = 73) = 12.34, p < .0001$. These results are consistent with past research suggesting that individuals possessing elevated BDI scores prefer unfavorable feedback over favorable feedback (e.g., Swann, Wenzlaff, Krull, & Pelham, 1992).

resulting R^2 was considerably higher. Because of these differences, a conclusive interpretation of this analysis is not possible. Nevertheless, the analysis does provide further support for the self-verification perspective: The more self-confirming the positive summary was perceived to be, the more the positive evaluation was desired.

Ranking of Feedback Preferences for Strengths and Weaknesses

The previous findings indicate that when presented with the opportunity to solicit either confirming, unfavorable feedback or nonconfirming, favorable feedback, depressed participants chose the unfavorable feedback. This does not mean, however, that they had no positivity strivings whatsoever, as they may have chosen favorable feedback that was also confirming if given the opportunity. To investigate this possibility, all participants were asked to rank the five SAQ attributes in order of feedback preference. Positivity strivings should cause participants to solicit feedback on those attributes they felt were their best. Thus, if positivity strivings were present, the attribute participants ranked first should generally be their best (highest rated) attribute, the attribute they ranked second, should be their second best attribute, and so forth.

As depicted in Table 4, linear trend analysis conducted on each group's pattern of self-ratings indicated that those attributes that participants most desired feedback about tended to be the ones they had previously endorsed as their best; those attributes participants least desired feedback about tended to be the ones they had previously indicated were their worst, $F(1, 21) = 11.51$, $p < .003$, for depressed participants, $F(1, 24) = 42.09$, $p < .0001$, for low self-esteem participants, and $F(1, 17) = 27.30$, $p < .0001$, for high self-esteem participants.

However, the means in Table 4 suggest that depressed participants may have been less likely to rank their better attributes first compared to high and low self-esteem participants (e.g., depressed participants' third-ranked attribute is slightly greater than their first-ranked attribute). To examine this issue more closely, we focused on the attribute participants rated as their best. Specifically, we looked at the number of individuals in each group who ranked their best attribute first, second, third, fourth, and fifth (e.g., someone who ranked their best attribute first would most desire feedback about their highest rated attribute; someone who ranked their best attribute fifth would least desire feedback about their highest rated attribute). Positivity strivings, if functioning, should lead individuals to rank their best attribute first.

Table 4
Self-Ratings on SAQ Attributes Ranked in Order of Feedback Preference

	Attribute ranked				
Group	1st	2nd	3rd	4th	5th
High self-esteem	8.11	8.17	7.56	7.00	5.06
Low self-esteem	6.16	6.44	5.80	5.28	3.64
Depressed	6.23	6.41	6.41	5.82	4.36

Note. Self-Attributes Questionnaire (SAQ) ratings can range from 1 to 10, with higher numbers denoting greater self-perceived standing on that attribute.

Table 5
Preference Rankings of Best Attribute

	Best attribute ranked				
Group	1st	2nd	3rd	4th	5th
High self-esteem	.58	.26	.05	.05	.05
Low self-esteem	.48	.40	.12	.00	.00
Depressed	.36	.18	.23	.14	.09

Note. Numbers indicate the percentage of participants in each group who ranked their best attribute 1st, 2nd, 3rd, 4th, or 5th. Rounding prevents some percentages from summing to 1.00.

As depicted in Table 5 and confirmed by a Mantel–Haenszel test for linearity, $\chi^2(1, N = 73) = 3.90$, $p < .05$, group membership was significantly related to the best attribute's rank. High self-esteem participants were most likely to list their best attribute first: 58% of them did so while most of the remaining 42% listed their best attribute second. Only 48% of low self-esteem participants ranked their best attribute first; the majority of the remaining 52% listed their best attribute second. Most strikingly, only 36% of the depressed participants ranked their best attribute first, with the remaining 64% spread out mostly among the second, third, and fourth ranks.

The pattern that emerges from the foregoing analyses suggests that whereas depressed persons retain some positivity strivings, such strivings are attenuated. Apparently, even when positive evaluations can be obtained without violating concerns for self-verification, depressed persons appear unable to take full advantage of the situation.

Interest in Receiving Feedback

One question unanswered by previous investigations concerns the extent to which depressed individuals desire feedback about themselves. It is possible that the apathy and inactivity that characterizes depression would tend to negate their desire for feedback, even when such information could be gained relatively effortlessly. To investigate this possibility, participants' estimates of how much they desired feedback, self-reported on 9-point Likert-type scales, were submitted to a one-way ANOVA (group: high self-esteem, low self-esteem, depressed). The analysis revealed an effect for group, $F(2, 64) = 3.15$, $p < .05$, such that high self-esteem participants most desired feedback, followed closely by depressed participants, followed by low self-esteem participants (Ms = 7.05, 6.85, and 5.75, and SDs = 1.39, 1.85, and 2.15, respectively). T tests revealed that high self-esteem and depressed participants desired feedback equally, $t < 1$, and that both groups indicated a reliably or marginally reliably greater interest in receiving such information than did low self-esteem participants, $t(39) = 2.20$, $p < .03$, and $t(48) = 1.94$, $p < .06$, respectively.

Discussion

What types of information about the self do clinically depressed individuals seek? As predicted, when given a choice be-

tween receiving relatively favorable or unfavorable feedback, depressed participants preferred unfavorable feedback. In contrast, high self-esteem participants preferred favorable feedback, and low self-esteem participants preferred favorable and unfavorable feedback equally. In line with self-verification theory, participants' feedback choice appeared driven by how self-confirming they perceived the feedback to be, regardless of group membership.

Despite the foregoing results, additional analyses indicated that depressed participants did retain positivity strivings. When asked to rank the SAQ attributes in order of feedback preference, depressed and nondepressed participants tended to list their best attributes before their worst attributes. On the other hand, when we focused on how much participants desired feedback about their best trait, we found a linear relationship across the three groups such that high self-esteem participants most wanted feedback about their best attribute, followed by low self-esteem participants, followed by depressed participants. Hence, although depressed participants clearly possess positivity strivings, these strivings are attenuated.

Taken together, these data indicate that the feedback-seeking activities of depressed individuals may be problematic for two reasons. First, when forced to choose between favorable but nonverifying and unfavorable but verifying evaluations, depressed individuals choose the unfavorable evaluations. Second, when presented with the opportunity to seek favorable evaluations that are also verifying, they fail to exploit the situation fully. That is, not only do depressed individuals avoid evaluations that they perceive as overly favorable, but they also fail to pursue favorable evaluations that they believe they deserve. Apparently, they feel uncomfortable with the general tenor of favorable but verifying evaluations. Consistent with this supposition, Swann, Wenzlaff, and Tafarodi (1992, Study 1) found that dysphoric individuals chose being in a different experiment over interacting with a favorable evaluator. Furthermore, in a follow-up study, Swann et al. discovered that when dysphoric individuals received favorable evaluations, they intensified their search for unfavorable information about themselves.

In the current investigation and similar to past studies (e.g., Swann, Wenzlaff, & Tafarodi, 1992), the perceived match between self-views and feedback appeared to drive feedback preferences. These findings suggest that in general, individuals with low self-esteem seek negative feedback because such feedback is verifying, whereas the opposite is true for high self-esteem persons. However, it should be emphasized that from the perspective of self-verification theory, feedback preference depends chiefly on how self-confirming feedback is perceived to be. As evidenced in the current investigation, such perceptions are driven not only by one's level of self-esteem but also by other factors, such as the presence of depression. Although depressed and low self-esteem participants in the current study possessed equivalent levels of general self-views, they differed in their relative preferences for the favorable and unfavorable evaluations. Apparently, depression or its naturally occurring correlates made the unfavorable evaluation appear more self-descriptive than the favorable evaluation to depressed participants.

Consistent with this idea, past research has demonstrated that depressed compared to nondepressed persons are especially likely to endorse negative items as self-descriptive (e.g., Bargh & Tota, 1988; Gara et al., 1993; Pyszczynski, Holt, & Greenberg, 1987), and, in fact, Beck and his colleagues (Beck, Rush. Shaw, & Emery, 1979) have argued that one of the primary features that distinguishes depressed from nondepressed persons is that the former are especially likely to interpret events in ways that confirm their negative self-views. Although consistent with past research, the results of the current investigation do not permit definitive conclusions to be drawn regarding why depressed and low self-esteem persons differed in how self-confirming they perceived the summaries to be. Several factors were probably responsible. For example, because the negative summary contained descriptors that could be abstracted from both the Rosenberg Self-Esteem Inventory (e.g., unconfident) and the SCID (e.g., unhappy), it could well be the case that the negative summary was perceived as being more self-confirming than the positive summary by depressed individuals because, objectively, it was more accurate and thus more self-confirming. Alternatively, because depressed individuals possess relatively high levels of negative affectivity, they probably tend to focus on their negative attributes and self-views (see Watson & Clark, 1984), especially when making self-relevant judgments. When assessing how well the summaries confirmed their self-views, depressed individuals may have compared feedback primarily against their negative self-views to determine "fit," whereas low self-esteem persons probably used both their negative and positive self-views to assess fit. Thus, negative feedback appeared to depressed individuals to be a closer match despite the fact that both groups possessed similarly negative global self-views, as assessed by the Rosenberg Self-Esteem Inventory.

Curiously, although depressed participants viewed the unfavorable evaluation as more self-confirming and more negative than the favorable evaluation, they rated the unfavorable evaluation more favorably than the nondepressed groups did. These ratings may reflect the operation of depressed participants' positivity strivings: After selecting the unfavorable evaluation, they may have been attempting to cushion the affective blow of receiving unfavorable feedback (Swann, Griffin, Predmore, & Gaines, 1987) by altering their perceptions of the evaluation (i.e., by perceiving it in a more favorable light). Alternatively, the unfavorable evaluation may have evoked more negative ratings from the nondepressed groups simply because nondepressed persons rarely encounter explicitly negative feedback from others. Research by Ditto and Jemmott (1989) suggests that stimuli encountered infrequently tend to evoke more extreme judgments than commonplace stimuli. As numerous studies have demonstrated, nondepressed persons are less likely to elicit negative evaluations compared to depressed individuals (e.g., Coyne, 1976a; Gotlib & Beatty, 1985; Joiner et al., 1992; Strack & Coyne, 1983; Swann, Wenzlaff, Krull, & Pelham, 1992, Study 3). Consistent with our results, nondepressed persons should therefore rate unfavorable evaluations more harshly than depressed persons. (See Pyszczynski et al., 1987, Study 1, for a similar pattern of findings; see also Watson & Clark, 1984, for research showing that individuals interpret negative information differently depending on their own degree of negativity.)

Previous research on self-verification and depression has been critiqued on the grounds that the apathy and passivity that often characterize depression would negate depressed individu-

als' interest in receiving feedback of any type (Alloy & Lipman, 1992). To the contrary, our results indicate that clinically depressed individuals are very much interested in receiving evaluative information. In fact, they wanted feedback just as much as high self-esteem individuals and more than low self-esteem individuals. Although inconsistent with the intuitive notion of depressive apathy, this finding is consistent with research demonstrating that depressed individuals often seek information to offset perceived deficits in the ability to predict and control their environment. For example, when compared to nondepressed individuals, depressed individuals are more willing to pay for feedback about the self (Gasparikova-Krasnec & Post, 1984); seek more information and emotional support when confronted with stressful events (Coyne, Aldwin, & Lazarus, 1981); and engage in more effortful information processing in interpersonal situations, presumably out of an enhanced desire to understand social behavior (Edwards & Weary, 1993; Gleicher & Weary, 1991). Although the above studies relied on self-report inventories to assess depression, their findings converge with ours and suggest that depressed individuals retain a strong interest in obtaining evaluative feedback, especially feedback that confirms their self-views (see also Coates & Wortman, 1980; Shustack & West, 1985).

How, then, do depressed individuals enact the desire for confirming feedback outside of the psychological laboratory? Swann (1990) has described a variety of strategies that individuals with negative self-views use to elicit verifying reactions from others, especially when they feel they are being misconstrued. For example, Swann and Read (1981b, Study 2) found that if people with negative self-views thought that their interaction partner viewed them favorably, they intensified their efforts to appear unworthy of their interaction partner's positive regard. In a similar manner, when depressed persons feel they are being misconstrued, they may behave in a hostile manner (Coyne, 1976a; Gotlib & Robinson, 1982), engage in inappropriate self-disclosure (Gibbons, 1987), or enact other behaviors commonly observed in depression to correct the misperceptions of their interaction partners. As several researchers have noted, explicitly conveying positive evaluations to depressed individuals often has the opposite effect of the one intended, resulting in the expression of increased symptomatology (Grinker, 1964; D. A. Schwartz, 1964; Watzlawick, Weakland, & Fisch, 1974). Because friends and relations often attempt to cheer up newly depressed individuals by denying or disconfirming their negative self-views (Coates & Wortman, 1980), such boomerang effects should be especially likely to occur early in depression.

As depression deepens, individuals may abandon more active modes of self-verification in favor of naturally occurring correlates of depression such as negative facial expressions (G.E. Schwartz et al., 1976) or monotonic speech (Teasdale et al., 1980) to inform others of how they wish to be viewed. Alternatively, they may simply withdraw from those whose appraisals they perceive to be overly positive (e.g., Swann, Hixon, & De La Ronde, 1992; Swann, Wenzlaff, Krull, & Pelham, 1992, Study 1). Such behaviors would thus offer a naturally occurring instance of the failure to seek positive appraisals displayed by the depressed individuals in the research reported in this article.

Given that self-verification strivings lock individuals into patterns of feedback seeking that sustain depression, how do individuals ever climb out of a depressed state? Most cases of depression remit spontaneously (Beck, 1967), a process about which little is known (Needles & Abramson, 1990). Our finding that positivity strivings, albeit attenuated, persist in clinical depression suggests that they may play a role in remission. Thus, factors that have been linked to recovery (e.g., social support, cognitive therapy, etc.) may be successful in part because of their ability to encourage people to allow positivity strivings freer reign to guide feedback seeking. For example, one of the goals of cognitive therapy is to undermine the certainty with which depressed individuals cling to their unfavorable self-views (Beck et al., 1979). Past research has shown that individuals tend to verify those self-views of which they are certain but solicit positive feedback on those self-views that are not firmly held (Maracek & Mettee, 1972; Swann & Ely, 1984; Swann et al., 1988). By decreasing the certainty by which depressed individuals hold their negative self-views, cognitive therapy may disrupt self-verification processes, allowing positivity strivings greater opportunity to influence self-views.

Before concluding, some caveats are in order. Because we did not include a nondepressed, clinical control group, it could be that one of depression's naturally occurring correlates (e.g., anxiety) contributed to the tendency of depressed individuals to seek unfavorable feedback. However, this idea cannot explain why the nondepressed, low self-esteem participants who viewed the negative summary as more confirming than the positive summary also tended to choose the unfavorable evaluation. Because these individuals were unlikely to have been anxious relative to depressed individuals, anxiety cannot readily account for the similar patterns of feedback seeking exhibited by the two groups.

Although we did not conclusively demonstrate what drove our participants to seek confirming feedback, the positive association between how self-confirming participants perceived the feedback to be and how much they wanted it is highly consistent with past work addressing the motivational underpinnings of self-verification theory (e.g., Swann, Hixon, & De La Ronde, 1992; Swann, Stein-Seroussi, & Giesler, 1992). Most important, it provides support for our contention that a desire to bolster perceptions of prediction and control underlies the effects we reported. However, to the extent that prediction and control strivings lay at the heart of depressed individuals' desire for confirming feedback, we believe that it is inappropriate to blame depressed individuals for engaging in feedback-seeking activities (e.g., soliciting negative evaluations) that may exacerbate their depressive state (see also Swann, Wenzlaff, Krull, & Pelham, 1992). Ordinarily, efforts to maintain or restore feelings of prediction and control are highly adaptive. Among depressed individuals, however, seeking confirming feedback may produce the added and unwanted effect of sustaining a depressive episode by entrenching negative self-views (Shustack & West, 1985). Ironically, in an attempt to maximize their perceptions of prediction and control, over the long run depressed individuals may be forfeiting actual prediction and control by acting in ways that maintain their depression.

Summary and Conclusions

As predicted by self-verification theory, clinically depressed individuals chose unfavorable evaluations over favorable but

nonverifying feedback. Furthermore, they failed to seek favorable self-verifying evaluations as aggressively as nondepressed persons. In conjunction with past studies using depressed participants recruited on the basis of self-report inventories (e.g., Swann, Wenzlaff, Krull, & Pelham, 1992; Swann, Wenzlaff, & Tafarodi, 1992), the results of the current investigation suggest that by enacting self-verification strivings, depressed individuals may enmesh themselves in a self-perpetuating cycle that maintains or exacerbates their depressed state.

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