Abstract—Past approaches to the self have emphasized people's desire for positive evaluations. I suggest that this emphasis overlooks another powerful and important motive, the desire for evaluations that verify self-views. Among people with negative self-views, this desire for self-verification can override the desire for positive evaluations. For example, people with negative self-views seek relationship partners who view them negatively, elicit unfavorable evaluations from partners, and "see" more negativity in the reactions of others than is actually there. Although these self-verification processes ordinarily impede progress in therapy, awareness of these processes can allow therapists to either circumvent them or actually use them in the service of fostering self-concept change.

For Ms. W., suffering and victimization were in some respects preferable to kindness and concern. Ms. W. not only misperceived that Mr. S. was unfaithful, but also resisted any information that contradicted her misperception and actively sought verification that he was unfaithful. The better he treated her, the more depressed and pessimistic she became. For example, she was threatened by a caring and loving partner. She accepted her past abuse as an appropriate reflection of her worth. A challenge to this self-image was a challenge to how she adapted and coped with her victimization (Widiger, 1988, p. 821).

The responses of Ms. W. seem paradoxical because they defy the widespread conviction that all people possess a deep-seated need for praise and adulation. It turns out that although people with negative self-views do at some level desire praise and adoration, they also want self-verification in the form of evaluations that confirm and validate their self-views. This desire for self-verification appears to be an exceedingly general one, one that shapes the lives of all of us, whether we have high or low self-esteem. In fact, it does not matter whether people's self-views are positive or negative, well-founded or misplaced, or based on something that happened during the previous year or in the distant past. Once people become confident of their self-views, they rely on these self-views to predict the reactions of others, to guide behavior, and to organize their conceptions of reality (e.g., Mead, 1934). Because self-views must be stable to serve these vital functions, people work to verify and confirm them (e.g., Aronson, 1968; Secord & Backman, 1965; Swann, 1983, 1996). These self-verification strivings may operate consciously or nonconsciously and may take several distinct forms.

FORMS OF SELF-VERIFICATION

An especially important form of self-verification occurs when people choose partners who see them as they see themselves, thereby creating social environments that are likely to support their self-views. In one study, for example, we asked people with positive and negative self-views whether they would prefer to interact with evaluators who had favorable or unfavorable impressions of them. As can be seen in Figure 1, people with positive self-views preferred favorable partners, whereas people with negative self-views preferred unfavorable partners (e.g., Swann, Stein-Seroussi, & Giesler, 1992).

More than a dozen replications in different laboratories using diverse methodologies have left little doubt that people with negative self-views seek unfavorable feedback and partners (e.g., Hixon & Swann, 1993; Robinson & Smith-Lovin, 1992; Swann, Hixon, Stein-Seroussi, & Gilbert, 1990; Swann, Pelham, & Krull, 1989; Swann, Wenzlaff, Krull, & Pelham, 1992). Males and females display this propensity to an equal degree, regardless of the degree to which the self-views are changeable or whether they are associated with specific qualities (intelligence, sociability, dominance) or global self-worth (self-esteem, depression). Similarly, people prefer to interact with self-verifying partners even if presented with the alternative of participating in a different experiment (Swann, Wenzlaff, & Tafarodi, 1992). Finally, people are particularly likely to seek self-verifying evaluations if their self-views are extreme and firmly held (e.g., Pelham & Swann, 1994; Swann, Pelham, & Chidester, 1988, Swann & Ely, 1984). Clinically depressed persons, for example, are more likely to seek negative evaluations than people with low self-esteem, presumably because depressives are thoroughly convinced that they are worthless (Giesler, Josephs, & Swann, 1996).

People's efforts to verify their negative self-views should not be confused with masochism. For example, rather than savouring unfavorable evaluations (as one might expect masochists to do), people with negative self-views are intensely ambivalent about such evaluations. In choosing a negative evaluator in one study (Swann, Stein-Seroussi, & Giesler, 1992), one person with low esteem noted: "I like the [favorable] evaluation but I am not sure that it is 'ah, correct? maybe it sounds good but [the unfavorable evaluator] seems to know more about me. So I'll choose [the unfavorable evaluator]."

The thoughts that give rise to such ambivalence emerge sequentially. Upon receiving and categorizing positive feedback, people are immediately drawn to it, regardless of their self-views. A preference for self-confirming feedback emerges later when people access their self-views and compare these self-views to feedback (for a further discussion of the mechanisms that seem to underlie the self-verification effects, see Swann, 1996, pp. 55-69).

The foregoing analysis implies that any procedure that prevents people from engaging in the comparison process that gives rise to self-verification strivings should cause people with negative self-views to prefer favorable appraisals. In support of this proposition, when my colleagues and I (Swann et al., 1990) had some people choose an interaction partner while they were deprived of cognitive resources (by rushing their decision or having them rehearse a phone number), we found that people with negative self-views were less inclined to self-verify (i.e., choose a partner who appraised them positively).

Address correspondence to William B. Swann, Jr., Department of Psychology, University of Texas at Austin, TX 78712, e-mail: swann@psy.utexas.edu

Copyright © 1997 American Psychological Society.
Self-Verification and Change

Fig 1 Preferences for favorable versus unfavorable interaction partners among people with positive (pos) versus negative (neg) self-concepts. The data on which this figure is based are from Swann, Stein-Seroussi, and Giesler (1992).

Unfavorable Favorable

% of Subjects Choosing the Evaluator

- Neg Self-Concept
- Pos Self-Concept

1 The second stage that gives rise to self-verification striving may later be overridden during a third stage in which people's responses are based on a cost-benefit analysis of characteristics of the feedback, their self-views, and the social context. Hence, there appear to be at least three distinct phases in people's reactions to feedback: an initial phase characterized by a preference for positive feedback, a second phase characterized by a preference for congruent feedback, and a final phase during which people systematically analyze the options available to them and behave so as to maximize their benefits and minimize their costs. For a further discussion, see Swann and Schroeder (1995).

likely to experience change in their self-views than those who had no opportunity to correct the evaluator (e.g., Swann & Hill, 1982).

Should the foregoing strategies fail to produce self-confirming social worlds, people may withdraw from the relationships in which they are receiving disconfirming feedback. For example, if people wind up in marriages in which their spouses perceive them more (or less) favorably than they perceive themselves, they become less intimate with those spouses (Ritts & Stein, 1995; Swann, De La Ronde, & Hixon, 1994).

If self-discrepant feedback is unavoidable, people may construct the illusion of self-confirming worlds by "seeing" more support for their self-views than actually exists. For example, just as people with positive self-views spend the longest time scrutinizing what someone says about them when they expect the remarks will be favorable, those with negative self-views spend the longest time scrutinizing when they expect the remarks will be unfavorable (e.g., Swann & Read, 1981, Study 1). A parallel phenomenon emerges when researchers examine what people remember about the evaluations they receive. Just as people with positive self-views remember more favorable than unfavorable statements that have been made about them, people with negative self-views remember more unfavorable than favorable statements (e.g., Swann & Read, 1981, Study 3).

And if these attentional and memorial processes are not enough to insulate people against evaluations that challenge their self-views, people may nullify discrepant evaluations by selectively dismissing incongruent feedback. For example, people express more confidence in the perceptiveness of evaluators whose appraisals confirm their self-conceptions (e.g., Shrauger & Lund, 1975).

In conjunction with the processes already outlined, such selective dismissal of challenging feedback may systematically skew people's perceptions of reality, encouraging them to conclude that their social worlds are far more supportive of their self-views than is warranted. Although these processes may stabilize people's self-views and foster feelings of coherence and predictability, they are also likely to impede positive psychological change.

IMPLICATIONS OF SELF-VERIFICATION PROCESSES FOR THERAPY

Imagine a woman who seeks therapy in the hope of removing the self-doubt that has plagued her since her youth. Although the therapist may succeed in bringing her to acknowledge and derive a feeling of pride from her strengths, she may also discover that these positive self-views are undone when she returns home to a husband who is contemptuous of her. Such a scenario is not just hypothetical. In one study, Predmore and I invited couples to the laboratory and seated partners in a room together. Some intimates perceived their partner congruently and some perceived their partner less congruently.

At a key point in the procedure, we gave one member of each couple incongruent feedback. When we later measured how much people's self-views changed in the direction of the feedback, we found that participants were relatively impervious to the feedback if they were sitting with an intimate who saw them congruently. This tendency for congruent relationship partners to insulate one another against challenging feedback was equally apparent whether their self-views were positive or negative (Swann & Predmore, 1985).

Such evidence suggests an important addendum to Mark Twain's adage "A man cannot be comfortable without his own approval." To
establish and sustain positive self-views, people must not only gain their own approval, they must also gain the approval and support of certain key interaction partners, including friends, co-workers, lovers, and relatives. In this sense, self-views are not merely psychological structures that exist inside people, as their hearts, lungs, or livers do, rather, through people's interactions, their self-views become externalized into the social worlds that they construct around themselves.

As a result, when patients enter therapy in the hope of improving their self-views, their therapists' efforts to convince them that they are lovable and competent may be undone when they return home to lovers or family members who dismiss them. And if therapists do manage to instill a sense of self-worth that is resilient against challenges, patients' partners may respond by encouraging the patients to revert back to their former selves, withdraw from therapy, or both (e.g., Kerr, 1981; Wachtel & Wachtel, 1986).

But intimates who have unfavorable impressions of their partners may do more than stabilize their partners' negative self-views. Because intimates tend to assume that their partners' shortcomings reflect on them, they may be highly intolerant of such shortcomings and actively reject partners whom they perceive to suffer from such shortcomings (e.g., Swann et al., 1994). This means that when people with negative self-views choose intimates who see them as they see themselves, they increase the chance that their intimates will reject them in a general way. Such rejecting intimates may even go so far as to verbally and physically abuse them. Women with low self-esteem seem to be particularly apt to marry men who are high in negative instrumentality (e.g., who are hostile, egotistical, dictatorial, arrogant). Women involved with such men are especially apt to report being physically abused (Buckner & Swann, 1995).

The therapeutic context may provide one way out of this conundrum. Because therapists do not feel that the shortcomings of their patients reflect on them, therapists are in a good position to validate their patients' shortcomings (i.e., provide negative feedback) in a supportive and accepting context. When administered in such a context, negative feedback may actually be beneficial (Finn & Tonsager, 1992), for example, established warm and supportive relationships with patients and then gave those patients feedback that confirmed their self-views. Two weeks later, patients who had received congruent feedback displayed better psychological functioning and higher self-esteem than a no-feedback control group—despite the fact that the congruent feedback was sometimes decidedly negative (e.g., "you are depressed, thought disordered, angry, obsessional"). Patients seemed to benefit enormously from the perception that "you seem to know all my shortcomings but still like me." 2

Why are confirming, negative evaluations beneficial? One reason is that congruent feedback may increase people's perceptions that they are competent in at least one sphere knowing themselves. This realization may foster a feeling of psycho-epistemological competence, a sense of mastery and heightened perceptions of predictability and control—perceptions that may reduce anxiety. In addition, being understood by a therapist may reduce feelings of alienation, for it tells patients that someone thought enough of them to learn who they are for these and related reasons, when provided in a supportive context, self-verifying feedback may have beneficial effects, even when it is negative (see also Linehan, in press).

Another approach that therapists may use is to employ the self-verification strivings of patients in the service of changing their self-views. In one study, for instance, my colleagues and I capitalized on the tendency for people to resist feedback that disconfirms their self-views. We asked people questions that were so conservative (e.g., "Why do you think men always make better bosses than women?") that even staunch conservatives resisted the premises inherent in the questions. Upon observing themselves take a somewhat liberal position, these conservative participants adjusted their attitudes in a liberal direction (Swann et al., 1988). This effect is conceptually related to paradoxical techniques in which therapists impute to patients qualities that are more extreme than the patients' actual qualities (e.g., characterizing an unassertive person as a complete doormat) in the hope that the patients will behaviorally resist the innuendo (e.g., become more assertive) and adopt corresponding self-views (e.g., Watzlawick, Weakland, & Fisch, 1974).

There are, of course, additional strategies that may be exploited in attempting to change people's self-views. The more general point here, however, is that therapists who are interested in changing self-views should recognize that people's desire for positive evaluations may sometimes be overridden by a desire for self-verification. The desire for self-verification may compel people to work to maintain their positive—and negative—self-views by embracing confirming feedback, eschewing disconfirming feedback, and surrounding themselves with friends, intimates, and associates who act as accomplices in maintaining their self-views. Research on the nature, underpinnings, and boundary conditions of such self-verification strivings may thus provide insight into the widely reported phenomenon of resistance—the tendency for patients in therapy to resist positive change. In so doing, such research may pave the way for the development of intervention strategies that accommodate or exploit self-verification strivings rather than being sabotaged by them.

Acknowledgments—I am grateful to Stephen Finn, Mike Gill, Liz Pinel, and Stephanie Rude for commenting on an earlier version of this article. This project was supported by a grant from the National Science Foundation (SBR-9319570).

REFERENCES


Self-Verification and Change


This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.