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LOYOLA UNIVERSITY OF CHICAGO

AN EXAMINATION OF
STRATEGIC FAILURE AND SELF-VERIFICATION
AMONG DEPRESSED INDIVIDUALS

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

BY

JULIA L. ANABLE, M.A.

CHICAGO, ILLINOIS

MAY, 1994

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CHAPTER I

INTRODUCTION

Considerable research has been devoted to the manner in which depressives engage in interpersonal interactions, and the way depressives approach tasks and other performance demands. Many researchers have found that depressives interact with their environments, and with other individuals in those environments, in ways that differ significantly from the behaviors of nondepressives.

Arkin (1981) suggests that some individuals have a "protective" orientation in interpersonal interactions. In contrast with people who have an "acquisitive" (social approval-seeking) self-presentational style, those with a protective self-presentational style focus on what may be lost during an interaction with others instead of what might be gained. As a result, they are motivated to behave in a manner which is organized around protection from potential interpersonal and intrapersonal harm; essentially, they avoid encounters which may hold a potential threat to their self-concept.

Hill, Weary and Williams (1986) propose an interpersonal self-presentation formulation for depressives, based on Arkin's (1981) work. Hill et al. (1986) contend that many characteristic attributes of depressed

individuals, such as self-doubt, low self-concept, and social anxiety, exacerbate the concern depressives experience about being evaluated in an interpersonal context. This apprehension, it is argued, causes them to embrace a protective self-presentation style. This style characterizes their stance across a variety of social encounters and may be manifested in a variety of ways, such as inordinate modesty, social reticence, and social avoidance and withdrawal. The underlying goal of this protective style of depressives is to avoid performance demands and obligations by controlling interpersonal relationships. As a result, social situations that may threaten the self-concept are avoided.

Further, based on their review of related literature, Hill et al. (1986) assert that depressives attribute poor performance to internal causes (e.g., lack of ability), particularly in public conditions. These authors argue that depressives may use these attributions as a way of communicating their negative self-concept to others, thereby controlling the expectations others will have of them. Once the expectations others might hold of them are lowered, performance demands are reduced and thus, anticipated threats to an already low self-concept are also reduced.

Strategic Failure Among Depressives

Weary and Williams (1990) tested the depressive self-presentation formulation put forth by Hill et al. (1986) by

using a manipulation in which subjects were told that they would be asked to perform a second task if they successfully completed an initial visual-motor skill task within a ten-minute time limit. This manipulation was intended to ascertain whether subjects would "protect" themselves from potential future failure by deliberately failing during the first task. Such strategic failure would reflect a choice of short-term discomfort due to the immediate failure, but would also enable subjects to avoid the future performance demand and anxiety regarding potential future loss of self-esteem.

Weary and Williams (1990) found that depressed subjects strategically failed a simple motor task, if they were informed that successful completion of the task would be followed by another task. Depressives who had no such future performance expectancy completed the task successfully. Nondepressed subjects completed the task successfully regardless of their future performance expectancy. If this strategic failure finding for depressives is replicated (to date it has not been), it would represent an important maladaptive behavior by depressed individuals.

Self-handicapping

In an exploration of the impact of a protective orientation on public performance, Shepperd and Arkin (1989) investigated the relationship between self-consciousness

(which is one aspect of depressives' self-doubt and social anxiety) and self-handicapping. High public self-conscious subjects reported being highly concerned with the opinions others form about their behavior, and being attentive to those aspects of themselves that are available to the scrutiny of others. Self-handicapping refers to "the acquisition of an impediment, or the staging of performance conditions, so that the handicap constitutes a persuasive impediment to successful performance and serves as a pre-emptive excuse for potential failure" (Shepperd & Arkin, 1989, p. 252). Jones and Berglas (1978), who put forth the original self-handicapping paradigm, observed that subjects self-handicap only for those domains in which they have fragile, but favorable, self-concepts. Further, self-handicappers must succeed on occasion, lest their status change from that of successful individuals who sometimes perform poorly due to circumstances unrelated to their abilities, to being considered failures.

Shepperd and Arkin (1990) found that individuals who were high in public self-consciousness chose to handicap their performance significantly more (by choosing to listen to music they had been told was performance inhibiting rather than performance enhancing or neutral) than did those who were low in public self-consciousness, but only when the task in which they were engaged was meaningful and potentially self-defining (e.g., a valid indicator of

academic and career success). The authors assert that self-conscious subjects are likely to self-handicap only when the task addresses a domain that is important to them. Shepperd and Arkin (1989) also asked subjects, post-task, to imagine both failing and succeeding on the task, and to make attributions as to why these performances occurred. They found no differences between high and low public self-conscious subjects in either external (e.g., task ease, luck) or internal (e.g., ability, effort) attributions for their performance. Subjects were not asked to make attributions regarding their actual performance.

Weary and Williams (1990) state that their strategic failure results go beyond self-handicapping. Depressed subjects who failed were less likely than nondepressed subjects to attribute their performance to the difficulty of the task (an opportunity to excuse their performance due to an external handicap of task difficulty), and they strategically failed. Weary and Williams (1990) assert that these subjects did not want their failures excused; the subjects were more concerned about controlling the outcome and avoiding a future performance demand (and an anticipated future threat to self-esteem) than they were about failing the initial task (and protecting themselves from temporary and immediate emotional discomfort due to task failure). As mentioned earlier, however, Shepperd and Arkin (1989) found that highly self-conscious individuals tended to self-

handicap only when the task in which they were engaged was meaningful and potentially self-defining. The visual-motor skills task that Weary and Williams (1990) employed was not likely to be experienced as meaningful or potentially self-defining, which may account for the lack of depressive self-handicapping attributions. Further, depressed subjects should not be expected, based on the findings of past research (Abramson, Seligman, & Teasdale, 1978; Seligman, Abramson, Semmel, & von Baeyer, 1979), to engage in self-handicapping by attributing poor performance to external factors. Typically, depressives are more likely to make internal attributions for poor outcomes, and external attributions for positive events (Abramson et al., 1978; Seligman et al., 1979).

There was, however, no significant difference between depressed and nondepressed subjects in terms of internal attributions regarding their performance (e.g., lack of effort or ability). Weary and Williams (1990) note that the behavioral presentation style of depressives who failed strategically did not carry over to their causal attributions for their performance. It is not clear, however, that this is actually the case. If a depressive who failed rated his or her performance as "very much" due to his or her level of ability (for depressives who failed, this would mean lack of ability), and a nondepressive who succeeded made the same performance attribution (in this

case the rating would mean strong ability), these identical performance attributions (which would yield no significant group effects) would nonetheless mean very different things. The depressive would be making internal attributions about a negative trait and outcome, and the nondepressive would be making internal attributions about a positive trait and outcome.

Finally, it should be noted that Weary and Williams' (1990) depressed and nondepressed subjects did not actually perform any differently than Shepperd and Arkin's (1989) high and low self-conscious subjects, despite Weary and William's (1990) argument to the contrary. In both studies, subjects did impede their performance behaviorally; depressives in the strategic failure condition exceeded the time limit in Weary and Williams (1990) study, and high self-conscious subjects in Shepperd and Arkin's (1989) study chose performance inhibiting music when engaged in a task that was meaningful and potentially self-defining. However, neither group appeared to make self-handicapping attributions for their performances. Weary and Williams (1990) stated that it was this lack of an attempt to excuse poor performance that set their strategic failers apart from Shepperd and Arkin's (1989) self-handicappers. Actually, subjects in both studies sought to impede their performances behaviorally, and did not offer any attributions regarding their performances. What would have really set Weary and

Williams (1990) subjects apart, however, would have been an actual test of what does differentiate between self-handicappers and strategic failers--the former should seek to succeed on occasion, and the latter should seek failure consistently. Research on the differences between self-handicapping and strategic failure, and depressive and nondepressive attributions during such manipulations, is indicated.

Weary and Williams (1990) conclude that depressives fail intentionally in an effort to avoid future performance demands that may be imposed upon them by others, despite the fact that such failure causes them at least short-term emotional discomfort. These authors speculate that depressives choose immediate failure in order to preserve their tenuously maintained self-esteem from further damage due to anticipated future failures.

Further, Weary and Williams (1990) state that while depressive behaviors are not "simply" manipulative, a consciously manipulative component exists, in that depressive behaviors can be considered "strategic communications" which may be used "to control and direct interpersonal processes" (p. 897). Weary and Williams' (1990) results, however, do not provide evidence of conscious intent; the authors make no distinction between conscious pursuit of failure and failure that may be actively, but unconsciously, pursued. In fact, the

depressives in Weary and Williams' (1990) strategic failure condition indicated that they believed their performance was average compared to other subjects ($M=4.5$ on a nine-point scale).

It is also important to note that Weary and Williams (1990) set out to test an interpersonal theory using a visual-motor skill task. In an attempt to account for this deficiency and "heighten the atmosphere of evaluation" (Weary & Williams, 1990, p. 894), the experimenter sat directly opposite the subjects, tracked their time with a stopwatch, and pretended to make notes. Despite these efforts at injecting interpersonal elements into their research, the fact remains that strategic failure manipulations with depressed subjects still have yet to be conducted using an actual interpersonal task.

Strategic Failure and Anxiety

Others have observed that people with high levels of social anxiety strategically fail in order to decrease expectations held for their future performances (Baumgardner & Brownlee, 1987). Baumgardner and Brownlee's (1987) research with socially anxious subjects demonstrated that these subjects strategically failed when informed that their verbal and social acuity was being assessed, and that their performance could alter currently high expectations held by the experimenter for their performance in a future interaction. These authors propose that socially anxious

individuals are motivated to fail strategically in order to confirm their own expectations of themselves and to induce others' expectations of them to become consistent with their own, and "also to lower and create a safer level of future standards" (Baumgardner & Brownlee, 1987, p. 534).

The current study also examines whether a relationship exists between subject anxiety and strategic failure, and whether this relationship differs from that observed for depression.

In sum, strategic failure theorists propose that depressed (and anxious) individuals will fail immediate performance demands and endure subsequent short-term assaults to their self-esteem, in order to prevent long-term performance demands and anticipated failures and the anxiety and demoralization associated with these failures.

Self-Verification Among Depressives

In addition to creating negative results through strategic failure, depressives and occasionally dysphorics (i.e., individuals who are not clinically depressed but experience depressed mood) indicate they are more inclined than nondepressives to seek unfavorable feedback (Swann, Wenzlaff, Krull, & Pelham, 1992). Further, they do so despite the fact that such feedback is associated with heightened painful affect (Swann, Griffin, Predmore, and Gaines, 1987; Swann, Wenzlaff, Krull, & Pelham, 1992). In contrast with strategic failure and self-handicapping

theorists, these authors state that depressives unconsciously seek out, rather than avoid, threats to self-esteem and that they do so in order to verify their self-concepts, thereby increasing their sense of existential predictability and control. Thus, the motivation for self-verification is much the same as it is for strategic failure--creating a sense of future emotional security for the depressive by controlling the immediate intra- and interpersonal environments.

Swann, Wenzlaff, Krull, and Pelham (1992) state that self-verification theory represents a departure from consistency theory (see Aronson, 1968, Festinger, 1957, Lecky, 1947, Secord & Backman, 1965; c.f. Swann, Wenzlaff, Krull, & Pelham, 1992). Consistency theory proposes that people are invested in preserving their self-conceptions and seek out feedback that is consistent with those self-conceptions to accomplish this. Self-verification theory, in contrast, proposes that while people do strive to maintain consistency by verifying their firmly-held self-concepts, they do so not only for the sake of maintaining consistency, but also "out of a desire to maximize their perceptions of prediction and control" (p. 293). Thus, people with negative self-views (depressives and people with low self-esteem) create and maintain interpersonal relationships and situations that reinforce their negative self-views, and they do so "out of a nonconscious desire to

bolster their perceptions of existential security and interpersonal control" (p. 304).

Swann, Wenzlaff, Krull, and Pelham (1992, p. 303) add that people who "become convinced that they are worthless externalize this belief by bringing their relationship partners to share this appraisal of them and, ultimately, reject them (emphasis in original)." As a result, their negative self-views are verified in their interpersonal interactions. While these authors' findings (discussed below) cannot be said to have demonstrated a causal relationship on this last point, it does lead to interesting questions (e.g., the development of transference and countertransference in the therapeutic alliance, the dynamics of abusive relationships, etc.) which merit further study. Further, Swann, Stein-Seroussi, and Giesler (1992) note that self-verification theory does not propose that individuals who involve themselves in negative and even abusive self-verifying relationships are actually attaining security and control. Rather, they contend that such individuals seek to maximize their perceptions of control.

Before elaborating on Swann, Wenzlaff, Krull, and Pelham's (1992) findings, a bit of groundwork is in order. In an early study of self-verification focused on interpersonal behavior, Swann and Ely (1984) described the difference between self-verification and behavioral confirmation in an interpersonal context. In their analysis

of interpersonal dynamics, the term "target" is used to describe an actor in a situation whose behavior is assessed by a "perceiver." These authors investigated which of the following interpersonal dynamics is more likely to occur under certain conditions: (1) self-verification, or (2) behavioral confirmation. If self-verification was the dominant dynamic, the target would behave in a way intended to cause the perceiver to revise previously held expectations about the target, to expectations that verified the target's self-view. If targets instead engaged in behavioral confirmation, they would behave in a manner that confirmed the expectations of the perceiver. Swann and Ely (1984) observed that the desire for self-verification can be so powerful that when a "battle of wills" ensues between the expectations of a perceiver and the target, it is often the target who maneuvers to victory. This suggests that self-verification is a more influential motivator than behavioral confirmation.

Swann and Ely (1984) paired targets who were either extraverted or introverted with perceivers who had been led to believe by the experimenters that the targets were the opposite of what they actually were (e.g., an introverted target would be matched with a perceiver who was told the target had been evaluated and was judged to be extraverted). These authors assessed the targets' level of certainty regarding their own extraversion or introversion, and also

manipulated the perceivers' level of certainty (high or low certainty) for targets' status as extraverts or introverts. The perceivers then interviewed the targets over three sessions to assess target extraversion or introversion (using topics supplied by the experimenters) and arrived at their own determination. Swann and Ely (1984) found that when perceivers formed expectations about targets, and the targets were aware of a discrepancy between their self-concepts and the perceivers' expectations, "the targets continued to behave in a self-consistent manner despite pressure to behave otherwise from perceivers, [and] perceivers abandoned their efforts to uncover evidence to support their expectancies" (Swann & Ely, 1984, p.1298). This was most apparent in those conditions in which the targets were relatively certain of their self-view, and also when both they and the perceiver were uncertain of the degree to which the target was extraverted or introverted. In fact, targets caused perceivers who were low in certainty to completely revise their initial beliefs about the targets.

In a later study, Swann, Pelham and Krull (1989) found that both subjects with low self-esteem and those with high self-esteem seek favorable feedback regarding their positive self-views (enhancing and verifying), and also seek unfavorable feedback to verify their negative self-views (non-enhancing and verifying). Thus, these subjects sought

verifying feedback regardless of whether it was favorable or unfavorable. However, only people with very negative self-views preferred negative feedback (non-enhancing but self-verifying) when forced to choose between enhancing but non-verifying and non-enhancing but verifying feedback. Those with only slightly negative self-views appeared to have their self-verification strivings somewhat attenuated by self-enhancement strivings. These authors conclude that people with low self-esteem are "sometimes caught in a crossfire between their desire for self-enhancement and their desire for self-verification, a conflict they at least sometimes resolve in favor of self-verification" (Swann et al., 1989, p.789).

Now, the results alluded to previously in the introduction to self-verification will be presented. In a series of four studies of the self-verification process among dysphorics and depressives, Swann, Wenzlaff, Krull, and Pelham (1992) obtained several noteworthy findings. First, they state that depressives preferred to meet with an evaluator who had rated them unfavorably, while dysphorics preferred to meet with a favorable evaluator and nondepressives demonstrated an even stronger preference to meet with a favorable evaluator. One must note, however, that it is not clear from the presentation of their findings whether subjects actually preferred what they chose, as

people often make choices based on factors other than their true preferences.

Second, when asked to indicate how they would like friends and dating partners to view them, nondepressives chose very positive ratings, dysphorics chose less positive ratings, and depressives chose still less positive ratings.

In the third study, subjects were asked whether they wished to see favorable or unfavorable evaluations of themselves on several domains, with these evaluations being provided by their roommates. Dysphorics chose equally among favorable and unfavorable evaluations, while nondepressives were much more likely to choose favorable feedback. Swann, Wenzlaff, Pelham, and Krull (1992) note that negative feedback-seeking is associated with eventual rejection by roommates. The authors attempt to make a causal inference based on this finding, that is, that negative feedback seeking generates rejection, further verifying depressives' negative self-views. However, this inference is not warranted given the correlational nature of their data.

Finally, in the fourth study, subjects were given favorable, unfavorable or no feedback from anonymous evaluators ostensibly based on subjects' performance (reading aloud an excerpt of a literary work). Subjects who received unfavorable feedback reported more anxious and depressed mood than subjects in the other conditions. After completing the mood measures, subjects were allowed to

choose to look at some of the items comprising their evaluation. Subjects with negative self-concepts were more likely to choose unfavorable and neutral feedback, while persons with positive self-concepts were more likely to choose favorable feedback. Swann, Wenzlaff, Krull, and Pelham (1992) note that people with negative self-concepts chose unfavorable feedback despite the fact that such feedback elicited a painful affective state.

Comments written in response to the Swann, Wenzlaff, Pelham, and Krull (1992) publication argue that, rather than making a strong case for depressive self-verification, the really interesting results of these four studies have to do with the powerful preference of nondepressives for favorable feedback and evaluators. Alloy and Lipman (1992) observe that the consistent trend in Swann, Wenzlaff, Pelham and Krull's (1992) four studies is that "depressed or negative self-concept subjects appear to prefer neutral or mixed (favorable and unfavorable) appraisals, whereas nondepressed or positive self-concept subjects show a consistent and strong bias for favorable feedback" (p. 311). Alloy and Lipman (1992) state, "Indeed, it may be depressives' failure to show a strong preference for positive feedback rather than a bias for negative feedback that contributes to vulnerability to depression onset and maintenance" (p. 311).

Hooley and Richters (1992) were more critical of Swann, Wenzlaff, Pelham and Krull's (1992) work. These

authors argue that the Swann, Wenzlaff, Pelham, and Krull (1992) studies have methodological problems and interpretations that result in conclusions that overstep the limitations of the data. These problems include defining nondepressed subjects as those who score a "0" on the Beck Depression Inventory (Beck, Ward Mendelson, Mock & Erbaugh, 1961) short form, which Hooley and Richters (1992) state "would yield a rather atypical group of subjects, probably including repressors--deniers, hypomanics, and cheerleaders" (p. 308). These authors also note that Swann, Wenzlaff, Pelham, and Krull (1992) use the terms depressive and dysphoric somewhat loosely and sometimes interchangeably. Hooley and Richters (1992) state that what Swann, Wenzlaff, Pelham, and Krull (1992) have provided are "valuable insights into the ways in which some nondepressed persons may lower their risk of becoming depressed" (p. 309). These authors assert, as do Alloy and Lipman (1992), that what remains to be determined is whether "the absence of this Pollyanna-like behavior is involved in the development or maintenance of depression in its clinical or subclinical forms" (1992, p. 309).

Swann, Wenzlaff, and Tafarodi (1992) promptly rebutted these comments with two additional studies addressing the most significant concerns of the above-mentioned commentators. In both studies, the authors improved their group inclusion criteria, were more precise in their

labelling of dysphorics, and improved their methodology to reflect more accurately whether self-verification is motivated behavior. In the first study, nondysphoric and dysphoric subjects were told they had been evaluated during a getting-acquainted process. Some were told the evaluation was favorable, others were told it was unfavorable. Subjects were given a choice between interacting with their evaluator or participating in an unrelated experiment. They then responded to written items addressing the mechanisms underlying their choices. Most nondysphoric subjects chose to interact with their evaluator when evaluated favorably and chose another experiment (i.e., no interaction) when evaluated unfavorably. In contrast, most dysphorics chose to interact when evaluated unfavorably and chose to do another experiment when evaluated favorably. Participants indicated they were more interested in interacting with the evaluator when they believed the evaluation described them accurately, supporting the self-verification hypothesis. Further, analyses of desire to change the evaluator's opinion and to improve themselves through interaction with the evaluator suggested that neither of these factors motivated dysphoric subjects to choose to interact with the unfavorable evaluator.

The second study addressed the question of whether subjects are motivated to self-verify. Dysphorics and nondysphorics were told they would be interviewed by the

experimenter and evaluated by three persons listening from an adjacent room. Two evaluations were ostensibly based on subjects' personality and were always either favorable (assumed to be congruent for nondysphorics, and discrepant for dysphorics) or unfavorable (assumed to be congruent for dysphorics, discrepant for nondysphorics). After subjects examined these, they were told the third evaluation concerned different domains (assessment of artistic and athletic abilities based on verbal style), and they were asked to rank-order the degree to which they were interested in receiving feedback on their strengths and limitations in these domains. (Screening conducted prior to the study led to a sample in which only subjects who rated themselves as artistic but not athletic or vice versa had been recruited.) Swann, Wenzlaff, and Tafarodi (1992) found that receiving unfavorable/self-discrepant feedback caused nondysphorics to be less likely to seek feedback about their limitations. In contrast, receiving favorable/self-discrepant feedback caused dysphorics to seek feedback about their limitations. These authors conclude that when the subjective validity of dysphoric subjects' self-perceptions was challenged, they tended to seek unfavorable feedback that was reaffirming of those self-perceptions.

Swann, Wenzlaff, and Tafarodi (1992) contend that depressive and dysphoric "evenhandedness" (Alloy & Lipman, 1992) cannot account for the fact that in the first study,

dysphorics preferred interacting with a negative evaluator over being in another experiment, nor can it account for dysphorics seeking negative evaluations when their negative self-perception was challenged. Further, it does not explain why depressed subjects in Swann, Wenzlaff, Krull, and Pelham's (1992) study (the first in the series of four) chose an unfavorable evaluator over a favorable one.

In sum, Swann, Wenzlaff, Krull, and Pelham (1992) assert that depressive self-verification is an unconscious process of verifying and inducing others to verify one's own identity, such that depressed individuals are able to maintain a predictable view of themselves and their role in the world. Their self-view is stable and secure, but not positive. Thus, these authors offer a non-pejorative perspective that contrasts with authors who have referred to depressive social interactions as consciously manipulative (e.g., "strategic failure" described by Weary & Williams, 1990), focused on achieving pathological satisfactions (Bonime, 1960), and emotional blackmail (Fenichel, 1945).

Intent of Current Research

The research summarized above suggests several aspects of strategic failure and self-verification among depressed individuals which merit further study. To this end, a 2 x 2 x 2 factorial design that crossed future performance expectancy, either present or absent (the strategic failure manipulation), and success/failure expectancy (the self-

verification manipulation) among depressed and nondepressed individuals, was conducted.

Subjects were assessed to determine whether they were depressed or nondepressed using the Beck Depression Inventory (BDI). To determine whether subjects perceived themselves to be depressed or nondepressed, subjects indicated in writing where they would place themselves on a continuum ranging from not depressed to severely depressed. Only those subjects who accurately stated (with BDI scores as the criterion) that they belong in a depressed or nondepressed category were included in the primary analyses, as these subjects were consciously depressed or not depressed, which is important in terms of investigating strategic failure and self-verification. For example, only those depressed subjects who perceived themselves to be depressed would be motivated to self-verify their depressive state when told that depressives succeed or depressives fail a given task. This indirect process of depressed versus nondepressed classification (rather than a direct diagnostic statement being given by the experimenter to subjects) was also utilized to prevent any influencing of subject performance which might have resulted from their perception of experimenter expectations. Had subjects been told that the experimenter had classified them as depressed or not depressed, they may have engaged in behavioral confirmation

rather than self-verification (i.e., confirming the experimenter's view of them).

The independent variable of future performance expectancy was manipulated such that: (1) half of the depressives and half of the nondepressives were informed that if they succeeded on a task, they would perform another similar task; and (2) the other subjects were not given any information about a future task. According to the strategic failure hypothesis, those subjects with a future performance expectancy who are depressed are more likely to fail the task than other subjects.

Two levels of the independent variable of expectancy of success/failure were employed. Subjects who were depressed were told either that depressed people succeed at the task or that they fail; nondepressed subjects were told either that nondepressed people succeed at the task or that they fail. Thus, depressives were told about "depressive performance" and nondepressives were told how people who are not depressed perform. It was important that the statement from the experimenter about success or failure expectation corresponded to the way subjects perceived themselves (i.e., depressed or not depressed); if they were discrepant, the manipulation which hypothetically would lead to depressive self-verification would not be effective. Subjects whose perceptions did not correspond to their BDI scores (i.e., depressed subjects who did not perceive themselves as

depressed) were placed in a condition corresponding to their perceptions rather than their actual BDI classification. Again, these subjects were not included in the primary analyses. According to the self-verification hypothesis, subjects should verify their self-view by succeeding if given the success expectancy or by failing if given the failure expectancy.

This experiment employed an interpersonal task; subjects engaged in a sorting task with a peer (actually a confederate). Subjects and confederates were told that they had been randomly assigned to their respective experimental roles. However, subjects were always the "sorters" and confederates were always the "timer/transcribers." Subject-sorters were given a stack of 18 cards, each printed with a different word. Subjects were told to sort the cards into pairs of similar words (e.g., blue-red, car-plane, etc.) making the best possible match. Subjects had two minutes to complete this portion of the task. The confederate timed the subject, indicated agreement with the subject's matching efforts if the subject succeeded and disagreement if not, and transcribed the subject's results. Obviously, a task in which the confederate could have a direct impact on outcome could not be utilized, nor could a task which many subjects might legitimately fail due to its complexity or required skill level.

The intent of this research is to test several hypotheses:

- (1) that depressed individuals will differ from nondepressed individuals in their performance on a task, depending on whether they believe their initial performance may generate future performance demands (i.e., determining if and to what degree depressed subjects strategically fail);
 - (a) that strategic failure is associated with increased negative affect, as demonstrated by previous research;
- (2) The manipulation of success/failure expectancy is intended to demonstrate whether depressives and nondepressives are motivated to self-verify;
 - (a) depressed subjects who are told that depressives succeed are predicted to succeed on the task, whereas depressives who are told that depressives fail are expected to fail;
 - (b) nondepressed subjects who are told that nondepressives succeed are predicted to succeed on the task, as are nondepressives who are told that nondepressives fail.
 - (c) depressive self-verifying behaviors are expected to be associated with increased negative affect, as demonstrated by previous research;
- (3) When given an opportunity to choose either positive or negative feedback from their task partner, depressed individuals are expected to choose feedback that is negative and therefore self-verifying, and nondepressed subjects are

expected to choose feedback that is positive and self-enhancing, supporting the self-verification hypothesis.

If the motivation to self-verify is overriding for both depressives and nondepressives, they should perform according to the success/failure expectancy they were given, yielding a main effect of success/failure expectancy. In contrast, if depressives did not succeed regardless of success/failure expectancy or future performance expectancy, they would demonstrate that failure in and of itself is integral to the depressive self-view, yielding a main effect of group such that depressives consistently fail and nondepressives succeed. If subjects in the future performance expectancy condition tend to fail regardless of their status as depressed/nondepressed and what they have been told about depressive/nondepressive tendencies to succeed or to fail, they will demonstrate a main effect of future performance expectancy in which future tasks are generally avoided. Such a finding would be highly unlikely, but if obtained would indicate that the experimental subjects (unlike pilot subjects) found the task boring or too difficult.

If depressed subjects in the future performance condition strategically fail relative to both depressed subjects in the no future performance condition and nondepressed subjects in either condition (regardless of what success/failure expectancy condition they were in),

this group by future performance expectancy interaction would replicate Weary and Williams (1990), with an interpersonal task instead of a visual-motor task.

If depressed subjects verify their depressive status by succeeding or failing depending on which expectancy condition they are in, and nondepressives strive to succeed regardless of expectancy condition, these results will yield a group x success/failure expectancy interaction. These variables have not been manipulated in this manner in previous studies, but it is hypothesized that nondepressives may be more inclined to succeed regardless of the expectancy of success/failure information they have been given.

Another possible interaction is between future performance expectancy and success/failure expectancy. These variables have never been manipulated together in a single research design, and may provide illuminating information regarding whether strategic failure or self-verification is the greater motivating force. Moreover, subject group may interact with these two variables to create a three-way interaction. Again, given that strategic failure and self-verification are conceptual variables that have not been investigated together in previous studies, it is difficult to predict a priori whether depressed and nondepressed subjects will respond differently to the combination of future performance and success/failure expectancies.

CHAPTER II

METHOD

Materials

Current depression. To determine whether subjects were depressed or nondepressed, they completed the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock & Erbaugh, 1961). The BDI has been widely used both for assessing the severity of depression in clinically diagnosed clients, as well as for detecting depression in normal populations (Beck, Steer, & Garbin, 1988). The BDI has demonstrated internal reliabilities with nonpsychiatric samples ranging from .73 to .92, with a mean coefficient alpha of .81. Test-retest reliabilities range from .60 to .90. (Beck et al., 1988). The BDI has also demonstrated high levels of concurrent and construct validity.

Self-perception of depression. Subjects also indicated on a single-item questionnaire whether they believe they are severely depressed, moderately depressed, mildly depressed or not depressed. These categories were used to reflect Beck, Steer and Garbin's (1988) categories for depressive symptomatology. Based on construct validation studies, people with BDI scores of 0-9 are viewed as not or minimally depressed, people with scores in the

10-18 range are described as mildly to moderately depressed, scores of 19-29 reflect moderate to severe depression, and scores of 30-63 indicate severe depressive symptomatology. Thus, for depressed subjects to be "consistent" in the present study, they were required to have a BDI score greater than nine and to indicate that they were at least "mildly depressed." Nondepressed subjects in the study were included in the primary analyses if their BDI scores were nine or less and if they indicated they were not depressed.

Vulnerability to depression. Subjects completed the Depression Proneness Inventory (DPI; Kayne, Alloy, Romer, & Crocker, 1986). The DPI is a 10-item, face-valid scale which measures general susceptibility to depression. This measure uses a seven-point scale with endpoints specific to each question. The DPI has been found to have high test-retest reliability ($r=.88$) and good internal consistency, with coefficient alphas ranging from .90 to .92. This measure identified whether subjects are prone to experiencing depression and provides an indication of characterological responses that may make individuals vulnerable to depression. This measure was used to provide some indication as to whether subjects who were not currently experiencing depression (as measured by the BDI) are depression-prone, and also provided some indication as to whether any subjects who were currently experiencing depression might be experiencing a reactive depression

rather than a chronic or recurring depression. Furthermore, if no effects of depression status (i.e., depressed or not depressed) were observed, additional analyses were planned to examine whether strategic failure and self-verification effects would be observed as a function of depression proneness.

State-Trait anxiety. Subjects were given the State-Trait Anxiety Inventory-Form Y (STAI-Y; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). The STAI-Y has been widely used in both clinical and research contexts. Analysis of the reliability of the State and Trait scales for male and female college students yielded coefficient alphas of .90 to .93. Results with similarly high reliability have been demonstrated with other populations. High in face validity, the STAI-Y has also demonstrated evidence of construct, concurrent and convergent validity. Subjects indicate the degree to which they agree with statements describing current and general anxiety levels on 4-point scales. The STAI-Y form is labelled "Self-Evaluation Questionnaire" to avoid subjects responding to the demand characteristics that could occur for a questionnaire identified as an anxiety measure. The STAI-Y was administered to provide another reliable measure of group differences, and to assess if anxiety is a contributing variable in strategic failure, as suggested by previous research.

Transient mood states. Subjects completed the Multiple Affect Adjective Checklist (MAACL; Zuckerman & Lubin, 1965) twice, once prior to the experimental manipulations and again after engaging in the interpersonal task. The MAACL is a widely used and brief questionnaire which was designed to measure affective states (specifically, depression, anxiety and hostility). The MAACL has demonstrated good internal reliability with college students, ranging from .79 to .92 (Today form; Zuckerman & Lubin, 1965). The MAACL was administered to assess subjects' affective response to their performance on the task, and whether affective responses differed in the future performance and success/failure expectancy conditions.

Manipulation checks. Prior to engaging in the experimental task, subjects completed a two-item questionnaire intended to provide a basic indication of their level of motivation to succeed on the task, and their degree of past experience with word-sorting tasks. Subjects were asked to rate on an 11-point scale how important it was to them to do well on the task (0 being not at all important and 10 being very important), and how much prior experience they had with similar tasks (0 being no experience and 10 being a lot of experience).

Post-performance manipulation checks consisted of several items inquiring about subjects' post-task

perceptions and expectations. Subjects were asked whether they anticipated a second task based on what the experimenter had told them and their performance on the task. If so, they were asked if they expected the second task to be easier or more difficult; this question was to test whether subjects were more likely to fail strategically if they anticipated the second task would be more difficult than the first. Subjects were asked to indicate whether they succeeded or failed at the task. Subjects were also asked to rate on an 11-point scale how they did on the task (0 being very poorly and 10 very well), and how they think their performance compared to other people in the study (0 being much worse and 10 much better).

Performance attributions. After completing the experimental task, subjects were asked to complete a questionnaire regarding their attributions for their performance. Modeled after the work of Weiner et al. (1972) and the Attributional Style Questionnaire (Peterson & Seligman, 1984), a commonly used measure of attributions in depressives, this questionnaire required subjects to rate on a series of 11-point scales (with 0 the lowest rating and 10 the highest) various factors which may have influenced their performance. Subjects were asked once again how important it was to them to do well. They were asked to what extent they attributed their performance to factors such as luck, ability, effort, and partner influence. Finally, they were

asked if the cause of their success or failure had to do with external factors such as other people, or to internal factors within themselves.

Performance feedback. Subjects were told there was time to provide them with only one type of performance feedback (positive or negative) from their task partner. Subjects were asked to complete a form indicating which kind of feedback they chose to receive, and to rate on an 11-point scale how important the feedback was to them.

Subjects

Volunteer subjects were obtained from the undergraduate psychology subject pool at Loyola University of Chicago. A total of 230 subjects registered for the research project; 225 subjects completed the questionnaires and were consequently included in the study. All subjects received course credit as compensation for their participation.

Subjects who scored nine or less on the Beck Depression Inventory (Beck, et al., 1961) were classified as nondepressed. Subjects who scored 10 or above (ranging from 10 to 34; i.e., mildly to severely depressed according to Beck et al., 1961) were classified as depressed. This classification does not mean that subjects were clinically depressed; rather, it reflects subjects' reports of significant depressive symptomatology. Subjects' BDI scores were determined to be equivalent across the performance

expectancy and success/failure expectancy conditions, with significance levels greater than .05.

Of the 225 subjects who provided valid responses, 148 (65.80%) were not depressed as measured by the BDI (\underline{M} =4.14, SD =2.67), and 77 (34.20%) scored 10 or above on the BDI and were included in the depressed group (\underline{M} =16.50, SD =5.58). Of the 225 subjects, 156 subjects (69.33%) were consistent with regard to their BDI scores and their perception of whether they were depressed. Ninety-one of these subjects were not depressed according to the BDI and perceived themselves as not depressed (61.50% of the total BDI-nondepressed subjects; \underline{M} =3.60, SD =2.5). Sixty-five subjects were depressed according to the BDI and perceived themselves as depressed (84.40% of the total BDI-depressed subjects; \underline{M} =17.42, SD =5.50).

Depressed and nondepressed subjects differed considerably in terms of self-reported depression proneness (\underline{M} =39.20 and \underline{M} =25.82, respectively, $F(1,148)=27.708$, $p<.0001$), as measured by the DPI (Kayne, et al., 1986). There were no differences in depression proneness for the future performance expectancy and success/failure expectancy conditions. Additionally, subjects were consistent in terms of corresponding BDI and DPI scores. Among 156 subjects, 56 subjects were depressed (based on BDI scores) and were also depression-prone (based on a median split of DPI scores), and 67 subjects were not depressed and were not depression-

prone. Nine subjects were depressed but not depression-prone, and 24 subjects were not depressed but depression-prone.

Group differences were observed for both state anxiety, $F(1,148)=205.05$, $p<.0001$, and trait anxiety, $F(1,148)=187.855$, $p<.0001$, as measured by the State-Trait Anxiety Inventory-Form Y (STAI-Y; Spielberger, et al., 1983). Depressed subjects scored higher in state anxiety ($M=60.38$) than nondepressed subjects ($M=42.15$), and depressed subjects reported more anxious traits ($M=60.94$) than nondepressed subjects ($M=42.81$). No other main effects or interactions involving future performance and success/failure expectancies were observed for anxiety scores.

As suggested by the above group differences, positive correlations were obtained between BDI and DPI scores ($r=.65$, $p<.01$), and between BDI scores and state anxiety ($r=.76$, $p<.01$) and trait anxiety ($r=.77$, $p<.01$). These findings suggest that subjects who were depressed at the time of the experiment, as measured by the BDI, were also more prone to depression and anxiety as measured by the personality measures, than were nondepressives. Thus, the depressed subjects in this sample may not have been experiencing a reactive depression, but instead may have personality characteristics that make them more vulnerable to affective disturbance such as depression and anxiety.

These results are consistent with the findings reported earlier regarding a high degree of correspondence between subjects' BDI and DPI scores.

The high correlation between BDI and DPI scores is important in terms of establishing depression in this sample as a relatively stable affective vulnerability, with associated depressive identification and cognitions which would be expected to contribute to strategic failure and self-verification strivings. The data regarding high correlations between BDI and anxiety scores is important in examining the impact of depression versus anxiety on strategic failure; for example, it may turn out that conceptualizing strategic failure in terms of a mixed anxiety-depression diagnosis is more appropriate.

Procedure

The research process was briefly described to each subject. Subjects then completed the Informed Consent document, the BDI, the DPI, the single-item questionnaire that assessed subjects' perceptions of their depression status, the STAI-Y, the MAACL (Time 1), and the Pre-Manipulation Check questionnaire.

When these measures were completed, subjects were asked to place them in an envelope and give them to the experimenter. The experimenter briefly exited to another room to determine whether each subject met the criterion for depression (based on BDI scores) and whether they perceived

themselves (based on the depression self-perception item) as depressed or nondepressed. Before exiting, the subject was told that the experimenter was leaving to check on the progress of another subject in an adjacent room and would return shortly. Subjects were not made aware that the experimenter had read the completed questionnaires while in the adjacent room.

When the experimenter returned, subjects were told they would be participating in a research project that would require them to engage in an interpersonal task with a peer (actually one of a group of confederates who participated in this study; subjects were matched with same-gender confederates). Half of the depressed and half of the nondepressed subjects were informed that if they succeeded on a task, they would perform another such task; the other subjects were not given any future performance expectancy. These instructions served as the manipulation of future performance expectancy in order to test the strategic failure hypothesis. Next, subjects who were depressed were told either that depressed people succeed at this task or that they do not; nondepressed subjects were told either that nondepressed people succeed at this task or that they do not. These latter instructions manipulated success/failure expectancy in order to test the self-verification manipulation.

The subject and confederate (the latter waited in an adjacent room, ostensibly completing questionnaires) were introduced, and told that they had been randomly assigned to their respective experimental conditions. However, the subject was always the "sorter" and the confederate was always the "timer/transcriber." The subject-sorter was then given a stack of 18 cards, each printed with a different word. All subjects received the stack of cards in the same random order. Each subject was told to sort the cards into pairs of words (red-blue, table-chair, son-daughter, dog-cat, sock-shoe, student-teacher, hand-foot, apple-banana, car-plane), making the best possible match. Subjects were also told they must finish this task within a two-minute time limit. Success was determined by correct sorting of the cards, and completing the sorting task within the two-minute time limit. Pilot testing of this task revealed that subjects were able to correctly match the pairs within the allotted time.

After the subject completed the task, the confederate either indicated agreement with the subject's sorting of the cards (if the subject succeeded at the task) or indicated how the subject might have correctly sorted the cards (if the subject failed the task). The confederate, rather than the experimenter, provided this feedback so that subjects' perception of their performance was not altered by confirmation or disconfirmation by an "authority" who might

have been perceived as engaging in an experimental manipulation. Further, the confederate's evaluative comments heightened the interpersonal element of the task. The subject then recited the pairs as he or she had matched them to the confederate, who transcribed the results.

The subject then completed the MAACL again (Time 2), and filled out the performance attribution and post-performance manipulation check questionnaires. The confederate also feigned completing the questionnaires. When the questionnaires were completed, subject and confederate were told they were going to evaluate each other on several dimensions, with half of the evaluation focusing on their perception of positive qualities of their partner, and half on negative qualities. They were also told that the experimenter would make their partner's feedback available to them, although time constraints allowed only for providing one part of the evaluation, either the positive or the negative part. Subjects and confederates were shown the mock evaluation forms. They were then asked to indicate on the Feedback Information form whether they would choose the negative or the positive part of the evaluation from their partner, and to rate on a Likert-type scale the extent to which they would prefer this feedback. In fact, no feedback was provided to subjects.

These forms were collected, and subjects were then thoroughly debriefed as to the nature of the experiment and dismissed.

CHAPTER III

RESULTS

Demographic data for the subjects are given in Table 1. Table 2 provides a breakdown of the number of subjects in each of the eight experimental conditions. Table 2 is comprised of data from consistent subjects only, that is, depressed subjects (based on BDI scores) who identified themselves as depressed and nondepressed subjects who identified themselves as nondepressed.

Pre-Performance Manipulation Checks

Prior to beginning the task, subjects were asked how important it was to them to do well on the task and how much experience they had with this type of task (i.e., word sorting tasks); 151 subjects accurately completed this measure. No differences were demonstrated regarding how important it was to subjects to do well on the task, as a function of depression, $F(1,143)=1.20$, $p>.05$, whether they were later led to expect a second task if they succeeded on the first task, $F(1,143)=1.35$, $p>.05$, and whether they were later told that people such as themselves were expected to succeed or to fail, $F(1,143)=3.54$, $p>.05$. Additionally, there were no interactions among the group, future

Table 1

Demographic Data

	Consistent Subjects (N=156)	Total Subjects (N=225)
Gender		
Female	78.2%	76.0%
Male	21.8%	24.0%
Mean Age (in years)	19.3	19.3
Education Completed (in years)		
12	44.2%	43.6%
13	22.4%	20.0%
14	10.3%	11.1%
15	6.4%	6.7%
16	1.3%	1.3%
Missing	15.4%	17.3%
Depression Status (BDI)		
Severe	1.3%	0.9%
Moderate	21.7%	15.4%
Mild	18.5%	17.9%
Nondepressed	58.3%	65.8%

Table 2

Number of Subjects Per Cell (consistent subjects, N=156)

<u>Group</u>	<u>Success/Failure Expectancy</u>	<u>Future Performance Expectancy</u>	
		<u>No Future Expectancy</u>	<u>Future Expectancy</u>
Depressed	Success	13	15
	Failure	16	21
Nondepressed	Success	24	26
	Failure	19	22

performance expectancy, or success/failure expectancy variables for task importance.

As was observed for task importance, there were no significant differences for how much experience subjects reported they had with this kind of task, as a function of depression group, $F(1,143)=.19$, $p>.05$, future performance expectancy, $F(1,143)=.73$, $p>.05$, and success/failure expectancy, $F(1,143)=1.62$, $p>.05$. The eight experimental groups may therefore be considered equivalent with regard to the important factors of degree of motivation to do well and prior experience with word-sorting tasks.

Post-Performance Manipulation Checks

Post-performance manipulation checks were carried out to determine whether the manipulation of future performance expectancy was successful.

Following the interpersonal task, subjects were asked if they anticipated a second task. Subjects who had been told to expect a second task if they succeeded on the first task, and who did succeed, should have anticipated a second task, whereas subjects who were not given a future performance expectancy should not have anticipated a second task regardless of their performance. Analyses revealed that this manipulation did not have the intended impact on subject's anticipation of a second task, $\chi^2(1)=.05$, $p>.05$, or subject's lack of anticipation of a second task, $\chi^2(1)=.42$, $p>.05$. Descriptively, 68% of subjects who should

have anticipated a second task, did so. However, nearly one-third such subjects did not believe, understand or remember the instructions about the second task. Most subjects who were not given a future performance expectancy did not expect a second task (58%); however, many such subjects did expect a second task. Clearly, the future performance expectancy manipulation was not very effective. Table 3 presents subjects' anticipation of a second task as a function of future performance expectancy condition and their actual performance (success or failure).

Subjects who anticipated a second task ($N=97$; 13 who anticipated a second task were not in a future performance expectancy condition) were asked if they anticipated this task to be easier or more difficult than the first. No significant differences were observed as a function of depression group, $F(1,89)=.09$, $p>.05$, future performance expectancy, $F(1,89)=.82$, $p>.05$, or success/failure expectancy, $F(1,89)=.09$, $p>.05$. Subjects expected the second task to be more difficult ($M=5.95$ on a 0-6 scale).

Subjects were also asked to rate their performance on an 11-point scale. When subjects' perceptions regarding how well they did on the task were analyzed, a main effect of group was observed, $F(1,148)=9.146$, $p<.001$. Nondepressed subjects were more likely to believe they had done very well ($M=8.43$) than were depressed subjects ($M=7.35$), although both groups rated their performance above average on an 11-

Table 3

Anticipation of a Second Task as a Function of Future
Performance Expectancy and Task Performance

<u>Task Performance</u>	<u>Future Performance Expectancy</u>	
	No Future Expectancy	Future Expectancy
Success		
Anticipated Second Task	24	47**
No Anticipation	32*	22
Failure		
Anticipated Second	6	8
No Anticipation	10*	6*

Note.

* Correct in not anticipating a second task.

** Correct in anticipating a second task.

point scale. No other significant results were obtained for this variable.

When subjects' perceptions regarding how their performance compared to others' were analyzed, no significant differences were demonstrated as a function of depression, $F(1,148)=.01$, $p>.05$. Depressed and nondepressed subjects rated their performance the "same" as other people's ($M=5.58$ averaged across all subjects).

Success/Failure Dependent Variable

Of the total 225 subjects, 44 (19.6%) failed the experimental task, and 181 (80.4%) succeeded. Of the 156 consistent subjects used in the primary analyses, 30 (19.2%) failed and 126 (80.8%) succeeded at the experimental task. Table 4 reflects the number of subjects who succeeded and failed in each of the eight cells.

One criterion for passing the experimental task was that the task had to be completed in two minutes. Subjects demonstrated no significant differences in the amount of time it took them to complete the experimental task, depending on whether they were depressed or not depressed, $F(1,148)=1.05$, $p>.05$, whether they were told to expect a second task if they succeeded on the first task, $F(1,148)=1.64$, $p>.05$, or whether they were told people such as themselves tend to succeed or to fail, $F(1,148)=3.01$, $p>.05$. The average task completion time across subjects was

Table 4

Task Performance as a Function of Group, Future Performance Expectancy and Success/Fail Expectancy (N=156)

<u>Group</u>	<u>Future Performance Expectancy</u>	<u>Success/Failure Expectancy</u>	
		<u>Success Expect.</u>	<u>Fail Expect.</u>
Deprssd.	Future Expectancy		
	Succeeded at Task	12	18
	Failed at Task	3	3
	No Future Expectancy		
	Succeeded at Task	11	11
	Failed at Task	2	5
Nondprssd.	Future Expectancy		
	Succeeded at Task	23	17
	Failed at Task	3	5
	No Future Expectancy		
	Succeeded at Task	19	15
	Failed at Task	5	4

55 seconds ($SD=26.80$); five subjects failed the task due to exceeding the time limit.

Chi Square analyses were used to determine if passing or failing the task was influenced by group (depressed or not depressed), future performance expectancy, or success/failure expectancy. No significant difference was demonstrated between depressed and nondepressed subjects in passing or failing the experimental task, $\chi^2(1)=.04$, $p>.05$. Additionally, subjects who were told to expect a future task if they succeeded at the first task did not differ in terms of task performance compared to subjects with no future performance expectation, $\chi^2(1)=.77$, $p>.05$. These results held for both depressed ($\chi^2(1)=.14$, $p>.05$) and nondepressed ($\chi^2(1)=.53$, $p>.05$) subjects. Thus, the current research did not replicate the strategic failure findings of Weary and Williams (1990).

Subjects who were told that people such as themselves (i.e., depressed or not depressed) were expected to fail did not differ in their rates of passing or failing compared to subjects who were told people such as themselves were expected to succeed, $\chi^2(1)=.66$, $p>.05$. Furthermore, there was no success/failure expectancy by group interaction, as was predicted based on previous evidence of self-verification by depressives. Thus, subjects' failure or success at the task was not associated with a desire to verify their perceptions of themselves as depressed or not

depressed. These results fail to replicate the findings of Swann and his associates (Swann et al., 1981, 1984, 1992) regarding self-verification among depressives.

Given that future performance expectancy and success/failure expectancy had not been covaried previously, it was of interest to examine whether these variables interacted to determine success or failure on the task. Subject success was not influenced by manipulating success/failure expectancies with future performance expectancies, $\chi^2(1)=.16$, $p>.05$, nor was subject failure, $\chi^2(1)=.002$, $p>.05$. Further, no difference in task success was found as a function of future performance expectancy, success/failure expectancy, and depression group; for depressives, $\chi^2(1)=.51$, $p>.05$ and for nondepressives, $\chi^2(1)=.02$, $p>.05$. No difference in task failure was observed as a function of these variables, either; for depressives, $\chi^2(1)=.63$, $p>.05$ and for nondepressives, $\chi^2(1)=.55$, $p>.05$.

Additional analyses assessed whether BDI depression status alone (i.e., depressed or nondepressed, regardless of subjects' perception of their depressive status), and subjects' perception of their depressed status alone (regardless of BDI depression status), had an impact on subject task performance. All 225 subjects were included in these analyses, as subject consistency in terms of BDI and perceived depression status was not a factor. No

differences in task performance were observed depending on BDI depression status, $\chi^2(1)=.14$, $p>.05$. Subject performance did not differ depending on future performance expectancy for subjects who were BDI depressed ($\chi^2(1)=.07$, $p>.05$) or for those who were not ($\chi^2(1)=1.97$, $p>.05$). Similarly, no differences in performance were demonstrated depending on success/failure expectancy for subjects who were BDI depressed ($\chi^2(1)=.65$, $p>.05$) or for those who were not ($\chi^2(1)=1.50$, $p>.05$). Further, no differences in task performance were observed as a function of subjects' self-perceived depression status ($\chi^2(1)=.21$, $p>.05$), future performance expectancy ($\chi^2(1)=2.33$, $p>.05$ and $\chi^2(1)=.06$, $p>.05$ for perceived depressives and nondepressives, respectively), or success/failure expectancy ($\chi^2(1)=2.8$, $p>.05$ and $\chi^2(1)=1.10$, $p>.05$ for perceived depressives and nondepressives, respectively).

The fact that most subjects were consistent in terms of corresponding BDI and DPI scores precluded analysis of task performance based on a factorial combination of depression group (depressed or not depressed) and depression-proneness, due to insufficient numbers of inconsistent subjects. This analysis was intended to determine 1) if individuals prone to depression but not currently depressed were more likely to succeed or to fail, and 2) would individuals who were not depression-prone but were depressed be more likely to succeed or to fail.

Descriptively, however, an even split was obtained; half of the 30 subjects who failed were depression-prone and half were not. Of those subjects who were both depressed and depression-prone, 44 succeeded while 12 failed. Of those subjects who were neither depressed nor depression-prone, 53 succeeded while 14 failed. Among subjects who were not depressed but are depression-prone, 21 succeeded and three failed. Among subjects who were depressed but not depression-prone, eight succeeded and one failed. Thus, these findings suggest that success/failure rates were not a function of depression proneness.

Feedback Choice

Subjects were also asked to indicate what type of feedback, positive or negative, they would choose if they could select only one type. Contrary to predictions, there was no effect of Group, $\chi^2(1)=2.32$, $p>.05$, with 66.7% of subjects choosing positive feedback. Also, no difference in feedback choice was found as a function of future performance expectancy, $\chi^2(1)=.01$, $p>.05$, or success/failure expectancy, $\chi^2(1)=.48$, $p>.05$. Finally, no differences in feedback choice were observed as a function of passing or failing the experimental task, $\chi^2(1)=2.13$, $p>.05$. Descriptively, however, 69.4% of subjects who succeeded chose positive feedback, while 55.2% of subjects who failed chose positive feedback.

Subjects were also asked how important partner feedback was to them. No statistically significant effects of Group, Future Performance Expectancy, or Success/Failure Expectancy were observed. These findings also failed to replicate those of Swann and his colleagues (Swann et al., 1981, 1989, 1992) regarding choice of self-verifying feedback by people with depressed and nondepressed self-concepts.

Perception of Performance

A significant difference was demonstrated between subjects' perception of their performance on the task and their actual performance. Two-thirds of subjects who failed the experimental task believed they succeeded, $\chi^2(1)=30.12$, $p<.0001$. Among subjects who failed the task, there was a significant difference in perception of performance between subjects who were depressed versus those who were not depressed, $\chi^2(1)=8.21$, $p<.005$. Of the 17 nondepressed subjects who actually failed the task, two believed they failed, while 15 believed they succeeded. Of the 13 depressed subjects who failed the experimental task, eight believed they failed while five believed they succeeded. Thus, depressed subjects were more likely to be aware of and admit their failure than were nondepressives.

In contrast, there was no difference in perception of performance between depressed and nondepressed subjects who succeeded at the task, $\chi^2(1)=.09$, $p>.05$. Of the 73

nondepressed subjects who succeeded at the task, 71 believed they succeeded and two believed they failed. Of the 52 depressed subjects who succeeded, 51 believed they succeeded and one believed she or he failed.

In sum, Weary and Williams (1990) and Swann et al. (1992) were not replicated if one examines actual success or failure at the interpersonal task. This may be explained, in part, by the fact that subjects incorrectly perceived their performance. Unfortunately, the very low numbers of subjects (N=10, eight depressed and two nondepressed) who were correct about their failure prohibits an analysis of "correct" success/failure as a function of future performance and success/failure expectancies. Table 5 shows the breakdown of subjects in each experimental condition who accurately reported whether they succeeded or failed.

Transient Mood States as a Function of the Task

Subjects' scores on the MAACL were analyzed both prior to and following the experimental manipulation to determine if there were mood changes for depressed and nondepressed subjects as a function of future performance expectancy and success/failure expectancy conditions. These analyses were carried out both to determine whether subjects were comparable with regard to affective state prior to the experimental manipulation (MAACL Time1), and to determine

Table 5

Subjects in Each Condition with an
Accurate Perception of Their Task Performance (N=132)

<u>Group</u>	<u>Future Performance Expectancy</u>	<u>Success/Failure Expectancy</u>	
		Success Expect.	Fail Expect.
	Future Expectancy		
Depressed	Accurate Success	12	18
	Accurate Failure	1	3
	No Future Expectancy		
	Accurate Success	10	11
	Accurate Failure	1	3
Nondepressed	Future Expectancy		
	Accurate Success	23	15
	Accurate Failure	0	0
	No Future Expectancy		
	Accurate Success	18	15
	Accurate Failure	1	1

the possible impact of the experimental manipulation on subjects' affect (MAACL Time1 and MAACL Time2). It might be noted that subjects in the current study on average demonstrated MAACL scores comparable to the normative sample means (Zuckerman & Lubin, 1965) for anxiety ($\bar{M}=50.66$), depression ($\bar{M}=46.97$) and hostility ($\bar{M}=47.88$).

Subjects' anxiety, depression, and hostility MAACL scores at Time1 (prior to the task manipulation) were analyzed using Analysis of Variance (ANOVA) with mood scores as the dependent variable and group, future performance expectancy, and success/failure expectancy as independent variables. It should be noted that Multivariate Analysis of Variance with mood scores as the repeated measure would be inappropriate, as the mood subscales are not comparable due to differences in scale construction and scoring. Thus, the three mood states cannot be compared directly with each other, but can be used to demonstrate differences in mood between groups and over time.

Analysis of anxiety at Time1 yielded a main effect of Group, $F(1,148)=116.03$, $p<.001$, with depressed subjects initially more anxious than nondepressed subjects. Analysis of depression at Time1 yielded a main effect of group, $F(1,148)=87.99$, $p<.001$, with depressed subjects reporting more depressed affect than nondepressed subjects. Analysis of hostility at Time1 yielded a main effect of group, $F(1,148)=42.40$, $p<.001$, as depressed subjects reported more

hostility. No other main effects or interactions involving future performance and success/failure expectancies were observed for MAACL Time1 scores, reflecting that subjects were evenly distributed across these conditions with regard to mood scores. Means for MAACL subscales as a function of group are presented in Table 6.

For anxiety MAACL scores, a MANOVA with time as the repeated variable revealed a between-subjects main effect for group, $F(1,147)=119.05$, $p<.0005$, and a within-subject main effect of time, $F(1,147)=9.53$, $p<.005$. Collapsed across Time1 and Time2, depressed subjects were more anxious than nondepressed subjects ($M=59.66$ and $M=42.84$, respectively). Subjects across conditions were more anxious at Time1 (pre-task; $M=52.10$) than at Time2 ($M=50.40$).

Similarly, for depression MAACL scores, main effects were demonstrated for group, $F(1,147)=74.80$, $p<.0005$, and for time, $F(1,147)=5.04$, $p<.03$. Depressed subjects reported more depressed mood ($M=54.14$) than did nondepressed subjects ($M=40.95$). Subjects reported more depressed mood at Time1 ($M=48.05$) than at Time2 ($M=47.04$). A group by future performance expectancy by time interaction also occurred, $F(1,147)=4.17$, $p<.05$ (see Table 7). Nondepressed subjects who had no future performance expectancy reported less depressed mood at Time2, $t(42)=2.09$, $p<.05$; in contrast, depressed subjects who were given a future performance expectancy reported significantly less depressed

Table 6

Mean Time1 and Mean Time2 Mood Scores
(Standard Deviations in Parentheses.)

Mean Time1 Mood Scores			
	<u>Anxiety</u>	<u>Depression</u>	<u>Hostility</u>
<u>Group</u>			
Depressed N=65	60.62 (10.98)	55.25 (10.56)	54.89 (12.83)
Nondepressed N=91	43.55 (8.45)	41.05 (7.87)	42.88 (9.50)
Mean Time2 Mood Scores			
	<u>Anxiety</u>	<u>Depression</u>	<u>Hostility</u>
<u>Group</u>			
Depressed N=65	58.69 (12.42)	53.23 (12.03)	52.84 (13.11)
Nondepressed N=91	42.12 (7.87)	40.85 (8.14)	42.60 (8.82)

Table 7

Depressed Mood at Time1 and Time2 as a Function of
Group and Future Performance Expectancy
(Standard deviations in parentheses.)

Time1 Depression Means

<u>Group</u>	<u>Future Expectancy</u>	<u>No Future Expectancy</u>
Depressed	56.85 (10.06)	52.66 (10.90)
Nondepressed	41.87 (8.21)	40.35 (7.56)

Time2 Depression Means

<u>Group</u>	<u>Future Expectancy</u>	<u>No Future Expectancy</u>
Depressed	53.80 (10.56)	52.16 (13.42)
Nondepressed	42.18 (8.50)	39.40 (7.64)

mood at Time2, $t(34)=2.81$, $p<.01$. No other effects were observed.

For hostility MAACL scores, main effects were obtained for group, $F(1,147)=38.51$, $p<.0005$, and for time, $F(1,147)=7.51$, $p<.01$. Depressed subjects reported more hostile mood ($M=53.82$) than did nondepressives ($M=42.74$), collapsed across Time1 and Time2. Subjects reported more hostile mood across conditions at Time1 ($M=48.84$) relative to Time2 ($M=47.72$).

The small number of subjects who failed the task precluded analysis of differences in MAACL mood scores at Time1 and Time2 based on task success or failure. One way to examine this, however, was to exclude from the analyses those subjects who failed the task and note any changes in the pattern of mood scores. In general, results of these analyses replicated the mood effects that were observed for all subjects combined (i.e., both those who failed and those who succeeded), and negative mood scores for subjects who succeeded did not decrease appreciably from the sample consisting of all subjects combined.

In sum, depressed subjects reported more anxiety, depression and hostility than did nondepressed subjects across all conditions. Both depressed and nondepressed subjects reported lower levels of negative affect following completion of the task. Finally, nondepressed subjects who were not given a future performance expectancy reported

significantly less depressed mood post-task; depressed subjects who were given a future performance expectancy reported significantly less depressed mood post-task.

Attributions Regarding Task Performance

Analyses of subjects' attributions regarding their performance were carried out to determine if there were differences as a function of group, future performance expectancy, and success/failure expectancy.

The first question assessed subjects' perception of task importance following the task, using an 11-point scale, with 0 being not at all important and 10 being very important. [Recall that no differences in importance were demonstrated before task performance.] A MANOVA analyzing importance of the task pre- and post-task completion yielded main effects of success/failure expectancy, $F(1,143)=6.12$, $p<.02$ and time, $F(1,143)=4.83$, $p<.05$. The task was deemed more important by subjects who had been told people such as themselves fail ($M=6.65$) than by those who were told people such as themselves succeed ($M=5.71$), and more important by subjects across all conditions after completion ($M=6.31$) than before ($M=6.08$). A group by time interaction was obtained, $F(1,143)=4.63$, $p<.05$. Depressed subjects rated performance on the task as more important after completing the task ($M=6.83$) than they had previously ($M=6.37$), $t(62)=-3.07$, $p<.005$. Nondepressives' ratings did not vary with time ($M=5.89$ both pre- and post-task), $t(87)=.005$, $p>.05$.

An interaction between success/failure expectancy and time was also obtained, $F(1,143)=4.77$, $p<.05$. Subjects who had been told people such as themselves fail the task rated the task as more important post-task completion ($M=6.84$) than they had previously ($M=6.45$), $t(75)=-2.77$, $p<.01$. The ratings of people who had been given a success expectancy did not vary with time, with means of 5.72 and 5.71 pre- and post-task, respectively, $t(74)=.11$, $p>.05$.

Subjects also were asked to rate the extent to which their success or failure was due to effort, their innate ability, their ability to succeed at word games/tasks, and luck. For each of these attributions, there were no effects of group, future performance expectancy, or success/failure expectancy, with all significance levels greater than .05. In general, subjects attributed their performance to their own effort ($M=6.22$ on a 0-10 scale), their innate ability ($M=6.31$ on a 0-10 scale), their ability at succeeding with word games/tasks ($M=8.15$ on a 0-10 scale), and did not attribute their performance to luck ($M=2.24$ on a 0-10 scale).

Subjects also rated the extent to which they believed their success or failure on the task was under their control. A main effect for group was obtained, $F(1,148)=5.401$, $p<.05$, as nondepressed subjects believed they had more control over the task outcome than did depressed subjects ($M=8.63$ and $M=7.83$, respectively),

although subjects in both groups judged their degree of control to be high.

A main effect for group was demonstrated for subjects' attributions regarding the influence of their task partner on their performance, $F(1,147)=4.83$, $p<.05$. Depressed subjects indicated their partners had more influence ($M=2.09$ on a 0-10 scale) on their performance than did nondepressed subjects ($M=1.21$); clearly, however, both groups reported the partner had little influence on performance.

Additionally, a trend for an interaction between group and success/failure expectancy occurred for the partner influence variable, $F(1,147)=3.74$, $p<.06$. Depressed subjects who had been told that depressed people fail the task tended to rate their task partners as slightly more influential ($M=2.59$) than depressed subjects who had been told that depressives succeed on the task ($M=1.43$), $t(63)=1.68$, $p<.10$. In contrast, there was almost no difference between the ratings of nondepressed subjects who had been told that nondepressives succeed ($M=1.37$) versus those who had been told nondepressive fail ($M=1.02$), $t(88)=-.78$, $p>.05$.

Subjects who indicated that their partner influenced their performance ($N=64$) were asked to rate the degree to which this influence was positive or negative. A trend was observed for depressed subjects to rate this influence as more negative ($M=5.27$) than did nondepressed subjects

($\bar{M}=6.24$), $F(1,56)=2.89$, $p<.10$, although both groups' ratings were fairly neutral.

Subjects were also asked to rate the extent to which they attributed their success or failure to something internal (e.g., ability, effort) or something external to them (e.g., other people or luck). No significant effects were obtained for the group, future performance expectancy, and success/failure expectancy variables. Both depressed and nondepressed subjects tended to attribute their performance to internal factors ($\bar{M}=2.34$ on a 1-6 scale ranging from "internal" to "external").

Subjects were asked if the cause of their success or failure would be present in the future. There were no effects of group, future performance expectancy, or success/failure expectancy, with subjects indicating the cause is likely to almost always be present ($\bar{M}=4.74$ on a 1-6 scale).

Subjects were also asked if the cause of their success or failure on the experimental task would influence other life areas. A two-way interaction occurred between the future performance expectancy and success/failure expectancy conditions, $F(1,146)=4.32$, $p<.05$. Subjects who were given a success expectancy did not report that the cause of their success or failure would influence other life areas, regardless of future performance expectancy, $t(74)=-.31$, $p>.05$. Subjects who were given a failure expectancy,

however, were more likely to believe the cause of their success or failure would be influential in other life areas if they were not given a future performance expectancy than if they were, $t(76)=2.66$, $p<.05$ (see Table 8). No other main effects or interactions were observed.

In sum, subjects in general attributed more importance to performing well on the task after completing it than before, and also rated performance to be more important if they were told people such as themselves fail. Depressed subjects and subjects who were given a failure expectancy tended to attribute more importance to the task after its completion than they had prior to engaging in the task. Subjects tended to make internal attributions (e.g., effort, ability) for their performance rather than external attributions (e.g., luck, influence of task partner). Nondepressed subjects believed they had more control over task outcome than did depressives, although both groups believed they had considerable control over their own performance. Finally, subjects were more likely to report that the cause for their success or failure would influence other life areas if they were told people such as themselves fail and they were not given a future performance expectancy.

Table 8

Mean Ratings for the Influence of Cause of Success/Failure
on Other Life Areas as a Function of Future Performance
Expectancy and Success/Failure Expectancy

<u>Success/Failure Expectancy</u>	<u>Future Performance Expectancy</u>	
	Future Expect.	No Future Expect.
Success Expectancy	4.75 (N=40)	4.64 (N=36)
Failure Expectancy	4.28 (N=43)	5.14 (N=35)

Anxiety, Strategic Failure and Self-Verification

Weary and Williams (1990) noted that while their theory of strategic failure is based on depressives, it had not been determined to what extent the protective self-presentation strategy proposed by Hill et al. (1986) and supported by their findings "is related to depression, anxiety, or psychopathology in general" (p. 897). Indeed, Baumgardner and Brownlee (1987) demonstrated evidence of strategic failure with socially anxious subjects. Further, research into self-verification has not assessed subjects' anxiety levels prior to experimental manipulation. Swann, Wenzlaff, Krull, and Pelham (1992) did find that when subjects with positive or negative self-concepts were given unfavorable feedback, both groups of subjects reported anxious as well as depressed mood in response to such feedback. Thus, the question of what mood characteristics underlie strategic failure and self-verification phenomena remained.

To address this question, the current study assessed subjects' state and trait anxiety in addition to their depressive status. Of the 156 subjects used in the primary analyses, 81 scored at or above the median for state anxiety ($Md=48$) and were included in the "anxious state" group, and 78 scored at or above the median for trait anxiety ($Md=49$) and were included in the "anxious traits" group (not to be confused with the depressed/not depressed groups used in the

primary analyses). These groups were formed to determine if anxiety interacts with the independent variable of future performance expectancy to impact performance on the task, and if so, if the impact of anxiety is the same or different than any impact of depression. It might be noted that the sample in the current study on average scored one standard deviation above the normative sample means (Spielberger, et al., 1983) for both state ($M=49.75$) and trait ($M=50.37$) anxiety.

A high positive correlation was obtained for state and trait anxiety scores ($r=.71$, $p<.01$), reflecting that subjects who were in an anxious state also possess more anxious traits than subjects who were not in an anxious state. As mentioned previously, high positive correlations were also obtained between BDI scores and state anxiety ($r=.76$, $p<.01$) and trait anxiety ($r=.77$, $p<.01$), reflecting a relationship between the measurement of anxious and depressive symptoms.

Subjects' scores for state and trait anxiety were used to determine if passing or failing the task was related to anxiety. Subjects demonstrated no difference in task performance depending on whether they were in an anxious state or not, $\chi^2(1)=.03$, $p>.05$, or whether they possess anxious traits or not, $\chi^2(1)=.66$, $p>.05$. Subjects' scores for state and trait anxiety were analyzed by group (anxious or not anxious) and future performance expectancy (the

strategic failure manipulation). Subjects in an anxious state did not fail strategically, $\chi^2(1)=2.27$, $p>.05$.

Subjects who professed to possessing anxious traits did not fail strategically either; oddly, such subjects were more likely to fail if they were not given a future performance expectancy than if they were, $\chi^2(1)=3.94$, $p<.05$. Of those subjects with anxious traits and no future performance expectancy, 11 failed while 23 succeeded; of those subjects with anxious traits who did have a future performance expectancy, six failed and 38 succeeded.

Would anxious subjects, like depressed subjects in Swann, Wenzlaff, Krull, and Pelham's (1992) research, choose negative feedback from an evaluator? To determine if anxious subjects would attempt to self-verify negative attributes by requesting negative feedback from their task partner, subjects' choice of partner feedback was analyzed by group (anxious or not). Those in an anxious state expressed no preference for negative feedback over positive feedback, $\chi^2(1)=.16$, $p>.05$, nor did subjects with anxious traits, $\chi^2(1)=.06$, $p>.05$. Thus, anxious subjects did not attempt to self-verify negative traits.

Given the findings reported above, the current research did not demonstrate evidence of strategic failure or self-verification among anxious subjects.

CHAPTER IV

DISCUSSION

Strategic Failure

The findings of the current research do not support Weary and Williams' (1990) hypothesis that depressed individuals strategically fail in order to decrease future performance demands. Depressed individuals did not differ from nondepressed subjects in their performance on the interpersonal task. The lack of significant findings are not due to a lower level of depression in the current study relative to Weary and Williams' (1990) study. In their study, the "depressed" subjects consisted mostly of mildly depressed/dysphoric individuals who scored between 10-15 on the BDI. Rather, it is proposed that the current findings fail to demonstrate strategic failure by depressives because depressives do not consciously fail in order to decrease future performance demands. In the current study, as well as in Weary and Williams (1990) research, depressives reported a conscious belief that they had done at least as well as any other subject. It may be that Weary and Williams' (1990) depressives/dysphorics strategically failed, but it cannot be said that they did so consciously.

Several additional factors may contribute to the contrasting results of the current research when compared to

Weary and Williams (1990) findings. First, this study, in contrast with the Weary and Williams (1990) study, utilized an actual interpersonal task rather than a visual-motor skill task. It may be that the involvement of a task partner mediated whatever strategic failure tendencies subjects may have possessed, such that subjects succeeded for the benefit of the partner rather than failing, as Weary and Williams hypothesize, for their own benefit. In addition, the fact that the task partner was a peer of the subjects' may also be a factor, in that a peer's opinion might have been more highly valued by subjects than that of the experimenter.

Secondly, subjects may have been more interested and invested in the word task utilized in the current research than they were by the rote monotony of the Weary and Williams (1990) visual-motor skill task (pushing colored pins into a corkboard). Certainly, word recognition and facility are domains that are more highly valued by most college students than are color recognition and motor skills. Therefore, failure on an interpersonal word-sorting task would be less desirable than failure on a visual-motor skill task. Even the expectation that the second word task would be more difficult than the first did not cause subjects to fail in order to get out of the second task.

Finally, it was observed that 32% of subjects who should have anticipated a second task, based on the future

performance expectancy information they had been given and their successful performance on the first task, did not expect a second task. While experimental subject pool participants are typically wary rather than naive regarding statements from experimenters, this wariness is likely to be only a partial explanation of this finding. It is possible that the current study failed to demonstrate evidence of strategic failure, at least in part, because the future expectancy manipulation was not effective for nearly one-third of the subjects in that condition.

Beyond the failure of the current study to replicate Weary and Williams' (1990) findings, however, exist more fundamental concerns regarding the very premise of the strategic failure hypothesis as it relates to depressives. First, it is not clear, despite Weary and Williams' (1990) arguments to the contrary, that strategic failure is different from self-handicapping. These authors state that strategic failure goes beyond self-handicapping because people who failed strategically did not attribute their performance to any sort of "handicap." They fail to note, however, that Shepperd and Arkin's (1989) self-handicappers did not make such attributions, either. Rather, Shepperd and Arkin (1989) inferred that high public self-conscious subjects were handicapping through their choice of performance-inhibiting music; the subjects did not make this observation themselves. Essentially, this choice of

performance-inhibiting music is no different than Weary and Williams' (1990) subjects hindering their own performance by taking too long to complete the task. Further, and more problematic, is that Weary and Williams (1990) have proposed a theory of depressive attributions for strategic failure that contradicts accepted theory regarding depressive attributions. Weary and Williams (1990) propose that depressive strategic failure is different from self-handicapping because depressives fail and they do not make any attributions (such as task difficulty) to excuse their failure. As mentioned previously, depressives tend to attribute poor performance to internal causes and successful performance to external causes (Abramson et al., 1978; Seligman et al., 1979). To expect otherwise, and to then build a theory around the failure to observe one's expectations, is akin to expecting a leopard to shed its spots and then building a theory of leopard strategic failure when it does not do so.

Self-Verification

Depressed individuals also were not motivated to self-verify their depressed status, either by responding to the task in the way they were told depressed people do, or by choosing negative feedback from their task partner.

A possible reason for this failure to support the self-verification theory of Swann and his associates (1981, 1984, 1989, 1992) is that the majority of "depressed"

subjects in the current study were only mildly to moderately depressed. Only two subjects were classified as severely depressed by the BDI criteria. Swann, Wenzlaff, Krull and Pelham (1992) note that while mildly depressed subjects will on occasion seek out negative/self-verifying feedback, they do not do so consistently.

Another factor contributing to the failure to support self-verification theory may be that both depressed and nondepressed subjects believed they possess a high level of ability at word tasks and games. Swann et al. (1989) state that while subjects with low self-esteem choose unfavorable feedback related to negative self-views, they also choose favorable feedback related to positive attributes. Swann, Wenzlaff, Krull and Pelham (1992) found that people strive to verify only firmly held negative self-views; unless one's self-concept is extremely negative, self-enhancement strivings may mute or even supersede self-verification strivings. Thus, the subjects involved in the current research may have been more inclined to self-enhance their positive attributes (e.g., skill at word tasks) by succeeding and choosing favorable feedback rather than self-verifying negative attributes.

Further, a larger problem exists with self-verification research in general (Swann, Wenzlaff, Krull, & Pelham, 1992; Swann, Wenzlaff, & Tafarodi, 1992). Too frequently, self-verification researchers have made

unwarranted assumptions regarding subjects' self-conceptions; assumptions upon which their conclusions are based. For example, Swann, Wenzlaff, Krull, & Pelham (1992) assumed that subjects with relatively low scores on a measure of sociability also had low self-concepts, and that subjects high in sociability had high self-concepts. Clearly, such an assumption is not justified without supporting data regarding subjects' global self-conceptions. In addition, Swann, Wenzlaff, & Tafari (1992) assumed, as part of their experimental manipulation, that favorable feedback (ostensibly based on an interview of the subject) was incongruent for dysphorics and unfavorable feedback was incongruent for nondysphorics, without any tests of those assumptions.

The current study avoided the problems discussed above by basing experimental manipulations on subjects' perceptions of themselves. This also ensured that the current study tested self-verification (i.e., attempts to verify one's own self-perception) and not behavioral confirmation (i.e., adaptations of one's behaviors to confirm the opinions of others). The experimenter did not tell subjects how they were expected to behave, and subjects were not aware that the experimenter had read the questionnaire revealing the subjects' self-perceived depression status. Thus, the absence of self-verification in the present study may be due to the fact that a more

direct assessment of subject self-perception was used. This suggests that previous findings in support of self-verification may be artifacts of the assumptions made by investigators regarding subjects' self-perceptions. Future research might evaluate subjects' perceptions even further. In addition to ascertaining whether subjects perceive themselves as depressed or not, as was done in the current study, subjects could also be asked if they tend to fail or tend to succeed, and if people who are depressed tend to fail or to succeed and if people who are not depressed tend to fail or to succeed.

Additionally, Swann, Wenzlaff, Krull and Pelham (1992) assert that depressives actively, but unconsciously, engage in self-verifying behaviors. While this may be true, it is an entirely speculative assertion at this time. These authors did not address directly the conscious or unconscious nature of self-verification in any of their studies. While empirical demonstration of unconscious motives is a classically difficult undertaking, certainly it should at least be attempted prior to offering statements regarding such motives.

Finally, Swann and his colleagues have yet to attempt to test one of their most fundamental assertions. They have not demonstrated that self-verification is motivated by "a desire to bolster perceptions of existential security and interpersonal control" (Swann et al., 1992, p. 304). Until

it is determined whether this is actually the case, it is not clear if self-verification really does differ from consistency theory.

Perception of Performance

Perhaps the most interesting results of this research have to do with subjects' perceptions of their performance. First, two-thirds of the people who failed the task believed that they succeeded, despite their task partners' pointing out the correct word pairings following the subjects' mismatching of pairs. Second, while almost all subjects accurately perceived when they succeeded, and depressed subjects also accurately perceived when they failed, nondepressed subjects tended to perceive task failure as success. The inaccurate nondepressed subjects comprise the majority of subjects who failed and believed they succeeded.

What is to be made of these findings? The phrase "sadder but wiser" springs to mind (Alloy & Abramson, 1979). Perhaps the depressed and dysphoric subjects experienced depressed mood partly as a function of possessing realistic perceptions of their limitations and failings. In contrast, perhaps the nondepressed subjects are not depressed due to their lack of awareness, and even denial, of at least some of their limitations and failings.

Depressive realism literature (see Alloy and Abramson, 1988 for a review) supports the idea that depressed subjects tend to be more balanced and even more realistic in

processing self-relevant information. Nondepressives, in contrast, demonstrate self-enhancing biases in their self-relevant perceptions. While depressives seem to be more realistic according to this perspective, their perceptions may not be more adaptive. Indeed, Alloy and Abramson (1988, citing Tiger, 1979) inquire whether nondepressive optimism is more pervasive than depressive realism due to an evolutionary process of natural selection. These authors state that the optimistic, self-enhancing biases of nondepressives protect them against threats to self-esteem, allow them to maintain expectations of success (which leads to increased behavioral persistence and therefore greater likelihood of success), and help them to deal with stress. From this point of view, it is better to be wrong than right. Alloy and Abramson (1988) state, "Maladaptive symptoms of depression, such as low self-esteem, social skills deficits, negative affect, decreased persistence, poor coping with stress, and suicidal thoughts and attempts, may be consequences, in part, of the absence of healthy personal illusions" (p. 257).

Transient Mood as a Function of Task Performance

Other investigators have found that when depressed persons appear to fail strategically (Weary & Williams, 1990) and self-verify (Swann, et al., 1987; Swann, Wenzlaff, Krull, & Pelham, 1992), they experience increased emotional discomfort. In the current research, however, depressed

subjects neither strategically failed nor self-verified, and they reported less negative mood after completing the task, across all conditions. It seems that simply completing the performance demand led to a decrease in negative mood.

As mentioned above, Swann, Wenzlaff, Krull, and Pelham (1992) and Swann, et al., (1987) claimed that self-verification is associated with painful affect. These authors stated that people with negative self-concepts chose unfavorable feedback despite the fact that such feedback elicited a painful affective state. Unfortunately, these authors did not actually investigate if choice of negative feedback elicits negative affect as they claimed it does, because subjects' affect was not assessed after they made their feedback choice. Rather, the authors assumed subject affect was negative due to their earlier findings that revealed giving people unsolicited negative feedback led to depressed and anxious mood. Further complicating matters is the fact that subject mood was not assessed prior to the experimental manipulation in their study, thereby preventing a true measure of the impact of unfavorable feedback.

In the present study, subject mood was assessed both before and after subjects were given an opportunity to strategically fail and/or self-verify, thus improving upon past research that investigated the effect of self-verification on affect. The small number of subjects who failed in the current study precluded analysis of change in

affect due to task performance. Descriptively, however, subjects who succeeded reported less negative affect than did subjects in general, although these differences were negligible. Future research may seek to assess affect yet a third time, following subject choice of partner feedback.

Shift in Task Importance

Prior to meeting their task partner and engaging in the task, depressed and nondepressed subjects did not differ in their ratings of how important it was to do well on the task. Both groups indicated that it was somewhat important to do well. Following completion of the task, however, depressed subjects indicated it was significantly more important for them to do well than did nondepressed subjects. It may be that depressives were protecting themselves prior to completing the task by minimizing how important it was to them to do well. While not ideal, this may be a more adaptive form of emotional protection than self-handicapping or failing strategically, which was not observed. Post-task, depressed subjects may have been engaging in some savoring and embellishment of the importance of their accomplishment; an accomplishment that appears to have been more meaningful to them than to nondepressives.

Also, subjects who had been told people such as themselves fail the task stated it was more important for them to do well than did subjects who were told people such

as themselves succeed. These subjects may have valued more highly that which was accomplished "against all odds." Having been told they were expected to fail the task, successful performance increased in importance.

Implications for Future Research

The current research suggests several areas of future study of strategic failure and self-verification. First, no published study other than Weary and Williams' (1990) has demonstrated evidence of strategic failure by depressives. The current research calls into question the legitimacy of the strategic failure hypothesis as it applies to depressives, particularly the notion that depressives would attribute poor performance to external factors, and the claim that "strategic" implies conscious failure when the data do not support this assertion. Further, and more fundamentally, it has not yet been demonstrated that strategic failure is actually any different than self-handicapping. Clearly, more research into the strategic failure hypothesis is indicated.

Second, research on both theories has yet to be carried out with significant numbers of truly clinically depressed subjects. It still remains to be seen, as Alloy and Lipman (1992) and Hooley and Richters (1992) point out, whether depressives' self-verification of negative attributes or their failure to self-enhance to the extent

that nondepressives do is responsible for the development and maintenance of clinical depression.

Finally, future research into self-verification requires thoughtful attention to several problems with past research mentioned earlier, including the assumption that self-verification differs from consistency theory, the assumption that self-verification is an unconscious process, faulty group classification criteria, assumptions made regarding depressives and nondepressives that may conflict with their actual self-conceptions, and lack of adequate assessment of the impact of self-verification strivings on affect.

Appendix

CONSENT FORM

In this study, you will be asked to fill out several questionnaires. You will also work with another student to complete a task. The study will take no longer than one hour, and you will receive credit to apply to your experiment requirement.

All of the information that we collect from you today is confidential. This means that it will be seen only by myself and qualified researchers, and will be used for research purposes only. Your individual results will not be shared with your professor, your classmates, or anyone not directly involved in this research. Further, the information is anonymous. Your name will not appear on any of the data we collect.

If you should decide at any point to discontinue your participation in this project, for whatever reason, feel free to do so. Though I do not expect that this will happen, I want you to know that you may discontinue your participation without incurring a penalty of any kind.

At the end of the study, you will be told the purpose and hypotheses of the study in detail. Any questions you may have about the procedure will be answered.

This study is being conducted under the auspices of Dr. Jeanne Albright of the Psychology Department of Loyola University, and has the approval of the Loyola University Institutional Review Board.

Again, thank you for your participation. You are making a valuable contribution to this research.

Sincerely,

Julia Anable

I HAVE READ THE ABOVE AND UNDERSTAND IT.

Signature

Date

I.D.# _____

Which of the following best describes you and how you have felt in the past week, including today? Please circle one.

- a. severely depressed
- b. moderately depressed
- c. mildly depressed
- d. not depressed

DPI Scale

Directions: When responding to the questions on this scale, please try to answer according to how you think, feel, and react in general. For each question, circle the number that describes you best.

1. Are you the type of person who easily becomes very depressed, sad, blue, or down in the dumps?

I never become depressed	3	4	5	6	7	I become depressed very easily
--------------------------------	---	---	---	---	---	--------------------------------------

2. On the average, how often do you feel very depressed, sad, blue, or down in the dumps? (Circle the number that best describes you.)

1 Never	2 Less than once per year
3 Once per year	4 Twice per year
5 Three times per year	6 Four or five times per year
7 Six or more times per year	

3. Would your parent rate you as a person who easily becomes very depressed, sad, blue, or down in the dumps?

Parents would say I never become depressed	1	2	3	4	5	6	7	Parents would say I become depressed very easily
--	---	---	---	---	---	---	---	---

4. Would your friends who know you rate you as a person who easily becomes very depressed, sad, blue, or down in the dumps?

Friends would say I never become depressed	1	2	3	4	5	6	7	Friends would say I become depressed very easily
--	---	---	---	---	---	---	---	---

5. On the whole, would you rate yourself as a person who is vulnerable (susceptible) or invulnerable (resistant) to depression.

Extremely invulnerable (resistant) to depression	1	2	3	4	5	6	7	Extremely vulnerable (susceptible) to depression
---	---	---	---	---	---	---	---	---

6. Are you the type of person who tends to give up easily or who keeps trying when confronted with a difficult task?

Almost always keeps trying	1	2	3	4	5	6	7	Almost always gives up
-------------------------------	---	---	---	---	---	---	---	---------------------------

7. Are you the type of person who feels inadequate or who feels confident when confronted with a negative event in your life?

Feels extremely confident	1	2	3	4	5	6	7	Feels extremely inadequate
------------------------------	---	---	---	---	---	---	---	-------------------------------

8. Are you the type of person who tends to view your future in a negative way or a positive way?

Extremely positive way	1	2	3	4	5	6	7	Extremely negative way
---------------------------	---	---	---	---	---	---	---	---------------------------

9. If you and a group of 6 of your friends were confronted with the same negative life event, who would become more depressed -- you or your friends?

- 1 All of my friends would become more depressed than me.
- 2 5/6 of my friends would become more depressed than me.
- 3 4/6 of my friends would become more depressed than me.
- 4 3/6 of my friends would become more depressed than me.
- 5 2/6 of my friends would become more depressed than me.
- 6 1/6 of my friends would become more depressed than me.
- 7 I would become more depressed than all of my friends.

10. Do you typically see events in a more negative light than other people see them?

I always see events more positively than other people see them	1	2	3	4	5	6	7	I always see events more negatively than other people see them
--	---	---	---	---	---	---	---	--

I.D # _____

PA

1. To what extent was it important to you to do well at this task?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 not at very
 all much

2. To what extent was your performance on the task due to how easy or difficult the task was?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 not at very
 all much

3. To what extent was your success or failure due to how much effort you put into doing the task?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 not at very
 all much

4. To what extent was your success or failure due to your ability?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 not at very
 all much

5. What is your level of ability for succeeding at such tasks?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 low high

6. To what extent was your success or failure due to luck?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 not at very
 all much

7. To what extent was your success or failure under your control?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 not at very
 all much

8. To what extent did your task partner influence your success or failure?

0----1----2----3----4----5----6----7----8----9----10
 not at very
 all much

9. Was this influence positive or negative? (Skip if you answered "not at all" to #8.)

0----1----2----3----4----5----6----7----8----9----10
 negative
 positive

Explain your response to #8 in the space below.

10. Was the cause of your success or failure due to something about you (internal) or something about the circumstances or other people (external)?

internal 1----2----3----4----5----6 external

Write in the space below one major cause for your success or failure on the task.

11. In the future when doing a task like this, to what extent will this cause be present?

never 1----2----3----4----5----6 always

12. Is this cause something that just affects doing this kind of task, or does it also influence other areas of your life?

this type 1----2----3----4----5----6 other areas

I.D.# _____

PARTNER EVALUATION

PART I - POSITIVE FEEDBACK

On this page, please evaluate your task partner's positive qualities with regard to the following dimensions:

What were your immediate positive impressions of your partner?

What did you like best about your partner?

How important is the above mentioned quality, in your opinion?

0-----1-----2-----3-----4-----5-----6-----7-----8
not
very
at all

In what sort of occupation do you think your partner would excel?

How important is such an occupation?

0-----1-----2-----3-----4-----5-----6-----7-----8
not
at all very

Describe what you liked best about your interaction with your partner?

PART II - NEGATIVE FEEDBACK

On this page, please evaluate your partner's negative qualities, with regard to the following dimensions:

What were your immediate negative impressions of your partner?

What did you like least about your partner?

How negative is the above-mentioned quality?

0-----1-----2-----3-----4-----5-----6-----7-----8
mildly very

What did you like least about your interaction with your partner?

How aversive was the interaction?

0-----1-----2-----3-----4-----5-----6-----7-----8
mildly very

I.D.# _____

Feedback Information

Read the following, and when you have responded to the items, ask the experimenter to give you the feedback forms.

You and your task partner will provide feedback on each other. We want you to give your opinion of your partner.

If time remains, you will be given this feedback from your partner, by the experimenter. Occasionally, we do not have sufficient time to go over this feedback with you. If time is short, you may choose one section of your partner's feedback about you: the positive part or the negative part. If this happens, please indicate below which kind of feedback you would choose to receive. Circle one:

negative feedback

positive feedback

Please indicate how important this feedback is to you:

	0	1	2	3	4	5	6	7	8	9	10
not at											very
all											much

Now, please ask the experimenter to give you the feedback forms.

Thank you for participating in this study. The purpose of the study is to gain information about how our affective state (i.e., feelings) can impact performance and interpersonal relationships.

In this study, you were teamed with a partner. This partner was actually a research confederate. S/he always takes the role of timer/transcriber, while subjects like you always complete the actual task.

One area we are investigating is how performance on the sorting task varies depending on subjects' affect (i.e., depressed or not depressed) and expectations (i.e., did subjects think they were expected to do a second task, or not).

One part of the study involved asking you to choose either positive or negative feedback about yourself, from the feedback sheet your partner would then complete. In fact, there were no feedback sheets; the confederate does not rate your performance in any way. We are interested in how the feedback choices subjects make vary depending on their affective state.

You should remember that your responses are confidential, and that you will not be identified as a subject in this study. For this project, we are concerned with average responses rather than individual ones. We combine the responses from everybody in the study, and look at how subjects responded, collectively.

If you have any questions or comments, or are interested in receiving feedback, contact Dr. Jeanne Albright of the Psychology Department, 1046 Damen Hall, 508-2971.

PLEASE do not discuss this experiment with other students who have not yet participated. Thanks again for your participation!

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VITA

The author, Julia Louise Anable, was born August 24, 1965, in Seattle, Washington.

Ms. Anable attended Matteo Ricci College I/Seattle Preparatory School, commencing in May, 1982. In the Fall of 1982, she entered Matteo Ricci College II/Seattle University. In June, 1986, Ms. Anable graduated with honors, having earned Bachelor's degrees in Psychology and the Humanities. While at Seattle University, she was an editor for the university newspaper and was a co-founder of S.U. Students Against Apartheid. Ms. Anable was awarded the Naef Scholarship for Leaders, the Senior Challenge Scholarship, and was voted Outstanding Senior.

Ms. Anable worked for four years, both while an undergraduate and after graduating, at a crisis residential center for runaway and street youth in Seattle. Her graduate education began in August, 1987, when she entered the Clinical Psychology Program at Loyola University of Chicago. Her Master's degree was formally conferred in January, 1991. Ms. Anable has completed clinical clerkships at the Charles Doyle Child Guidance Center, Illinois Masonic Medical Center, and the Loyola University Counseling Center. She was a part-time instructor of undergraduates in the Psychology Department at Loyola University from July, 1990

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APPROVAL SHEET

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Psychology.

April 8, 1994
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