

Depressive Realism Hypothesis: Reflections and Critical Analysis

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Abstract

This paper is an attempt to critically analyze depressive realism hypothesis, which states that depressed people are more accurate in their perceptions and judgments than their non-depressed counterparts. Studies using diverse research methods supporting depressive realism are reviewed. Possible mechanisms that may explain depressive realism such as self-focused attention and self-schemas are discussed. Finally, conceptual and methodological issues pertaining to depressive realism are addressed for future research.

Keywords: Depressive Realism, Depression, Critical analysis

Introduction

What is depressive realism hypothesis?

Depression is generally considered as an outcome of irrational and distorted thinking and judgments. Cognitive theories of depression (Beck, 1967; 1987) posit that negative, unrealistic, and distorted perception is the causative factor in depression whereas normal individuals assumed to employ rational and realistic thinking. Specifically, negative cognitions about the self, world, and future (called as negative cognitive triad) dominate depressed individual's thinking. However, a group of researchers in late 70s reported paradoxical and counter-intuitive findings indicating that depressed individual's perceptions and thinking may be more accurate than those of non-depressed counterparts, whose perception about themselves and world appears to be distorted towards self-enhancing biases and positive illusions (Alloy & Abramson, 1988; Taylor & Brown, 1988). This

phenomenon is called as “Depressive Realism”. Depressive realism hypothesis (Alloy & Abramson, 1979) states that depressed individuals exhibit more accurate and realistic perception and less prone to biases of judgment than their non-depressed counterparts. Depressive realism is paradoxical especially in relation to the efficacy of cognitive therapy of depression that focuses on correcting unrealistic thoughts and beliefs as a treatment of depression.

Empirical support for depressive realism

Evidence of depressive realism came from experimental studies using judgment of contingency task. In these studies, participants are asked to press a button, which results in the illumination of a green light a predetermined percentage of the time set by the experimenter. The dependent variable is the participant-rated contingency (judgment of the degree of control that a participant has on an outcome) between pressing the button and the illumination of the light. Results of these studies indicated that depressed individuals’ made more accurate judgments whereas non-depressed individuals consistently overestimated their degree of control over the outcome (Alloy, Abramson, & Kossman, 1985; Alloy, Abramson, & Viscusi, 1981). These results have been replicated over a variety of contingency conditions such as low contingency (25% contingency between pressing the button and illumination of the light), moderate contingency (50%), high (75%-100%) as well as no contingency (0%). Other paradigms, such as the self-evaluation of task performance (Gotlib, 1983; Lobitz & Post, 1979) and recall of feedback paradigms (Dennard & Hokanson, 1986; Nelson & Craighead, 1977) have also produced similar findings associated with depressive realism. In self-evaluation task performance, comparison is made between the participant’s actual performance and the participant’s self evaluation of his/her performance without the help of others feedback. In recall of feedback paradigm, immediate feedback is given to the participants after various sub-tasks and upon completion of the whole task participants are asked to evaluate their aggregate level of performance. The participant’s recall of the feedback is then compared to the actual feedback to determine the accuracy level. Studies using other paradigms such as comparing expectancies of success on chance determined tasks with depressed and non-depressed individuals (Abramson, Garber, Edwards, & Seligman, 1978; Garber & Hollon, 1980) and self evaluation of social interaction in the presence of an objective observer (Gibbons et al., 1985; Lewinsohn, Mischel, Chaplain, & Barton, 1980) also found results compatible to depressive realism. Similarly, depressed persons exhibited more accurate attributions for positive and negative outcomes (Kuiper, 1978), judgments of control over positive and negative outcomes (Alloy & Abramson, 1979; Golin, Terrell, Weitz, & Drost, 1979), recall of positive and negative feedback (Nelson & Craighead, 1977) and evaluations of their own competence (Lewinsohn, Mischel, Chaplin, & Barton, 1980) as compared to non-depressed individuals.

Recently, Moore and Fresco (2012) conducted a meta-analysis of 75 depressive realism studies across US, Canada, England, Spain, and Israel. They reported overall a small depressive realism effect (Cohen’s $d = -.07$). Further, positive bias was found among both depressed ($d=.14$) and non-depressed participants ($d=.29$) with bias being larger in non-depressed participants. Additionally, Moore and Fresco (2012) summarized empirical evidences of some possible moderating variable affecting depressive realism. They include:

- (a) Self vs other judgment: Results have shown that while judging their own performances, non-depressed participants show positive bias whereas depressed participants show relatively realistic perception. On the other hand, while judging others performances, non-depressed participants show no biasness whereas depressed participants show positive biasness.
- (b) Public vs private judgment: Studies showed that non-depressed individuals show more optimism in public than in private. However, depressed individuals are less influenced by the presence of others.

- (c) Immediate vs delayed judgment: Immediate perceptions or judgments of the depressed participants were found to be more accurate whereas their perceptions after a delay were found to be negatively biased. However, in case of non-depressed participants, positive bias was found in both immediate as well as delayed judgments.

Possible Mechanisms underlying Depressive Realism

Researchers have reported certain differences in the information processing style of depressed and non-depressed individuals which may provide insights into the mechanisms of the depressive realism. Certain cognitive mechanisms relevant to depressive realism includes self-focused attention and self-schemas. Ingram (1990) defined self-focused attention “as an awareness of self-referent, internally generated information that stands in contrast to an awareness of externally generated information derived through sensory receptors” (p. 1). Self-focused attention refers to the focusing one’s attention to oneself (such as behavior, bodily functions, thoughts, emotions and so on) rather than surrounding environment (Alloy et al., 1990). Excessive self-focused attention has been associated with depression and other psychopathologies (Ingram, 1990). Various studies have reported that self-focused attention mediates accuracy of self reports, that is, higher self-focused attention has been associated with higher accuracy in self reports. For example, Musson and Alloy (1988) asked both depressed and non-depressed subjects to complete a task under three conditions—a self-focused condition, a distraction condition, and a neutral control condition. Results showed increase in the self report accuracy for non-depressed participants in self-focused condition whereas decrease in self report accuracy for depressed participants in distraction condition. Therefore, it is possible that increased self-focused attention among depressed individuals leads to more accurate cognitive processing and contributes to depressive realism.

It is also possible that differences in the processing of self related schemas between depressed and non-depressed individuals may also explain the phenomenon of depressive realism. It appears that self schemas of non-depressed individuals generally contains more stable and positive constructs, mildly depressed individuals contains a mixture of both negative and positive constructs (Ingram, Smith & Brehm, 1983) and severely depressed individuals seem to rely more on stable negative self schemas (Ruehlman et al., 1985). Further, negative self schemas may lead to more deliberate processing of information by depressives than non-depressives to compensate for their negative maladaptive processing of information (Pacini, et al., 1998). This deliberate processing of information may further explain higher accuracy of reports by depressives.

Critical Analysis of Depressive Realism

Although there is a good amount of research evidences supporting depressive realism, critical reviews pointed out many problems associated with it. A recent review showed inconsistent findings on depressive realism (Moore & Fresco, 2012). Many studies reported that both depressed as well as non-depressed are equally accurate in their judgments in tasks such as delayed recall of task performance (Craighead, Hickey, & DeMonbreun, 1979; DeMonbreun & Craighead, 1977) and ambiguous personality feedback (Dykman, Abramson, Alloy, & Hartlage, 1989; Gotlib, 1983; Vestre & Caulfield, 1986) while others reported biases among both depressed and non-depressed; as depressed individuals underestimate and non-depressed individuals overestimate positive feedback that they receive (Buchwald, 1977; Wener & Rehm, 1975). Further, most of the participants in the depressive realism studies were mildly depressed and did not meet the diagnostic criteria of clinical depression (Kendall et al., 1987). Therefore, the results obtained may not be true for people with clinical depression. In this connection, Haaga and Beck (1994) posited that there might be a curvilinear relation between distress and accuracy which implies that mildly depressed people might be relatively accurate, non-distressed people inclined to distort positively, and severely depressed people inclined to distort negatively. Most of the experimental studies assessed the accuracy of self reports of subjects by comparing with reports of

observers which may not represent the objective determination of subject's accuracy (Dobson & Franche, 1989). Assuming one pattern of response as normative for all individuals is an erroneous idea; as different people have different day to day experiences and life histories. Many questioned the ecological validity of laboratory experiments to measure accuracy of perception; as interpersonal context plays vital role in the development and maintenance of depression (Kistner, Balthazor, Risi & David, 2001). Because of the strong research evidence of negativity bias among depressed individuals, many questioned the generalizability of depressive realism into meaningful, emotional, or realistic situations (Pacini, Muir, & Epstein, 1998). Laboratory experiments utilize artificial settings that are ambiguous and unfamiliar for subjects (Dobson & Franche, 1989). Consequently, such unfamiliar settings may lead to errors in judgments. Another objection was raised concerning the overlap between accuracy and negativity bias such that more accurate is also more negative. So, it is not clear whether the accuracy of depressives individuals reported in studies is due to the accurate processing of information or due to the negativity bias (Keller, Lipkus & Rimer, 2002).

Future directions for research

Although there are many research evidences supporting depressive realism, it is clear that research in this area needs to address many conceptual and methodological issues. Evaluation of realism in experimental designs remains an important issue for future studies (Dobson & Franche, 1989). Future studies needs to design the studies that are more realistic and ecologically valid such as testing judgments in everyday naturally occurring world. More focus should be given to understand the mechanisms of depressive realism phenomenon. Researchers need to clarify causal mechanisms of depressive realism. For example, it is possible that some third variable associated with mood such as self-esteem may cause perceptual biasness (Moore and Fresco, 2012). Further, it is possible that depressive realism is not a uniform phenomenon and depressed people are more realistic under certain circumstances. Future research need to look into the situational factors or circumstances (such as controllability of events, desirability of outcomes) under which depressive realism may be more pronounced. Lastly, depressive realism should be validated on clinically depressed individuals as sample of most of the existing studies included mildly depressed participants.

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